

2012/13 Annual Report

**FRAUD IS
WRONG.**
RECOGNISE IT.
REPORT IT.
STOP IT.

Contents

(i)	Message from the Chief Executive	1
(ii)	Foreword from the Director of Operations	2
(iii)	Our Services	3
	Fraud Reporting	4
	Whistleblowing Cases	5
	Counter Fraud Services	6
	Probity Services	9
	Patient Exemption Verification	13
	Healthy Start/Day Care Foods	14
	Policy Services	15
	Fraud Awareness	17
	The Road Ahead	19

Message from the Chief Executive

I am pleased to endorse the 2012/13 Annual Report for Counter Fraud and Probity Services (CFPS). In a time which continues to present very significant challenges and pressure for Health and Social Care (HSC), it is essential that we, as a family of organisations, continue to develop effective and pragmatic working processes and relationships, to maximise and enhance the service we provide to the population of Northern Ireland.

This is equally true across the range of services delivered to HSC organisations by CFPS. I readily acknowledge the essential co-operation and support provided by colleagues across HSC and in DHSSPS.

CPFS are to be commended for the on-going progress made in further developing their services during 2012/13, and this leaves CFPS well placed as we move into the future.



A handwritten signature in black ink, appearing to read 'David Bingham'.

David Bingham
Chief Executive
Business Services Organisation

Foreward from the Director of Operations

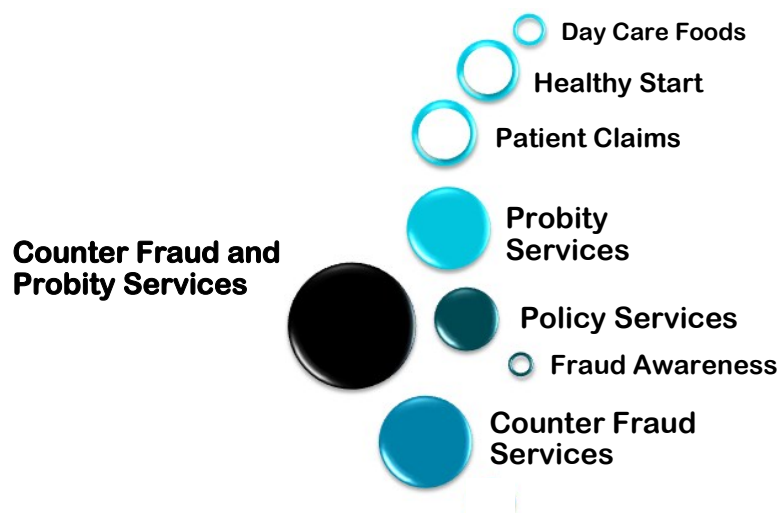
In my role as Director of Operations, I see at first hand the range of services provided by Counter Fraud and Probity Services: from patient and contractor verification activity in Primary Care to regional fraud awareness programmes and fraud and probity policy work; from the conducting of criminal investigations into cases of suspected fraud to the reimbursement of claims for payment to registrants of the Day Care Foods Scheme (part of the UK wide Healthy Start initiative).

CFPS staff have continued to deliver high quality services to a wide client base throughout 2012/13. BSO, like all Health and Social Care organisations, is working in an increasingly challenging environment, where resources are constrained and service demands increasing. With challenge comes opportunity and I believe CFPS will fully play its part in assisting BSO to both meet on-going future challenges and embrace opportunities for service enhancement and development.



A handwritten signature in purple ink, reading 'T Molloy'.

Teresa Molloy
Director of Operations
Business Services Organisation



Our Services

Counter Fraud and Probity Services (CFPS) provides a range of specialist services to Health and Social Care (HSC) bodies. Key components underpinning these services are quality, professionalism and cost effectiveness.

A team of fully accredited counter fraud specialists deliver a criminal investigation service to all HSC bodies.

CFPS also delivers a comprehensive probity service to the Health and Social Care Board as part of the overall model for providing verification/assurance on Family Health Service expenditure.

CFPS teams also deliver patient charges verification, where an exemption from statutory dental and ophthalmic charges has been claimed, and a reimbursement service as part of the national Healthy Start Scheme.

An experienced policy team provides a policy development and guidance function to underpin investigative and probity activity, and leads on developing Fraud Awareness and an anti-fraud culture across the HSC.

A newly appointed Data Analyst is responsible for undertaking statistical analyses to support a range of counter fraud and probity work, including statistical techniques to facilitate information-based decision-making in reactive investigations, proactive projects and the patient exemption verification programme.

Two Directors of a company delivering mobile ophthalmic services were given jail sentences suspended for two years. A repayment of some £40k was made to HSCB.

Case Bite

Fraud Reporting

In line with current DHSSPS instruction, HSC organisations must report all instances of actual or suspected frauds, including thefts, to CFPS via the regional fraud reporting system. CFPS are required to notify DHSSPS, the Department of Finance and Personnel and the NI Audit Office of all reported cases of fraud/theft against the HSC.

 **2.2%**

FRAUD REPORTS (including thefts)

2011/12	135
2012/13	132

SOURCE

HSC BOARD	56
HSC TRUSTS	68
OTHER AGENCIES	8

OFFENCE

FALSE REPRESENTATION	53
THEFT	34
OBT SERV DISHONESTLY	24
FORGERY	10
ABUSE OF POSITION	6
FAILING TO DISCLOSE	2
OTHER	2
BRIBERY	1

CATEGORY

CUSTOMER	94
STAFF	25
PRACTITIONER	6
SUPPLIER	5
OTHER	2

REFERRALS

REFERRED	84
NOT REFERRED	45
PENDING REFERRAL	3

2012/13 represented the first full year's operational service of REFRAIN - the regional fraud reporting and CFPS investigation case management system.

A total of 132 reports were received throughout the year. Thirty four (25%) cases involved theft and were referred directly to the PSNI by HSC organisations for appropriate action, as per DHSSPS instruction.

The HSC Board reported 56 cases, an increase of 70% on the 11/12 year. This was due to the increased reporting of attempts made by individuals to obtain prescription medication by fraudulent means and also an increase in the number of cases where individuals were suspected of being resident in the Republic of Ireland, but accessing free healthcare treatment in Northern Ireland by providing false information.

Information received by a whistleblower led to 16 people who had falsely claimed to be resident in Northern Ireland being removed from the patient registration system.

Case Bite

Whistleblowing Cases

CFPS actively encourages anyone who has a genuine suspicion of fraud against Health and Social Care to report their concerns. A number of avenues exist to allow HSC staff and members of the general public to contact CFPS, in confidence, and anonymously if they prefer.

↑ 350%

WHISTLEBLOWING CASES

2010/11	6
2011/12	4
2012/13	18

SOURCE OF 2012/13 CASES

HOTLINE	6
ONLINE	8
POST	4

The term whistleblowing case refers to allegations of fraud received by CFPS via the Fraud Hotline, online reporting form or by post.

On receipt of whistleblowing cases CFPS are required to notify the appropriate organisation of the allegation. Following a preliminary review of the allegation, and where appropriate, the organisation will formally report the matter via REFRAIN.

The increase in reports can, in part, be attributed to an increased presence of the Fraud Awareness team at key HSC locations and the online fraud reporting tool which was launched in December 2011.

This QR code, included in a range of promotional materials, can be scanned on smartphones and allows the user to report fraud from their mobile device.



A service user was found guilty and given a two years suspended sentence and 200 hours community service for fraudulently obtaining prescription medicine.

Case Bite

Counter Fraud Services

Delivering a specialist criminal investigation capability to its clients, Counter Fraud Services investigate cases of potential or suspected fraud across all Health and Social Care organisations.

↑ **29.2%**

HSC REFERRALS

2010/11	73
2011/12	65
2012/13	84

The Counter Fraud arm of CFPS provides a criminal investigation service for all HSC organisations for cases of potential or suspected fraud. This service is delivered by a small team of experienced, accredited investigators. Where cases are referred for investigation, CFPS undertakes a detailed and thorough professional investigation, seeking to obtain evidence to determine whether fraud has been committed or not. Findings are formally reported to the relevant organisation. Where there is prima facie evidence of criminal offences having been committed,

statements of complaint to PSNI can be made by the relevant HSC organisation and detailed evidential packs provided by CFPS.

All investigations are required to comply with a range of legal requirements, including those specified in the Police and Criminal Evidence (Northern Ireland) Order 1989, the Criminal Procedure and Investigations Act 1996, the Regulation of Investigatory Powers Act 2000 and the Human Rights Act 1998.

CFPS investigations can cover a range of different scenarios, including:

- Fraudulent attempts to obtain prescription medication;
- Misclaiming of travel expenses;
- Misclaiming of nursing bursary allowances;
- Falsification of hours worked by staff;
- Misstatement of assets for financial assessment purposes re residential care charges;
- Potentially deliberate misstatement of circumstances when claiming social care direct payments;
- Potential misuse of monies of vulnerable patients;
- Persons living in Republic of Ireland falsely claiming to be resident in NI to secure free health service treatments.

A very detailed and complex CFPS investigation lead to the successful prosecution during 2012/13 of two Directors of a company delivering mobile ophthalmic services. Both persons were given jail sentences suspended for 2 years. A repayment of some £40k was made to HSCB.

At 31 March 2013, CFPS were continuing to provide assistance to PSNI in relation to 11 on-going cases, and 7 cases were with the Public Prosecution Service.

In 2 cases, PSNI completed investigations by way of discretionary disposals and in 2 further cases formal Police cautions were issued.

During 2012/13, CFPS has continued to work with HSC colleagues to address the issue of persons residing in Republic of Ireland, who falsely claim to be living in Northern Ireland in order to access free health service treatment. Since August 2011 CFPS investigations have led to the removal of over 100 patients from the registration list for GP services.

To help underpin this work, CFPS has been working closely with ROI authorities to allow for the formal exchange of information to determine where persons are actually residing.

In 2013/14, CFPS intend to proactively move this work forward.

2012/13 REFERRALS

Q1 (APR - JUN)	22
Q2 (JUL - SEP)	19
Q3 (OCT - DEC)	24
Q4 (JAN - MAR)	19

OFFENCE

FALSE REPRESENTATION	45
OBT SER DISHONESTLY	24
THEFT	5
ABUSE OF POSITION	5
FAILING TO DISCLOSE	2
OTHER	2
BRIBERY	1

SOURCE

HSC BOARD	54
WESTERN	9
BSO	5
SOUTHERN	5
SOUTH EASTERN	3
NORTHERN	2
BELFAST	2
NIAS	2
NIBTS	1
NIMDTA	1

CATEGORY

CUSTOMER	62
STAFF	10
PRACTITIONER	6
SUPPLIER	4
OTHER	2

CASE STATUS

PRELIMINARY REVIEW	28
REFERRAL	8
ASSISTANCE TO PSNI	11
ASSISTANCE TO PPS	7
CLOSED	30

Of the 14 cases carried forward into the 12/13 year, two cases are still under active investigation by CFPS. Eight cases have been referred to PSNI and two are currently with the Public Prosecution Service. Two cases have been closed mid year with a successful prosecution obtained in one case. The individual concerned was charged with 18 counts of false representation and sentenced to 200 hours community service, for attempting to obtain prescription medication unlawfully. In the other closed case assistance was provided to UKBA in terms of establishing lawful residence in Northern Ireland.

**DON'T LET
FRAUD
DRAIN OUR
HEALTHCARE
RESOURCES.**

Recognise It. Report It. Stop It.

Information can be given in confidence to the HSC Fraud Hotline or online.

☎ 0800 096 33 96

🌐 www.reporthealthfraud.hscni.net

Since August 2011 over 100 individuals falsely claiming to be resident in Northern Ireland have been removed from the patient registration system.

Case Bite

Probity Services

Probity Services deliver a range of technical verification activities in order to provide assurance to the Health and Social Care Board that the claims submitted for payment by Family Practitioner Services (FPS) contractors are proper and in accordance with the relevant Statement of Fees and Entitlements/Allowances.

PROBITY OVERALL ACTIVITY

2010/11	211
2011/12	450
2012/13	438

PROBITY AGREED RECOVERIES

2010/11	£65,669.06
2011/12	£149,905.45
2012/13	£198,888.33

The Probity Team were successful in achieving the SLA targets for 2012/13 with records of a total of 438 contractors being checked by the Probity staff.

With the emphasis on a customer focused approach, Probity Services engaged closely with HSCB colleagues throughout the year to review the Probity processes in place and to seek to identify areas for further improvement in terms of gaining an assurance on expenditure.

This collaborative approach was facilitated through the regular Counter Fraud and Probity Sub-Group meetings, which have taken place throughout the year. At these meetings HSCB colleagues have been kept up-to-date in terms of the progress of the Probity work against agreed SLA targets. These meetings have also provided a vehicle for discussion and resolution in respect of any areas of Probity work, which required clarification. Several guidance papers were prepared throughout the year with most of these having already been issued to the respective practitioner groups. These include:

- Retrospective Claiming of GMS Services

- GMS Claims For Sub Contracted Work
- Record Retention Guidance For Ophthalmic Contractors
- GDS Probity Services Booklet
- Probity Guidance on SDR Item Codes

2012/2013 also saw the Probity Team work closely with HSCB colleagues in respect of the preparation of a number of practitioner cases which have been subsequently referred to the relevant professional body, BSO Directorate of Legal Services for civil proceedings and also to the CFPS Investigation Team.

This year the Probity Team have again demonstrated great team work and have worked extremely hard throughout the year to meet the targets agreed in the SLA with HSCB.

General Medical Services

GMS VERIFICATION ACTIVITY	
2010/11	40
2011/12	79
2012/13	81

GMS AGREED RECOVERIES	
2010/11	£27,688.73
2011/12	£93,554.43
2012/13	£129,468.5

In terms of General Medical Services the team were tasked with carrying out verification visits to 80 GP practices. Over the 12 month period the team has visited 81 GP practices. This work

involved carrying out 88 practice visits as some practices required more than one visit to complete the checking process.

Once again during the 2012/13 year there was also a concerted effort from Probity staff and HSCB Advisers to build on the work carried out in previous years in respect of the delivery of 'Probity Awareness' presentations to GP practices. During the 2012/13 year a further 6 'mop-up' sessions were organised for practices throughout Northern Ireland.

Probity checks in respect of one GP contractor have resulted in concerns being raised regarding potential fraudulent activity. Following liaison with HSCB colleagues this case has been referred to the CFPS Investigation Team.

General Dental Services

GDS VERIFICATION ACTIVITY	
2010/11	99
2011/12	162
2012/13	151

GDS AGREED RECOVERIES	
2010/11	£29,512.87
2011/12	£32,876.33
2012/13	£33,611.19

During 2012/2013 the Probity Team were again successful in meeting the SLA target of 150 Dental contractors to be selected for a record review. During the year 151 dental contractors were selected and reviewed as part of the verification process.

Probity staff have also met with representatives of the British Dental Association during the year to listen to their views on the Probity Assurance Process and to discuss how the process can be improved from the dentists' perspective.

Following this meeting a booklet has been developed for issue to all General Dental Practitioners, providing further information in respect of the Probity Post-Payment Process for assuring dental payments. Probity Services have also worked closely with HSCB Advisers to develop guidance/clarification around certain item codes within the Statement of Dental Remuneration.

As a result of Probity checks HSCB colleagues have referred one contractor to the General Dental Council and another contractor has had civil legal proceedings issued against him during 2012/13. Probity staff have worked closely with HSCB in respect of this work and will continue to do so until the cases have been completed.

General Ophthalmic Services

GOS VERIFICATION ACTIVITY	
2010/11	59
2011/12	103
2012/13	102

GOS AGREED RECOVERIES	
2010/11	£229.06
2011/12	£2,666.98
2012/13	£1,115.38

The targeted number of Ophthalmic contractors (100 for the year) has been met by the Probity Team with 102 contractors having been checked in 2012/13. Only 2 of these contractors required a follow up visit during the 2012/13 year.

Probity staff have worked closely with HSCB colleagues throughout the year in carrying out an investigation into a complaint by a Whistleblower and also in carrying out an exercise looking at 'Early Retests/Misuse of General Ophthalmic Services'.

General Pharmaceutical Services

GPS VERIFICATION ACTIVITY	
2010/11	13
2011/12	106
2012/13	104

GPS VERIFICATION ACTIVITY	
2010/11	£8,238.40
2011/12	£20,807.71
2012/13	£34,693.26

In 2012/2013 the Probity Team delivered a series of checks across a number of pharmacies. These checks were carried out using Patient Checking Clinics with a requirement under the 2012/13 SLA to check 24 pharmacies during the year. The Probity Team achieved the agreed target.

In addition, Probity agreed to carry out 'Desk Top' checks on 80 pharmacies throughout the year in order to gain an assurance in respect of Multiple

Dispensing and Smoking Cessation payments.

Throughout the year there has been a considerable effort from Probity staff to improve the Probity Assurance Process in respect of pharmaceutical payments. In collaboration with BSO and HSCB colleagues and with the support of the Pharmacy Operational Working Group and the Counter Fraud and Probity Pharmacy Sub-Group, significant progress has been made in respect of developing new pharmacy monitoring reports in

order to provide an enhanced assurance model to HSCB.

The Probity Team carried out an extensive review of the coding accuracy of two pharmacies.

This review involved manually checking codes claimed on a range of drugs over an extended period. This work resulted in the recovery of monies in excess of £31,500.



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A VICTIMLESS
CRIME.
WE ALL PAY
THE PRICE.**

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🌐 www.reporthealthfraud.hscni.net

Patient Exemption Verification

Counter Fraud and Probity Services carry out a range of both random and targeted checks, where patients have claimed to be exempt from paying the relevant statutory Health Service dental or ophthalmic charge(s). Where patients have falsely claimed exemption from charges, the sums are required to be repaid and, where applicable, Fixed Penalty and Surcharges are applied.

In total, over 33,000 dental and ophthalmic treatments were checked where exemption from health service charges was claimed. This resulted in 5015 cases being channelled for further investigation, with direct contact with the patients concerned. This exceeded the agreed SLA target of some 4000 cases.

CASEWORK		RECOVERIES	
2011/12	4016	2011/12	£30,098.39
2012/13	5015	2012/13	£43,047.04

In addition 107 cases were submitted through the Small Claims Court by BSO Directorate of Legal Services. In each case the civil judgement was awarded in favour of BSO.

Calculating patient fraud and error

Each year the BSO Information Unit independently calculates the estimated level of patient exemption fraud and error in Northern Ireland in relation to dental and ophthalmic treatment.

The calculations are based on the results from a statistically valid random sample of exemption checks carried out by CFPS.

The best estimate for the level of patient fraud and error for 2012/13 at 31st March 2013 was £3.1m.

Health Start/ Day Care Foods

CFPS administers the Northern Ireland component of the national Healthy Start Scheme, verifying and processing the invoices for the NI share of the Scheme costs. Under the Day Care Foods component of the Scheme, CFPS also provide reimbursement of claims from registered nurseries and child minders for the supply of milk to children under the age of 5.

During 2012/13 a new bespoke database for Day Care Foods reimbursement was established. This will provide significantly enhanced reporting functionality over time.

CFPS is also responsible for the sourcing and supply of Healthy Start vitamins to qualifying NI beneficiaries.

HEALTHY START EXPENDITURE

2010/11	£3,700,000
2011/12	£3,500,000
2012/13	£3,773,000

DAY CARE FOOD REIMBURSEMENT

2010/11	£498,804.52
2011/12	£444,942.12
2012/13	£517,536.47

REGISTERED NURSERIES

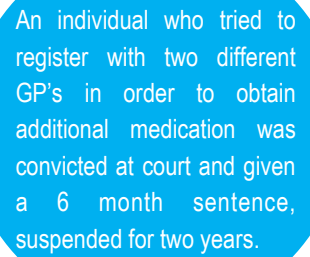
2010/11	534
2011/12	629
2012/13	660

PAYMENTS PROCESSED

2010/11	1721
2011/12	1799
2012/13	1757



For more information on the Healthy Start please visit : www.healthystart.nhs.uk



An individual who tried to register with two different GP's in order to obtain additional medication was convicted at court and given a 6 month sentence, suspended for two years.

Case Bite

Policy Services

Responsible for the formulation and development of policy in relation to fraud and probity issues, the Policy team work closely with colleagues in DHSSPS and HSC bodies, including a network of Fraud Liaison Officers whom they also support in increasing fraud awareness across HSC.

During 2012/13 work commenced to develop a process for determining the appropriate way forward in suspected fraud cases involving members of staff. Guidance was drafted and has gone out for consultation to stakeholders.

A keynote achievement during the year was the successful liaison with the Department of Social Protection in the Republic of Ireland to establish a process whereby information can be shared between the two jurisdictions. As a result a Memorandum of Understanding (MoU) has been drafted and is currently awaiting final approval.

CFPS Policy were also busy researching the most appropriate and cost-effective means to recover debts from patients

who had accessed free HSC treatment for which they should have been charged. The options were set out in a paper for discussion with relevant stakeholders.

Work was also initiated to produce a Circular for distribution to all employees to highlight their responsibility in fraud matters. CFPS Policy liaised closely with DHSSPS colleagues with regard to this.

Another key area of work was the input by CFPS Policy staff in the amendments to the 2009 Reform Act in respect of counter fraud and probity services.

In September 2012 CFPS hosted the 4 Countries Counter Fraud meeting in Belfast. The meeting provides an opportunity to jointly consult with UK

counterparts on new legislation and policies and also to share relevant information and experiences.

Work continued in relation to servicing both primary and secondary care Oversight groups. The main areas of work covered included:-

- Process for reporting serious adverse incidents and alleged frauds.
- Disciplinary regulations - with a particular emphasis on persistent offenders.
- Agreeing time limits on recovering fees when over-claims have been identified.
- Developing regional guidelines to determine the appropriate course of action in staff cases i.e. pursuing criminal or disciplinary procedures.

CFPS Policy also continued to engage with FPS sub-groups to provide assistance in the development and fraud-proofing of policies. Attendance at such groups are an opportunity to highlight areas that may be of benefit to FPS, such as the proactive exercise that had recently been undertaken by NHS Protect in relation to dental payments.

Other key areas of work during this year included:-

- Ongoing support to FLOs
- Facilitation of FLO workshop
- Development of MoUs with HMRC and DVA
- Ongoing co-ordination of responses to lawyers with regard to Operations Lexus, Monet and Bacon
- Liaison meetings with PSNI District Crime Managers
- Co-ordination of 2012 NFI exercise.

NATIONAL FRAUD INITIATIVE

Since 1996 the Audit Commission has ran the National Fraud Initiative (NFI), an exercise that matches electronic data within and between public and private sector bodies to prevent and detect fraud. This includes police authorities, health authorities, fire and rescue authorities as well as local councils and a number of private sector bodies. Since the initiative started in 1996, the programme has helped identify £939 million in fraud or error in the UK and has attracted international recognition.

Fraud Awareness

The creation of an anti-fraud culture within Health and Social Care is a key element of the DHSSPS Counter Fraud Strategy (2005) and CFPS have continued to lead and support all HSC organisations in fulfilling their commitment to reduce fraud to an absolute minimum.

The CFPS Fraud Awareness Team have been very busy throughout the year delivering a regional programme of Roadshows in various HSC locations. The events have provided an opportunity for staff to speak to the Team and also to avail of a range of fraud awareness promotional literature.

All staff presenting at the Roadshows were asked to complete a questionnaire in order to gauge the level of fraud awareness. CFPS analysed the results of the questionnaires and provided feedback on these to the Directors of Finance in each of the organisations.

The Team set up an information kiosk at a number of regional conferences during the year namely IHM, HFMA and NICON.

As a result of their attendance at the IHM conference the Team were approached to undertake a series of fraud awareness sessions to

BSO RECOGNITION AWARD

The BSO Award for Excellence was presented to Colin McCullough in October 2012 for his work in anticipating and developing a range of promotional material which could be used to facilitate the promotion of fraud awareness. The quality and clarity of the items produced have been acknowledged and commented on by a number of HSC organisations.



BSO Non-Executive Board Member Gerry Strong presents the BSO Excellence Award to Colin

domiciliary care workers in one of the Trust areas, a sector of staff which, to date, had proven difficult to reach. The sessions commenced in February 2013 with the first series due to complete in July 2013.

A number of presentations were also delivered to pre-registration pharmacists with case studies included to highlight some of the types of frauds that have been attempted in order to obtain medication fraudulently.

At all the events the materials to be distributed have been designed in-house and tailored specifically for the target audience in order to maximise relevance.

Work also began on a new CFPS website which will form part of the Business Services Organisation's on-going efforts to enhance the quality and availability of information to HSC staff, contractors and the wider public. The aim of the new site is to offer quick and easy access to a range of counter fraud documentation, policy and information.



The new CFPS website will be launched to coincide with Fraud Awareness Month, October 2013



CFPS Fraud Awareness Team (L-R Sandra Lowe, Colin McCullough, Tara Davis) in attendance at the HFMA Conference, Titanic Belfast, October 2012

FRAUD AWARENESS MONTH - OCTOBER 2013

The Fraud Awareness Team have begun preparations for Fraud Awareness Month. This will be the first large scale counter fraud event of its kind within HSC and will see CFPS launch a range of initiatives aimed at increasing levels of awareness across the HSC. It is hoped that CFPS will have ministerial support to launch the campaign. A series of Roadshows and information kiosks are planned to engage with a wide variety of HSC staff in order to highlight the detrimental impact fraud can have on health service resources.

The Road Ahead

Fraud is the theft of health service resources. As such, by any definition or yardstick, it is quite simply wrong. Fraud is not a victimless crime and effectively reduces the level of availability of resources for the delivery of patient care.

Everyone who accesses health and social care services or works to deliver these services has a role to play in tackling fraud. If we are to be successful in achieving this, we need to recognise that fraud is wrong and the damage it causes, report it effectively (using a range of options, including anonymously, if required), investigate it thoroughly and professionally and refer to PSNI for appropriate action.

Fraud is a challenge which Health and Social Care must meet 'head on'. It is a battle we can and must win.

I wish to warmly endorse and recognise the professionalism, endeavour and commitment of all the staff in Counter Fraud and Probity Services in delivering their services and the co-operation and support from colleagues across HSC organisations.

I believe that successful future service delivery depends on practical, pragmatic joint working relationships, and these represent the best foundation for on-going efforts to safeguard HSC resources.



Neville Jones
Assistant Director of Counter Fraud and Probity Services
Business Services Organisation

**DON'T LET
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HEALTHCARE
RESOURCES.**



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