

fraudmatters

A special HSC staff newsletter to mark International Fraud Awareness Week 2017



REPORT HSC FRAUD

 **0800 096 33 96**

www.cfs.hscni.net



Welcome to this edition of Fraud Matters, issued as part of our participation in International Fraud Awareness Week.

This annual campaign provides a platform to highlight the importance of protecting valuable health and social care resources from the threat of fraud, particularly at a time when health budgets are facing significant pressure. It is therefore vitally important that every member of staff is aware of their responsibilities to minimise the risk of HSC fraud and of the actions to take where fraud is suspected.

Fraud is not a victimless crime. It costs our public services millions of pounds every year - money which should be used to improve infrastructure and support the delivery of front line services.

In the last 18 months alone Counter Fraud Services (CFS) at the Business Services Organisation (BSO) has dealt with over 205 allegations of fraud against a range of HSC services, with a number of these cases

resulting in the application of criminal sanctions, disciplinary action or financial recoveries.

Over this period, as part of CFS's role to assist HSC organisations to prevent fraud, we delivered 40 awareness presentations to over 2700 staff, ranging from primary care contractors, trainee doctors, dentists and nurses, to social workers and managers. The presentations help raise staff awareness of the types of HSC fraud that occur and the detrimental impact it has on our resources, ultimately impacting patient care.

Remember the HSC belongs to us all and we never know when we, or our family members, may need to avail of its services. It is therefore important that we do all we can to stop those who are committing fraud against the HSC. We all have a part to play in stamping out this unacceptable behaviour but it is only by working together that we can hope to succeed.

Donna Scott

Assistant Director of Counter Fraud and Probity Services

WHAT IS FRAUD?

Put simply, fraud is an act of deception intended to result in personal gain or to cause a loss to the victim. Fraud in its widest sense covers a range of offences including theft, dishonestly, bribery, corruption, deception, collusion and false accounting.

The Fraud Act (2006) is a specific piece of legislation that sets out the criminal offence of fraud. The Act gives a statutory definition of the criminal offence of fraud, defining it in three classes as seen below.

FALSE REPRESENTATION

Where a person knowingly lies about something they know not to be true.

Examples include:

- claiming payment for hours or shifts not worked
- claiming payment for false or inflated travel and expense claims
- gaining employment by using false documents and qualifications

FAILING TO DISCLOSE INFORMATION

Where a person knowingly withholds information they should legally disclose.

Examples include:

- a criminal record or professional sanction
- a driving conviction
- a medical condition (where appropriate)

ABUSE OF POSITION

Where a person is expected to safeguard the finances of another but knowingly abuses that position.

Examples include:

- a manager knowingly authorising false expenses
- misappropriating client/ service user money
- unauthorised use of health service resources

ZERO TOLERANCE POLICY

All Health and Social Care organisations are committed to protecting public money. This means preventing fraud, bribery and corruption so that public money is used properly and for the purpose it was intended.

It is the policy of all Health and Social Care organisations to investigate all allegations of fraud in conjunction with the Business Services Organisation's counter fraud team and the Police.

Where fraud is apparent, a triple track approach to applying sanctions will normally be taken. Dependant on the circumstances of the case and the evidence available this may include disciplinary action and civil recovery proceedings together with criminal sanctions via the court system.



FINANCIAL ABUSE

Following a report of suspected misappropriation of clients' monies in a social care facility with whom a Trust contracted an investigation was launched. The findings of the investigation showed that there were a number of failings with regard to the standard of the record keeping within the home which were well below the regulatory requirements. Satisfactory evidence could not be provided to verify charges made to clients on a number of occasions. In the absence of this documentary evidence the facility will have to repay a substantial amount to the residents.

What could have prevented this?

Adequate controls and checks to ensure:-

- accurate care plans are in place and monitored;
- individual financial records for each service user are held and updated and countersigned where appropriate;
- regular audits are undertaken;
- random spot checks;
- all staff are trained in the regulatory requirements and operational guidelines in relation to the handling service users' money.

PATIENT TRAVEL

A suspicion was raised that a patient was abusing the patient travel scheme by presenting taxi receipts for journeys to hospital appointments which they had actually made in a private vehicle. The investigation established that the patient was indeed falsifying receipts. When approached the patient admitted to falsely claiming for taxi fares and agreed to the full repayment of the false claims circa £1,000.

What could have prevented this?

- random spot checks should have been undertaken to verify receipts with taxi company records;
- a reputable firm with whom the Trust contracts should be used;
- a process whereby charges are invoiced directly by the taxi company to the Trust should be considered;
- regular audits should be undertaken.

TIMESHEET

A suspicion was raised as to whether an employee was working their contracted hours. An investigation uncovered substance to the allegation and the employee had been able to exploit their knowledge of weaknesses within control systems to submit false information over a period of time resulting in an overpayment of in excess of £15k.

What could have prevented this?

- an effective verification system should have been in place;
- a review of authorisation rights;
- appropriate segregation of duties;
- a review of processes in place to ensure fit for purpose;
- a clear reporting process;
- monthly budget review.

PAY PROCESS RELATED

A former employee continued to receive a salary after leaving HSC employment. In an attempt to retrieve the overpayment contact was made with the former employee who advised that they had not received any overpayment and that their bank account had been closed. Checks were made with the appropriate bank who confirmed that the overpayment had indeed been paid into the former employee's bank account.

What could have prevented this?

- timely notification to HR/Shared Services regarding the termination date;
- confirmation from HR/Shared Services that they have actioned termination requests appropriately;
- the completion of a monthly budget review to identify any anomalies;
- consideration of a termination meeting held with all employees prior to leaving to confirm final salary;
- consideration of the use of a declaration form, signed by employees prior to leaving, to confirm their understanding of what their final salary will be.

CASE STUDIES

TRAVEL AND SUBSISTENCE

A routine audit of a corporate taxi account showed a number of journeys were claimed for outside of normal working hours over a substantial period of time. A subsequent investigation found that a former agency worker, had continued to use the organisation's corporate taxi account for her own personal use following the termination of her contract.

The individual was interviewed by the Police Service of Northern Ireland and admitted to over 10 offences of Fraud by False Representation. The individual received an Adult Caution and paid back the full amount.

What could have prevented this?

- security of passwords;
- passwords/permissions should be changed regularly and removed/disabled when an employee leaves;
- regular audits should be undertaken;
- adequate controls should be in place to verify all claims;
- cross checks between claims and diary entries/attendance records.

WHAT TO DO IF YOU SUSPECT FRAUD...

If you suspect fraud within your workplace there are a few simple guidelines to follow.



DO remember key details

Note all relevant details, such as the date and time and who was involved.

DO deal with matters promptly

Any delay may cause further losses.

DO report the matter

Refer to the policies and procedures in place to report suspected fraud.

DO NOT ignore the situation

All staff have a responsibility to report instances or suspicions of fraud.

DO NOT approach or accuse any individual directly

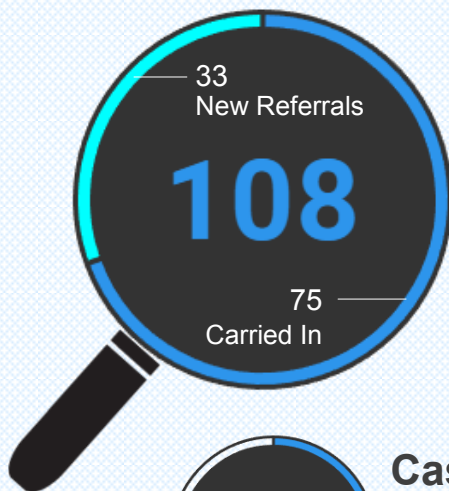
This may compromise any future investigation.

DO NOT try to investigate the matter yourself

There are special rules around the gathering of evidence for use in a criminal case.

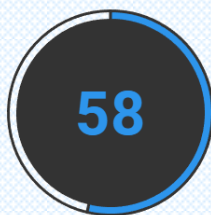
FACT AND FIGURES

The information below is a summary of Counter Fraud Services investigation activity in the first 6 months of this financial year.



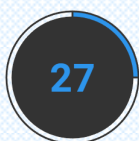
Cases under investigation.

These referrals originated from across the HSC with 54 cases referred by the HSC Board; 44 from HSC Trusts and 10 from Arms Length Bodies.



Cases involving Service Users

The types of cases investigated include persons fraudulently attempting to obtain prescription medication; abuse of the patient travel scheme, pension fraud and misuse of the Direct Payments scheme.



Cases involving members of Staff

The types of cases examined include allegations of timesheet fraud, travel and expense fraud, abuse of sick leave and the theft and misuse of HSC resources.



Cases passed to the Police or Public Prosecution Service.

For consideration of criminal proceedings.



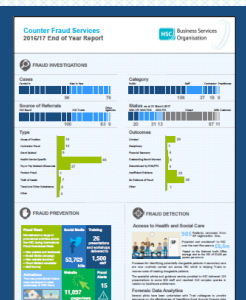
Sanctions secured

A range of disciplinary, financial and criminal sanctions have been secured, including custodial sentences, Adult Cautions, Community Service and Community Resolution Orders.

Data correct as at 30 September 2017

2016/17 END OF YEAR REPORT

Further information on the work undertaken by BSO Counter Fraud Services is available by viewing our latest End of Year Report.



REPORTING FRAUD

Fraud against Health and Social Care means that money intended for patient care ends up in the pockets of criminals. It means that fewer resources are available to be spent on frontline health and social care services. By reporting fraud, you can help protect HSC resources and bring those responsible to justice.

If you have a genuine concern or know that fraud is taking place you should report the matter to your line manager or to your organisation's Fraud Liaison Officer (FLO). Further advice and guidance on how to raise a concern is available in your organisation's Fraud Response Plan and Whistleblowing Policy, usually available on your local staff intranet site.

Alternatively you can report your suspicions to BSO Counter Fraud Services by calling the confidential HSC Fraud Reporting Line or by sending a report online.



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FREQUENTLY ASKED QUESTIONS

Often people have concerns about reporting fraud, below are some questions and answers to help alleviate any concerns you may have:

"I am unsure if fraud is being committed."

Don't worry; that's what the role of the FLO and CFS is all about.

CFS provides an advisory service for client organisations and FLO's regularly use this service.

The FLO, in conjunction with senior staff in the organisation, will decide if there is enough evidence to indicate a referral to CFS for investigation. You should contact your FLO if you have any concerns or even if you just need some advice.

"If it's only a minor issue I probably wouldn't bother."

Every instance of suspected fraud, no matter how small, should be reported. Most cases start in respect of something minor, but can uncover fraud to the value of thousands and,

sometimes tens of thousands of pounds.

"I wouldn't want to get anyone into trouble."

The perpetrator gets them self into trouble by committing fraud in the first place. If you don't report it they might get away with even more money. Remember it's your health service too, we all pay for it and need to protect its valuable resources.

"Nothing will be done so why bother?"

Every single referral of fraud to CFS is investigated and appropriate action taken.

There can sometimes be an impression that reports of suspected fraud are not taken seriously, but it must be remembered that all information relating to fraud investigations

and subsequent action is strictly confidential. It is only when cases reach a criminal court that specific detail can be made known to staff and the public.

"I'm concerned about repercussion and reprisals."

Don't be!

All reports of suspected fraud are made in confidence. The identity of the person reporting their suspicions is protected, even if a case were to reach court.

Providing your concerns are genuine there should be no repercussions to you reporting them. If you wish, you can make the report anonymously, but we would much prefer it if you told us who you are in case we need to speak to you to get further information.





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Together we can stamp out fraud.