NHS Shetland

Meeting:	Shetland NHS Board
Date:	14 December 2021
Report Title:	Counter Fraud Services Annual Report 2020-21
Reference Number:	Board Paper 2021/22/55
Author / Executive Lead/ Job Title:	Author: Gordon Young, Head of Service, Counter Fraud Service Executive Lead: Colin Marsland, Director of Finance

Decisions / Action required:

The Board is asked to note the content of the Counter Fraud Services Scotland annual report for 2020-21.

High Level Summary:

This report highlights the work of the Counter Fraud Services in 2020-21 in both raising awareness of fraud and tackling fraud.

CFS actions and initiatives are estimated to have reduced financial crime in NHS Scotland by £0.76 million in 2020-21. This is down from £2.4m in 2019/20 and reflects impact of Covid-19 pandemic resulting in less investigations as some staff redeployed to other duties and also less clinical activities in Dental and Ophthalmic Services.

The Fraud Risk Assessment is a key component of Health Board's managing fraud proactively and is a service development area started by CFS in 2020-21 and this service will expand in future years.

Corporate Priorities and Strategic Aims:

This report address the Board's performance in addressing two key Board Corporate Objectives:
  • To provide best value for resources and deliver financial balance
  • To ensure sufficient organizational capacity, capability and resilience

Key Issues:

Working is on-going nationally and locally to address the ever evolving nature of fraud with increasing collaboration across the UK in sharing best practice and highlighting cases of attempted fraud and fraud to prevent re-occurrence.

In 2020-21, cash recoveries from patients found to have incorrectly claimed exemption were £224,000. The comparative figure for 2019/20 is £1,083,370 which is the highest in year value of recoveries to date. In 2020/21 CFS has continued to develop and implement Robotic Process Automation (RPA) applications within the Patient Claims

Team to free up resources and maximise the number of exemption eligibility checks that are carried out. The team though was redeployed for 9 months in 2020-21. Work though is also ongoing in education and training to reduce at source patients not incorrectly submitting exemption claims via training staff on best practice and understanding which benefits are eligible.

Counter Fraud Service carried out fraud training during 2020-21 using the Microsoft Teams to allow maximum possible participation and remove the need for travel.

Implications : *Identify any issues or aspects of the report that have implications under the following headings*	
Service Users, Patients and Communities:	Work of Counter Fraud Services helps to ensure appropriate use of NHS resources and helps to minimise the risk funds are used out with their intended purpose. Thus maximising the amount of funds appropriately spent on patient treatment or preventative advice to ensure patient best outcomes.
Human Resources and Organisational Development:	NHS Shetland aims to ensure there is an antifraud culture within the Board. The prevention and detection work of Counter Fraud Services along with staff training helps to create and sustain this culture.
Equality, Diversity and Human Rights:	
Partnership Working	
Legal:	
Finance:	Helps to minimises the Board's exposure to the risk of fraud.
Assets and Property:	
Environmental:	
Risk Management:	The NHS is subject to fraud and has the responsibility to take effective steps to minimise the risk that Public funds are not used in-line with their intend purpose.
	Aids in the assessment of the board's ability to manage corporate risks and provide best value for resources. As such this forms part of the annual performance cycle which along with other information, External Audit place reliance upon in establishing their audit opinion for the Board's annual accounts.

Policy and Delegated Authority:		
Previously considered by:	Audit Committee	28th September 2021

"Exempt / private" item	

Counter Fraud Services

Protecting Resources Delivering Solutions

NHS National Services Scotland

CFS Year End Report 2020/21 (Updated)

NHSSCOTLAND CFS COUNTER FRAUD SERVICES

Fraud.
Together we can stamp it out.
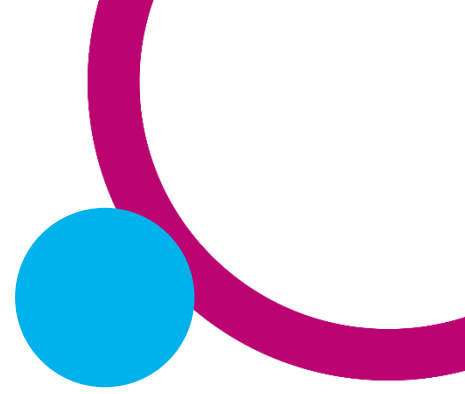
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## 5.	Patient Exemption

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1. Introduction

1.1   As the Head of Service of NHS Scotland Counter Fraud Services (CFS) I am pleased to introduce this end of year report, which details CFS' work and achievements during 2020/21.   CFS continues to provide a national fraud detection and investigation service; this supports the development of tangible fraud prevention solutions and drives improvement in countering fraud across the Health Service in Scotland.

1.2   This has been an unprecedented year for NHS Scotland due to the global pandemic and CFS have had to deal with its own set of challenges caused by Covid 19. I am extremely proud to report that CFS rose to these challenges, which included staff being re-deployed to priority areas to support the fight against this deadly virus.

1.3   Despite the requirement to support other key areas and the disruption caused to the delivery of our primary role we still managed to provide an effective and efficient counter fraud service. Like most areas in NHS Scotland we are adopting "new ways of working" which includes a significant increase in the use of digital technology. One major success of this was the CFS Live Events which were delivered via MS Teams. This allowed us to reach a far greater audience with significantly reduced resource input. More information on the Live Events can be found in the body of this report.

1.4   Having reviewed our ways of working we identified intelligence led investigations, data analytics, fraud risk assessment and fraud risk measurement as being key drivers to delivering tangible outcomes and benefits for the health service in Scotland.   With that in mind, this year, we have recruited a Senior Information Analyst and an Intelligence Analyst to support the delivery of these key outcomes during 2021/22.

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1.5   There is still much to do to provide the NHS with what it needs to protect itself from fraud, bribery and corruption.   Our focus in the coming year will be to ensure continuity of service, taking in to account the challenges we will still face due to the Covid 19 pandemic.   In addition, we plan to work in Partnership with the Health Boards to develop the nationally recognised Counter Fraud Standards which will be launched for NHS Scotland in April 2022.

1.6   I wish to record my sincere thanks to all Fraud Liaison Officers for their continued support to CFS, which is greatly valued especially as we are aware that they have also faced significant challenges due to the pandemic.
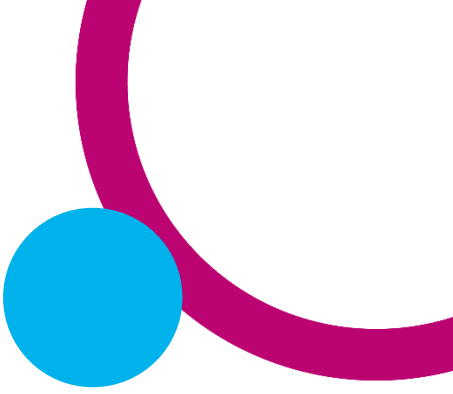
2. Prevention

2.1 Fraud Awareness

2.1.1   The CFS fraud awareness programme has been hugely impacted by COVID-19 with all face-to-face sessions being cancelled. Moving away from face-to-face sessions has allowed us to develop new delivery methods with Microsoft Teams proving to be a very timely and welcome introduction. With many NHS staff now working from home, a number of Board colleagues have contacted CFS and requested that we deliver either general or bespoke sessions during their team meetings or protected learning time sessions. Microsoft Teams has actually allowed us far more flexibility in timetabling sessions and also significantly reduced the resource implication for CFS. CFS has delivered a number of general and bespoke training and awareness sessions via Microsoft Teams, which were all well received with positive feedback.

2.2 CFS Presents Live

2.2.1   Following a number of Health Board requests, CFS planned and delivered a programme of live events in February and March 2021. The events were hosted by the Scottish Health Service Centre (SHSC) and were made available to all NHS Scotland employees.   The plan had been to deliver six events but following consultation with Health Boards, and to avoid duplication, the programme was cut to four events, covering the subjects most requested.   CFS delivered the following events:
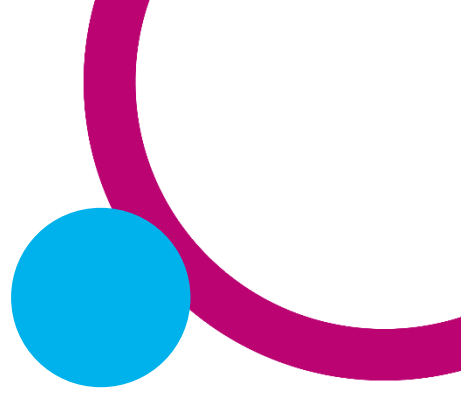
- **Anti-Bribery and Corruption, 24 March 2021** - Bribery and corruption erodes trust in public services, damages honest businesses and costs millions of pounds every year. This workshop shines a light on the problem of corruption through discussion of case studies and their significant impact.

This workshop will help NHS staff identify and comply with the organisation's policies and to act in the interests of the employer. The session is open to all NHS staff but more relevant to those with delegated authority to purchase goods and/or services or working in procurement, including Estates and Facilities. It is also relevant to NHS staff working directly with external commercial partner organisations e.g. purchasing contract teams. 149 NHS delegates attended the Anti Bribery and Corruption event.

- **Internal Investigation Training, 3 March 2021** - Whilst not a core function, CFS has for a number of years been providing investigation training support to Health Boards. This training has been developed further following the issue of the 'Once for Scotland' Investigation Policy and now covers key elements of an internal investigation such as planning, interviewing, evidence gathering and reporting. This session is aimed at those involved in the investigation process such as HR managers and officers, Investigation Managers and staff side representatives. 222 NHS delegates attended the 'Once for Scotland' Internal Investigation event.

- **General Fraud Awareness, 10 March 2021** - These sessions are aimed at NHS staff who may not have heard of CFS, the FLO or the impact of fraud within the NHS. The sessions will cover some previous and live case examples and provide an overview of how CFS and Health Board's tackle fraud and financial crime. 395 NHS delegates attended the General Fraud Awareness event.

- **Sickness Absence Fraud, 17 March 2021** - Allegations of sickness absence fraud are the highest type of employee related referral made to Counter Fraud Services. However, not all referrals are suitable for CFS investigation so a guide was created to highlight some of the factors that could influence the decision about whether an allegation is suitable for CFS to investigate. The aim of this session is to review the impact of the 'Once for Scotland' Workforce Attendance Policy and a walk through of the CFS Sickness

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Absence Fraud guidance document. The session is aimed at HR Managers and Officers. 259 NHS delegates attended the Sickness Absence Fraud event.

2.2.2 The four sessions were delivered live and CFS fielded questions on the day. The sessions were recorded and have been made available for all NHS Scotland employees to view retrospectively. The question and answer sessions have also been published along with each event. Anyone wishing to view the events can follow the link: https://book.shsc.scot/cfs2021, where they will be asked to register for the events and then given access to each event. The following chart shows attendance levels for each event:

CFS Present Live - Attendance Levels
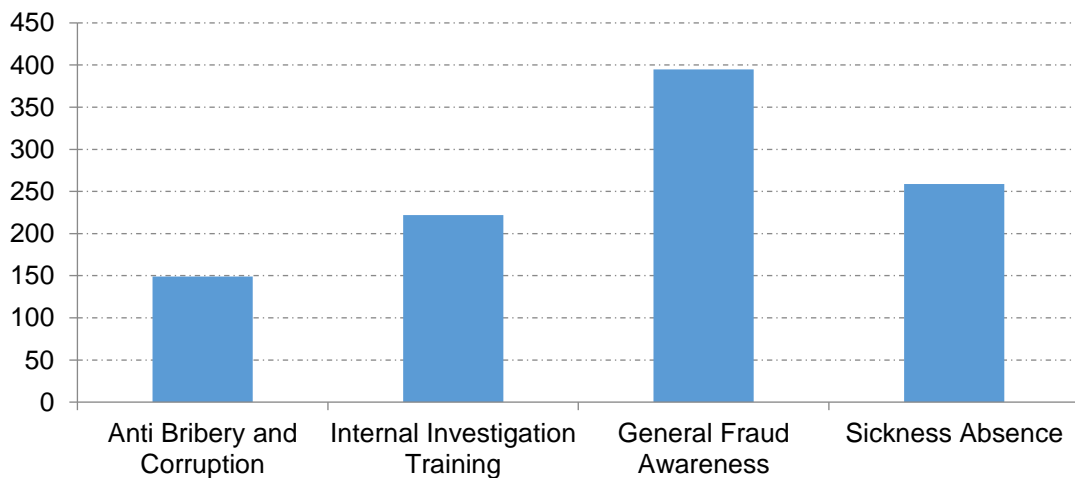
2.2.3 CFS have a full breakdown of attendance by Health Board area and will continue to capture the post event attendance figures. The events will remain accessible and included in events scheduled for fraud awareness month in November 2021. The attendance figures will then be further reviewed with respective FLO's.

2.2.4 CFS intends to add further training material to the site and will liaise with FLO's to discuss relevant material and content.

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2.3 CFS eLearning Module

2.3.1 The revised CFS eLearning module was first launched on 1 April 2016 and since that date a total of 49,437 NHS staff have completed the module. The module is currently hosted on both the LearnPro and TURAS platforms and last year a total of 10,879 NHS Scotland staff members completed the training, 9830 on LearnPro and 1049 on TURAS. The following chart shows the annual completion levels since 2016, with an expected reduction for year 2020/21, which is presumed at this stage to be related to staff pressures caused by the added work pressures of Covid 19.

CFS eLearning Completion Levels
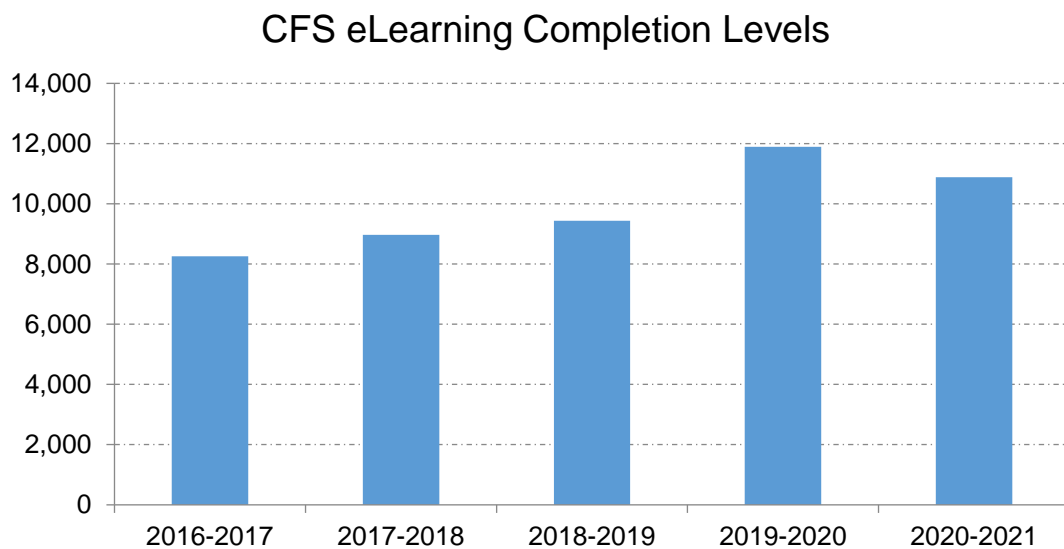
2.3.2 CFS have a full breakdown of attendance by Health Board area which can be shared with each FLO as part of ongoing discussions regarding increasing the attendance rates across NHS Scotland.

2.3.3 There had been a plan to discontinue the module on Learnpro and migrate the module solely to Turas on 1 April 2021, however this has been delayed until 1 Apr 2022, whilst a number of Health Board's consider which platform they intend to use in

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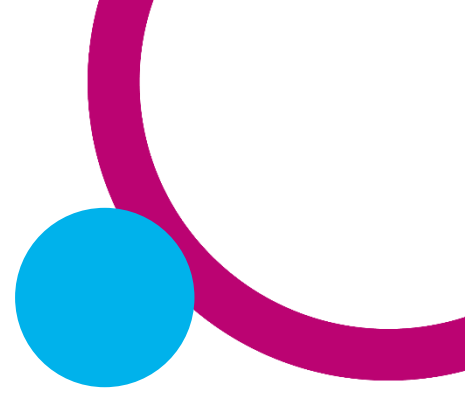
future. CFS will endeavour to make the module available to as wide an audience as possible and will consider maintaining the training on both sites, dependent on Health Board usage and cost.

2.4   Finance Module

2.4.1   In our last update we mentioned our work with the Board Development team at NHS National Education Scotland (NES) to include a fraud component in eLearning for non-executive directors. The following two eLearning modules are now available on TURAS, intended for introductory training for Non-Executive Board Members.

- Finance and NHS Scotland
- Effective Audit and Risk

2.5   Procurement eLearning Module

2.5.1   CFS and colleagues from National Procurement have collaborated to develop the procurement fraud eLearning module which has been drafted and is currently being tested on the Turas platform. The module is designed for staff employed within the procurement and commissioning arena but may also be of value to staff with budgetary responsibility, including the purchase of goods and services.   It is anticipated that the module will go live within the next 3 months and CFS will work with NES and Communications colleagues to formally launch the module and publicise its availability to FLO's Health Board staff.

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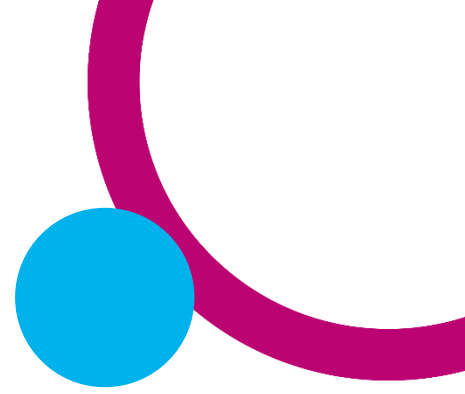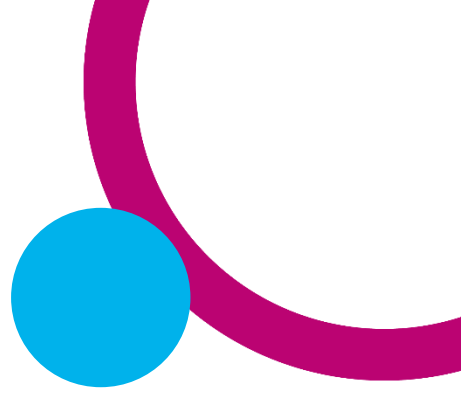
2.6 Fraud Risk Assessment

2.6.1 CFS has concluded its first two 'detailed' Fraud Risk Assessment (FRA) exercises and submitted final reports to the relevant Health Boards. Both FRAs were commissioned following significant identified frauds and focussed on preventing further losses through strengthened counter-fraud controls. Both reports have made a number of recommendations which have already been implemented or are currently being considered by the Board's.

2.6.2 The Fraud Risk Assessment is a key component of Health Board's managing fraud proactively and is a service development area for CFS. Boards seeking to achieve the Counter Fraud Standards require a high level FRA that creates a fraud risk register. To evidence this process, CFS will analyse national NHS sources of intelligence to identify the highest risks and share the assessment with participating health Boards.

2.7 Social Media

2.7.1 During 2020/2021, CFS made a concerted effort to raise the profile of fraud and theft against the NHS through social media. The Covid 19 pandemic brought new risks and challenges for the NHS with a number of new scams had been identified. CFS worked with partner law enforcement agencies and Health Boards to produce guidance on how to spot the scams as well as counter measures to prevent the scams from succeeding. CFS used Twitter to maximise the communications and reach as wide an audience as possible. In November 2020, CFS issued guidance to the public about the Test and Protect Scams which saw media coverage reach its peak.

2.7.2 During the course of the year, CFS posted 680 tweets which resulted in the profile receiving 8,481 visits. There were 630,000 Tweet impressions with the number of followers increasing by 43% from 619 in April 2020 to 1092 followers at the end of

March 2021. CFS received 907 social mentions and our potential reach (the approximate number of social posts views CFS appeared in) was 744,000.

2.7.3   The average engagement rate for the year was 0.96%, which compared with the wider public sector, where an engagement rate between 0.33% - 1% is considered very high, is an excellent first year engagement rate.

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3. Detection

3.1 Number of reports

3.1.1 For the year 2020/21, CFS received 95 fraud reports from Boards, and 174 from other sources.

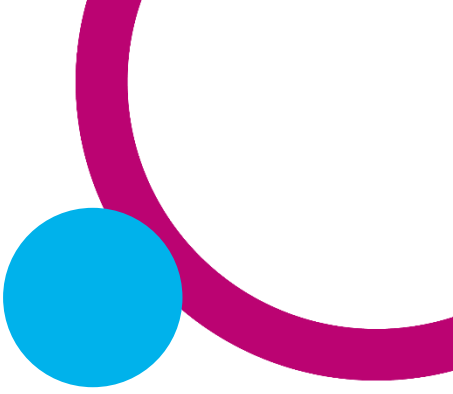| Date	Boards	Other sources	Total
Year to March 2015	218	265	483
Year to March 2016	280	317	597
Year to March 2017	222	313	535
Year to March 2018	171	349	520
Year to March 2019	141	291	432
Year to March 2020	130	308	438
Quarter 1 to June 2020	29	44	73
Quarter 2 to September 2020	23	44	67
Quarter 3 to December 2020	17	41	58
Quarter 4 to March 2021	26	45	71
Year to March 2021	**95**	**174**	**269**

3.2 Number and source of reports

3.2.1 In 2020/21, CFS received a total of 269 reports, representing a decrease of 39 per cent in comparison to the number of reports received last year (438). The remaining reports relate to the following Boards:

Budget (£m) 2020/21	Board	Board		Other sources		Total	Trend	
		Intel case[1]	Info only[2]	Intel case	Info only			
2,365	NHS Greater Glasgow and Clyde	8	0	27	7	42	⬇	-47 (-53%)
1,540	NHS Lothian	9	1	17	3	30	⬇	-33 (-52%)
1,013	NHS Grampian	8	4	12	1	25	⬇	-20 (-44%)
808	NHS Tayside	10	1	13	1	25	⬇	-18 (-42%)
762	NHS Ayrshire and Arran	7	0	13	4	24	⬇	-1 (-4%)
1,268	NHS Lanarkshire	7	1	9	4	21	⬇	-15 (- 42%)
666	NHS Highland	6	3	6	3	18	⬇	-3 (-14%)
701	NHS Fife	0	0	10	6	16	⬌	
328	NHS National Services Scotland	5	6	1	2	14	⬇	-2 (-13%)
	All Boards	1	0	6	3	10	⬇	-7 (-41%)
559	NHS Forth Valley	2	0	7	1	10	⬇	-5 (-33%)
278	Scottish Ambulance Service	3	1	4	0	8	⬇	-5 (-38%)
316	NHS Dumfries & Galloway	0	0	6	0	6	⬇	-4 (-40%)
80	NHS Western Isles	3	0	1	0	4	⬇	-1 (-20%)
220	NHS Borders	1	0	2	1	4	⬇	-2 (-33%)
73	NHS 24	3	0	0	0	3	⬇	-2 (-40%)
38	The State Hospitals Board for Scotland	0	0	2	0	2	⬇	-3 (60%)
461	NHS Education for Scotland	1	0	1	0	2	⬇	-1 (-33%)
54	NHS Shetland	2	0	0	0	2	⬇	-1 (33%)

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[1] Reports to CFS that are considered for initial investigation.
[2] Reports to CFS that are logged as 'information only' as there is insufficient information to pursue, or no action is necessary.

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53	NHS Orkney	2	0	0	0	2	⬇ -2 (-50%)
26	NHS Healthcare Improvement Scotland	0	0	1	0	1	⬌
48	NHS Public Health Scotland	0	0	0	0	0	⬌
60	NHS National Waiting Times Centre Board	0	0	0	0	0	⬇ -3 (-100%)
11,717		**78**	**17**	**138**	**36**	**269**	

3.2.2   The non-Board reports were received from the following sources:

Source	Number	Trend	
Hotline	75	⬇	-14 (-16%)
Website	35	⬇	-40 (-53%)
Other	15	⬇	-14 (-48%)
CFS Intelligence-led	8	⬇	-17 (-68%)
Police	21	⬇	-1 (-5%)
Medical Practice	9	⬇	-4 (-31%)
NHS Counter Fraud Authority	10	⬆	+1 (+10%)
Optician	1	⬌	
Totals	**174**		

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3.3   Types and subject of reports

3.3.1   The largest group of reports 130 (48 per cent) relate to staff. Staff reports were down by 67, a decrease of 34 per cent. Non categorised reports remain the highest at 30, these have risen by 3 per cent since last year.

3.3.2   Around 23 per cent of the reports relate to patients. Reports relating to prescription desirable drugs were the biggest concern this year. Prescription medicines obtained for persons other than genuine patient shows a decrease, however this may be due to how prescriptions have been processed during the pandemic between GP Practices and Pharmacies.

3.3.3   External reports, which include unsolicited approaches, invoice irregularities and auction sites, were the subject of 42 reports (16 per cent) down 32 per cent on last year. Primary Care practitioners, or their staff, account for the lowest share of reports were the subject of 27 (10 per cent), down 57 per cent on last year. An Inquiry To Assist (ITA) report made up the remainder.

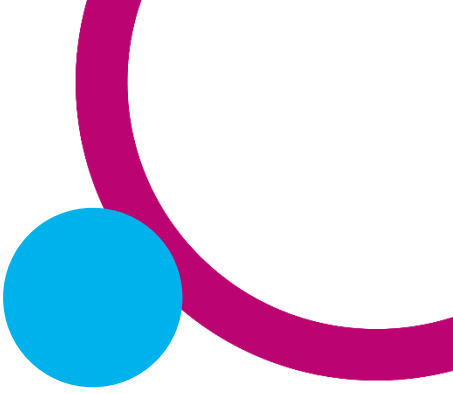| Subject and Type	No		Trend
STAFF	**130**	↓	-67 (-34%)
Non categorised	30	↑	+ 1 (+3%)
Sickness Absence	24	↓	-21 (-47%)
Theft - NHS Equipment	21	↓	-10 (-32%)
Theft – Desirable Drugs	12	↑	+12 (+1200%)
Earnings - Not working contracted hours	10	↓	-17 (-63%)
Earnings - Overtime and enhanced or on call hours	10		↔
Declaration - NHS Job Application Form	4		↔
Earnings - Travel and Subsistence	4	↑	+ 1 (+33%)
Earnings - Working elsewhere during NHS time, on call or unauthorised absence	2	↓	- 2 (-50%)
Documents - Altered or counterfeit	2	↓	- 1 (-33%)
Insider – P&C – Due Diligence	2	↑	+2 (+200%)

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Subject and Type	No	Trend	
Insider - P&C - Bribery - Manipulation of Bids	2	⬆	+2 (+200%)
Insider - Exploiting NHS Assets	2	⬆	+2 (+200%)
Theft - Controlled Drugs	1	⬇	-15 (-94%)
Insider - P&C - Awards work to/or employs friends or family	1	⬆	+1 (+100%)
Insider - P&C - Bribery - Rigged Specifications	1	⬆	+1 (+100%)
Earnings - Abuse of Leave	1	⬇	- 1 (-50%)
Declaration - Right to work	1	⬆	+1 (+100%)
PATIENT	**69**	⬇	- 42 (-38%)
Prescription - Desirable Drugs	22	⬆	+22 (+2200%)
Prescription - Medicines obtained for person other than genuine patient	19	⬇	- 31 (-62%)
Overseas Visitor	11	⬇	-11 (-50%)
Misuse of NHS Services – False of exaggerated symptom to access NHS Bed service or medication	7	↔	
Non Categorised	6	⬇	-12 (-67%)
Identity - Using false identity to obtain services	2	⬇	-4 (-67%)
Misuse of NHS Services	1	⬆	+1 (+100%)
Prescription - Altered or counterfeit	1	⬇	- 5 (-83%)
EXTERNAL	**42**	⬇	-20 (-32%)
Unsolicited Approach	24	⬇	-1 (-4%)
Non Categorised – Other	11	⬇	-9 (-45%)
P&C - Due Diligence	3	⬆	+3 (+300%)
Theft – NHS Equipment	3	⬆	+3 (300%)
P&C Invoices – Collusion between contractors	1	↔	
PRIMARY CARE	**27**	⬇	-36 (-57%)
Dental – Non categorised	8	⬆	+2 (33%)
General Practice – Non categorised	7	⬆	+7 (700%)
Pharmacy – Non categorised	3	⬇	-8 (-73%)
Optical – Non categorised	3	⬆	+2 (+200%)
DENTAL - Abuse of conditions of service and the SDR - False claims for allowances	2	⬆	+1 (+100%)
General Practice - obtaining multiple prescriptions using various details	1	↔	

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Subject and Type	No	Trend	
GENERAL PRACTICE - Abuse of GMS Contract - False treatment records or claims	1	↑	+1 (+100%)
GENERAL PRACTICE - Theft - Controlled drugs	1	↑	+1 (+100%)
Pharmacy Registration – Community pharmacy services	1		↔
INQUIRY TO ASSIST	**1**	↓	-2 (-67%)
Totals	**269**		

3.4   Outcomes of reports/intelligence cases

3.4.1   201 of the reports/intelligence cases were concluded in this year with six being upgraded to full investigation.   21 cases from this year remain at the referral stage. The breakdown of the reports/intelligence cases is shown below.

	No. of fraud reports	Not fraud / Insufficient evidence	Internal investigation / mgmt intervention	Counter fraud Rec. made	Overseas visitor	Linked with other CFS investigation	Intelligence shared with other org.	Intelligence alert issued	Inquiry to assist	Upgraded to operation	Initial investigation stage
NHS Greater Glasgow and Clyde	42	15	6	14	1	1	1	0	0	2	2
NHS Lothian	30	8	2	13	1	1	0	1	0	1	3
NHS Grampian	25	3	2	9	0	1	2	1	0	2	5
NHS Tayside	25	4	2	12	0	1	5	0	0	0	1
NHS Ayrshire and Arran	24	8	3	7	1	1	0	0	0	3	1
NHS Lanarkshire	21	7	2	6	0	2	2	1	0	1	0
NHS Highland	18	5	3	3	0	0	4	2	1	0	0
NHS Fife	16	0	3	7	0	5	1	0	0	0	0
NHS National Services Scotland	14	6	1	0	0	1	1	0	0	2	3
All Boards	10	1	0	0	0	0	0	4	0	2	3
NHS Forth Valley	10	2	1	5	0	1	0	0	0	0	1
Scottish Ambulance	8	3	0	4	0	0	0	0	0	1	0

Service											
NHS Dumfries & Galloway	6	1	0	2	0	0	1	0	0	0	2
NHS Borders	4	0	1	1	0	1	0	1	0	0	0
NHS Western Isles	4	0	0	3	0	1	0	0	0	0	0
NHS 24	3	2	0	0	0	0	1	0	0	0	0
NHS Education for Scotland	2	0	1	1	0	0	0	0	0	0	0
NHS Orkney	2	0	0	1	0	0	0	1	0	0	0
NHS Shetland	2	0	0	1	0	0	0	1	0	0	0
The State Hospitals Board for Scotland	2	1	1	0	0	0	0	0	0	0	0
Healthcare Improvement Scotland	1	0	0	1	0	0	0	0	0	0	0
NHS Health Scotland	0	0	0	0	0	0	0	0	0	0	0
NHS National Waiting Times Centre Board	0	0	0	0	0	0	0	0	0	0	0
Totals	**269**	**66**	**28**	**90[3]**	**3**	**16**	**18**	**12**	**1**	**14**	**21**

3. Counter Fraud Recommendation are recorded as 90 cases, however a total of 108 counter fraud recommendations were made within these cases

3.5   Intelligence Alerts

3.5.1   Some unsolicited approaches and scams are not counted in the referrals as they were collated under existing cases from previous years (some resulting in the issue of Intelligence Alerts). Therefore, information we have received regarding these are over and above the referrals recorded. In total we issued 12 alerts this year. A list of the Intelligence Alerts issued this year is attached at Annex A to this report.

3.5.2   In addition to the individual Intelligence Alerts, CFS also maintained and issued a Rolling Alert which included contributors from a number of law enforcement and other public sector bodies. The idea behind the Rolling Alert was to create a single, searchable document that the user could search for guidance on how to identify and avoid specific frauds and scams. Feedback from Health Board's is that the Rolling Alert is very helpful with some Board's uploading the alert to their intranet. CFS will continue to issue the Rolling Alert at regular intervals and will review once the NHS emergency measures have been removed.

3.6   Timescales

3.6.1   For the year 2020/21 the following was achieved:

- 100 per cent of reports were processed in 28 days or less
- 100 per cent of Intelligence Alerts were distributed within five working days of receipt

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4. Investigation

4.1 Year end status

4.1.1 On 31 March 2021, CFS had ongoing cases as follows:

Budget (£m) 2020/21	Board	Op's/RIT Cases	Reported to Board/PF	Reports/ intel cases	Total
2,365	NHS Greater Glasgow and Clyde	7	4	6	17
1,540	NHS Lothian	6	3	8	17
1,013	NHS Grampian	0	3	8	11
762	NHS Ayrshire and Arran	2	1	3	6
808	NHS Tayside	0	0	4	4
559	NHS Forth Valley	1	1	2	4
1,268	NHS Lanarkshire	1	1	2	4
666	NHS Highland	1	1	1	3
701	NHS Fife	1	1	1	3
328	NHS National Services Scotland	0	0	2	2
316	NHS Dumfries & Galloway	1	0	2	2
38	The State Hospitals Board for Scotland	0	0	1	1
278	Scottish Ambulance Service	1	0	0	1
80	NHS Western Isles	0	0	0	0
26	Healthcare Improvement Scotland	0	0	0	0
73	NHS 24	0	0	0	0
461	NHS Education for Scotland	0	0	0	0
60	NHS National Waiting Times Centre Board	0	0	0	0
220	NHS Borders	0	0	0	0

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53	NHS Orkney	0	0	0	0
54	NHS Shetland	0	0	0	0
48	NHS Public Health Scotland	0	0	0	0
11,717	**Totals**	**21**	**15**	**40**	**75**

4.2   Outcomes of operations actualised in this year

4.2.1   From the intelligence cases upgraded to operations, in previous years and the current year, the following outcomes were achieved in this year:

Outcome	Number
Reported to HB for internal investigation	11
Reported to HB for recovery of monies	4
Counter fraud recommendations made	8
Reported to Procurator Fiscal	0
Reported to Professional Body	0
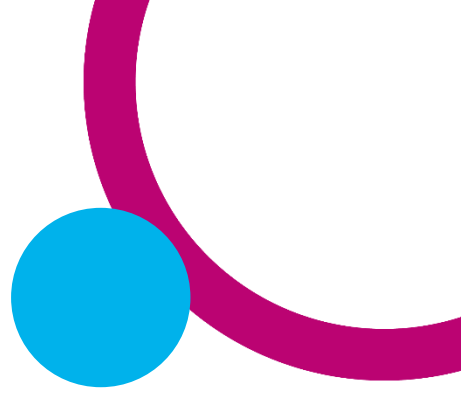
4.3   Timescales

4.3.1 For the year 2020/21 the following was achieved:

- 92 per cent of primary care CFS operations were completed within 365 days or less (reported to the Crown Office and Procurator Fiscal Service or to Health Board)

- 96 per cent of internal CFS operations were completed in 270 days or less (reported to the Crown Office and Procurator Fiscal Service or to Health Board)
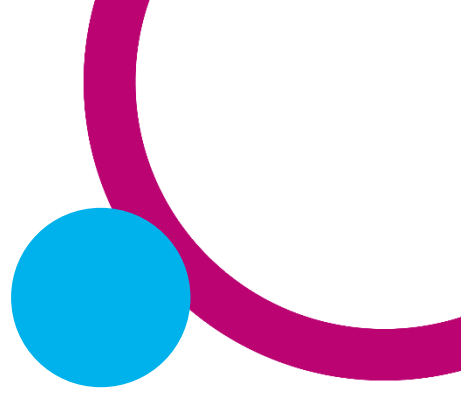
4.4   Fraud reduced

4.4.1 CFS actions and initiatives are estimated to have reduced fraud in NHS Scotland by £764k in 2020/21.

4.5   Criminal convictions

Operation Torrey

4.5.1 This case involved the actions of a Finance Travel Team Assistant who abused his position of trust to make a number of fraudulent transactions using a NHS credit card. All of the fraudulent transactions were for his own and friends personal use, including flights and hospitality. The individual was dismissed from the Health Board and paid the full amount defrauded back to the Board. He subsequently pled guilty to the offences and at the conclusion of the court case was sentenced to a 100 hours Community Payback Order.
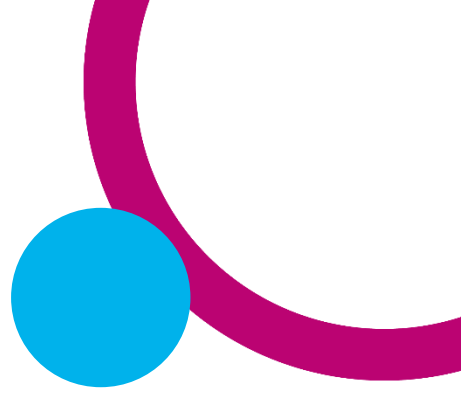
Operation Dove

4.5.2   This case involved the fraudulent actions of two staff nurses who falisified entries in the bank shift booking system and authorised shifts which they both knew they had not worked. Both nurses were dismissed from their posts and reported to the NMC for consideration of further action. Both nurses pled guilty to the charges and were each sentenced to a 6 month Restriction of Liberty Order. Both nurses were each ordered to repay compensation to the Health Board.

Operation Hallet

4.5.3   In this case, a NHS call handler submitted a number of false Form Med 3 Fit Notes to support a period of sickness absence from the Health Board. The call handler altered dates on genuine Fit Notes and also created completely fictitious Fit Notes and used these false documents to deceive her line manager and receive nearly 6 months occupational sick pay that she was not entitled to. The individual resigned prior to the conclusion of the disciplinary process. She pled guilty to the offences and was sentenced to an 80 hours Community Payback Order.

Operation Cranborne

4.5.4   This case involved the fraudulent actions of a health care support worker. During his recruitment, he provided the Board with details of referees who could privide suitable references for his previous employment, however, the details he provided were false. He provided contact details and email addresses that he controlled and was able to write his own references which he submitted to the recruitment panel and was the basis of him being appointed. The individual resigned from the Board and repaid the full overpayment of salary. He pled guilty to the charges and was admonished at court. Sentence not recorded in annual report 2019/20.

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4.6   NHS Internal investigations

4.6.1   Some Boards have undertaken a number of fraud related internal investigations, some of which were based on CFS evidence provision. Eight internal investigations concluded this year, the outcomes are as follows:

- ➢ Five employees were dismissed gross misconduct
- ➢ One employee was dismissed without notice
- ➢ One employee received a first and final warning and was downgraded
- ➢ Two employees received a formal written warning
- ➢ One employee received a formal verbal warning

4.7   Regulatory Body outcomes

4.7.1   There have been no regulatory body outcomes during this reporting period.

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5. Patient Exemption
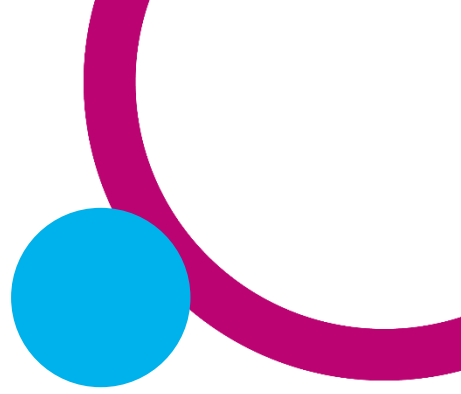
5.1 Patient exemption programme

5.1.1 In 2020/21, CFS undertook a total of 41,000 checks, recovering £224,000 from patients found to have incorrectly claimed exemption. This figure is significantly less than recoveries from previous years because the programme of patient exemption eligibility checking within the CFS Patient Claims Team (PCT) was suspended in April 2020 due to the COVID-19 pandemic. The PCT were subsequently redeployed to work in the NHS Scotland Test and Protect contact tracing programme. In addition to this, Dental and Ophthalmic services were severely disrupted and restricted for a large part of 2020.

5.2 PECS Robotic Process Automation

5.2.1 In 2020/21 CFS has continued to develop and implement Robotic Process Automation (RPA) applications within the Patient Claims Team to free up resources and maximise the number of exemption eligibility checks that are carried out.

5.3 National Fraud Initiative

5.3.1 The COVID-19 pandemic has resulted in a cessation of the planned NFI exercise. CFS had previously identified approximately 10,000 data matches and were considering pursuing some of the cases for criminal and disciplinary action. CFS will review the next data match before making any further decisions on the viability of this exercise.
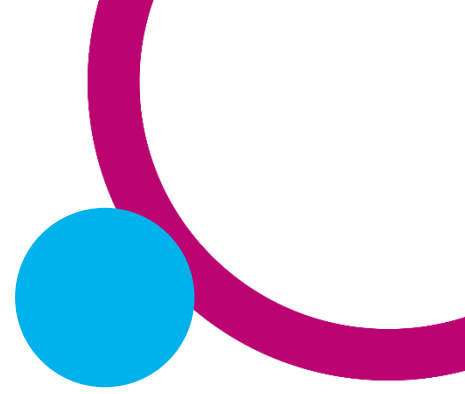
5.4 Patient Exemption Checking Programme

5.4.1 The statistics for the patient exemption checking programme for this year are attached at Annex B to this report.
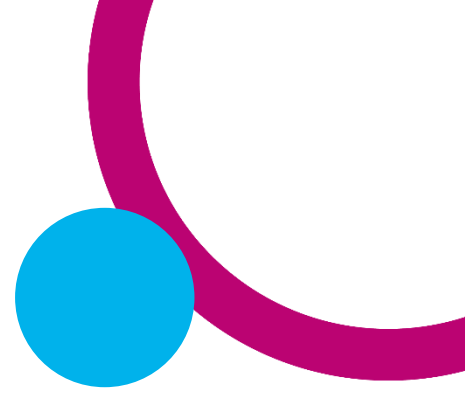
Gordon Young
Head of Service
NHS Scotland Counter Fraud Services
3 Bain Square
Livingston
EH54 7DQ
Telephone: 01506 705237
Email: gordon.young2@nhs.scot

Intelligence Alerts issued in 2020/21

Ref No/ Date issued	Heading	Brief Overview
01-2020-21	HMRC Tax Avoidance Scam COVID-19	HMRC were made aware that unscrupulous promoters of tax avoidance schemes were targeting workers returning to the National Health Service (NHS) to help respond to the coronavirus (COVID-19) outbreak.
02-2020-21	Third party data breach	A third party supplier to the NHS identified that some of the data they hold about businesses had been potentially compromised. This took place due to an external phishing attack affecting a part of their business that resulted in a data breach. A number of email accounts were compromised; however, these accounts were immediately secured as soon as this issue came to light.
03-2021-21	Rail travel Scam	CFS were alerted to an email scam from a fraudster purporting to be the managing director within the rail industry. The email was sent to a NHS staff member requesting copies of initial contracts / award letter and previous invoices last issued to the Board. The email also noted that due to COVID-19 there had been a change in their contract payment accounts and that the rail company had been forced to change banks due to a better management of cash flow.
04-2020-21	Council Purchase Order Scam	CFS was alerted to unsolicited email approaches, purporting to have been issued from a regional Council creditor department.

Ref No/ Date issued	Heading	Brief Overview
		This is commonly referred to as email spoofing. It is how spammers send emails that look like they have originated from genuine email accounts. The email "From" header appears legitimate, when in fact the genuine owner of the email account knows nothing about it.
05-2020-21	NHS Board DoF Email Spoofing Scam	CFS was alerted to an unsolicited email approach, purporting to have been authorised and sent by a NHS Board Director of Finance. The email was for payment of an outstanding invoice for c.£23k. No monies were lost during this attempt.
06-2020-21	Payment Diversion Fraud	CFS was alerted by the NHS Counter Fraud Authority to a report of a NHS Health Body who were targeted with an attempted bank mandate fraud, for a significant amount of money. The attempt was made using a compromised email account of a genuine member of staff employed at the company. Bank mandate fraud continues to be a high risk threat. The fraudster requested a change of bank account details for the company however the scam was identified and stopped.
07-2020-21	Attempt Utilities Account Diversion	CFS was alerted by a NHS Health Board of an attempt to fraudulently transfer a current utilities account to another supplier. Due to the diligence of staff the Board in question was notified, the request was blocked, and no losses occurred.
08-2020-21	Email Spoofing - Gift Cards	CFS was alerted to a successful scam within a Health Board area whereby an email was sent to a staff member from what appeared to be the Chief Executive, for immediate purchase of 10 x £100 Gift Cards. The victim was asked for the voucher codes on completion, allegedly to be given to veterans in care homes/palliative care settings to support them through the Covid-19

Ref No/ Date issued	Heading	Brief Overview
		pandemic.
		Following a request for reimbursement of the vouchers, the victim checked the sender details and the email address had been 'spoofed' to appear to be sent by the Chief Executive. This is a well-known scam; however, fraudsters appear to be increasingly sophisticated in their cybercrime attempts.
09-2020-21	Laptop Thefts - Insider Threat	During the course of ongoing investigations, CFS discovered a number of incidents of theft of IT equipment. A number of investigations are ongoing however CFS issued a bulleting warning Health Boards of the risk and recommending remedial actions.
10-2020-21	COVID-19 £500 Bonus Payment Scam	CFS was made aware of telephone calls received by NHS and social care staff requesting bank details from them in order for the Scottish Government COVID-19 bonus payment to be made. This was identified as a scam, and staff are urged not to disclose any bank details to unknown callers.
11-2020-21	Endowment Fund Fraud	CFS was made aware of an attempted fraud against a NHS Board endowment account. An approach was made from a person purporting to be from a national bank requesting bank and procedural information relating to the Health Board's business. No payments were made, and the scam was reported.
12-2020-21	Healthcare Telephone Scam	CFS was made aware of a successful telephone scam which resulted in a patient providing personal banking details to an unsolicited caller. Details of the scam and how to identify it were communicated through the Alert.

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Patient Exemption Checking in Scotland - 1 April 2020 to 31 March 2021

DENTAL

Exemption Category	Number B/Fwd	Number New Cases	Number Confirmed	Number of Full Recoveries	Amount Recovered[1]	Number of Write Offs[2]	Value of Write Offs	Database adjustments[3]	Number C/Fwd
Under 18	0	4	4	0	£0	0	£0	0	0
Age 18 in full-time education	1,429	165	18	18	£2,353	150	£9,635	-1,164	244
HC 2 Certificate	0	1	0	0	£0	1	£135	0	0
HC 3 Certificate	1	0	0	0	£0	0	£0	0	1
Income Support	2,132	2,042	891	83	£7,582	891	£107,855	-1,079	1,230
Income-based Job Seekers Allowance	2,707	1,414	256	146	£13,619	1,231	£152,511	-1,205	1,283
Pension Credit Guarantee Credit	911	921	444	82	£10,961	247	£29,074	-580	479
Pregnant	0	1	0	0	£0	0	£0	0	1
Universal Credit	0	2,590	53	38	£2,556	5	£591	-2,494	0
Tax Credit	11,809	5,640	930	707	£68,278	2,289	£252,569	-5,897	7,626
Income Related Employment Support Allowance	3,361	4,500	2,337	113	£14,287	1,409	£179,518	-1,775	2,227
Nursing Mother	0	0	0	0	£0	0	£0	0	0
Scotland Total	**22,350**	**17,278**	**4,933**	**1,187**	**£119,636**	**6,223**	**£731,887**	**-14,194**	**13,091**

OPHTHALMIC

Exemption Category	Number B/Fwd	Number New Cases	Number Confirmed	Number of Full Recoveries	Amount Recovered[1]	Number of Write Offs[2]	Value of Write Offs	Database adjustments[3]	Number C/Fwd
Under 16	0	0	0	0	£0	0	£0	0	0
Age 16-18 in full-time education	1,431	10,110	3	0	£0	6	£255	-1,431	10,101
Age 60+	0	0	0	0	£0	0	£0	0	0
HC 2 Certificate	0	0	0	0	£0	0	£0	0	0
HC 3 Certificate	0	0	0	0	£0	0	£0	0	0
Income Related Employment Support Allowance	1,804	13,710	10,251	213	£15,550	735	£53,646	-1,133	3,182
Income Support	793	4,464	3,147	100	£7,050	309	£21,719	-491	1,210
Income-based Job Seekers Allowance	438	2,311	996	226	£13,760	208	£14,214	-214	1,105
Pension Credit Guarantee Credit	1,366	5,015	3,390	271	£19,910	454	£36,682	-975	1,291
Universal Credit	0	7,735	148	70	£4,013	17	£1,111	-7,500	0
Tax Credit	3,306	7,826	3,427	721	£44,783	756	£43,977	-1,098	5,130
Scotland Total	**9,138**	**51,171**	**21,362**	**1,601**	**£105,066**	**2,485**	**£171,603**	**-12,842**	**22,019**

[1] Please note that where patients have made payments to instalment plans, the money is recorded in Amount Recovered but the patient is not included in the Number of Full Recoveries but is recorded in Number C/Fwd for the next reporting period.
[2] Cases over 18 months are written-off on an on-going basis where efforts to recover payment have been exhausted or debt is unrecoverable.

[3] Database adjustments are a result of a number of possible scenarios including cases deleted from PECS due to a mismatch of details, cases previously closed that are re-opened to allocate payments received, cases previously closed that are re-opened after receiving proof of exemption.