

NHS Shetland

Meeting:	Shetland NHS Board
Meeting date:	13 December 2022
Agenda reference:	Board Paper 2022/23/55
Title:	Local Annual Fraud Report 2021/22
Responsible Executive/Non-Executive:	Colin Marsland, Director of Finance
Report Author:	Gordon Young, Head of Finance NHS Scotland Counter Fraud Service

1 Purpose

This is presented to the Board/Committee for:

- Awareness and discussion

This report relates to:

- Annual Business Plan of the Audit Committee

This aligns to the following NHS Scotland quality ambitions:

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

The Committee is asked to note and consider implications for NHS Shetland arising from Gordon Young, Head of Counter Fraud Services, Counter Fraud Service Annual Review report for 2021-22.

2.2 Background

The purpose of this paper is to provide the Committee with a perspective of the potential level of suspected fraud and error across NHS Scotland as a whole. The report also identifies both the active and re-active actions Counter Fraud Service are progressing to tackle and minimise NHS Scotland exposure to losing scarce resources through fraud.

2.3 Assessment

The report demonstrates, CFS have delivered key projects and continuous improvements that have positively affected NHS Scotland ability to combat fraud. The report highlight CFS work in relation to the development of the new NHS Scotland Counter Fraud Standard that all Boards are working towards implementation and learning from the pilot sites lessons.

The new NHS Scotland Counter Fraud Standard comprises 12 components that are widely recognised as fundamental to the successful management of fraud, bribery and corruption in the public sector.

2.3.1 Quality/ Patient Care

Assists in the Board's governance to ensure locally quality of care and patient services.

2.3.2 Workforce

Assists in the Board's governance to ensure staff resources, health and wellbeing are appropriate.

2.3.3 Financial

Ensures effective governance is in place to ensure best value of resources.

2.3.4 Risk Assessment/Management

Ensures effective governance is in place to ensure relevant risk assessment and mitigations are in place.

2.3.5 Equality and Diversity, including health inequalities

Ensures effective governance is in place to supports the Public Sector Equality Duty, Fairer Scotland Duty, and the Board's Equalities Outcomes.

An impact assessment has not been completed.

2.3.6 Other impacts

No other material issues.

2.3.7 Communication, involvement, engagement and consultation

The Board has not carried out any involve and engage external stakeholders in respect of this paper.

2.3.8 Route to the Meeting

This has not been previously considered by any groups as part of its development.

2.4 Recommendation

- **Awareness and Discussion** – For Members' information.

3 List of appendices

The following appendices are included with this report:

- Appendix No 1, CFS Annual Fraud Report

Counter Fraud Services

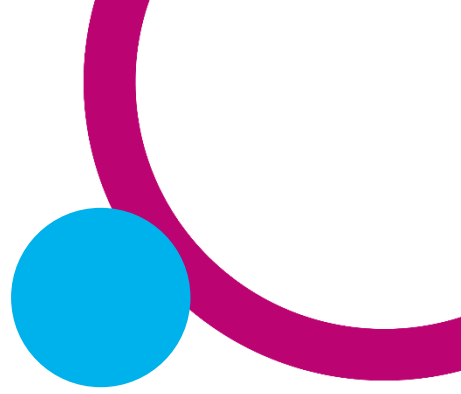
Protecting Resources
Delivering Solutions

CFS Year End Report 2021/22

OFFICIAL - UNMARKED



Fraud.
Together we can stamp it out.



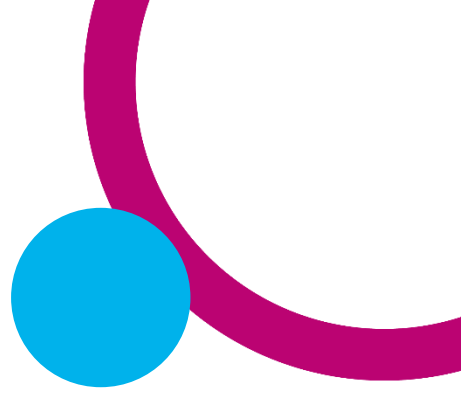
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1. Introduction

- 1.1** As the Head of Service of NHS Scotland Counter Fraud Services (CFS) I am proud to introduce this end of year report, which describes CFS' work and achievements during 2021/22. CFS continues to provide a national function that supports fraud detection and investigation, development of tangible fraud prevention solutions and drives improvement in countering fraud across the health service in Scotland. As the response to COVID-19 continued to place unprecedented pressure on NHS Scotland, we reprioritised our functions to ensure we protected its vital resources and staff.
- 1.2** Despite CFS facing its own pandemic related challenges and thanks to the dedication and professionalism of everyone, we are emerging more agile, stronger and with greater determination than ever. Throughout the year we operated under capacity, yet despite these staffing challenges, I am pleased to confirm we have achieved all our primary objectives. As this report demonstrates, we have delivered key projects and continuous improvements that have positively affected our ability to combat fraud. Of note is our work in relation to the development of the new NHS Scotland Counter Fraud Standard. We will continue to work in partnership with health boards as this is launched and implemented.
- 1.3** As we all adapted to the pressures of the COVID-19 response on our work and personal lives, criminals set about finding new and increasingly cynical ways to exploit vulnerability, including spikes in cyber and vaccine related frauds. CFS was able to respond to these threats, ensuring vital health service resources were not lost and that NHS staff and the public at large were protected.
- 1.4** During my time as Head of Service, I maintain that the catalyst for combatting fraud is working in partnership with key stakeholders. It is therefore no coincidence that our strap line remains: "Fraud. Together we can stamp it out". With that in mind, I would like to take this opportunity to record my sincere thanks to all Fraud Liaison Officers,



Directors of Finance and Counter Fraud Champions for their continued and valued support to CFS, especially as we are aware they have also faced significant challenges due to the pandemic.

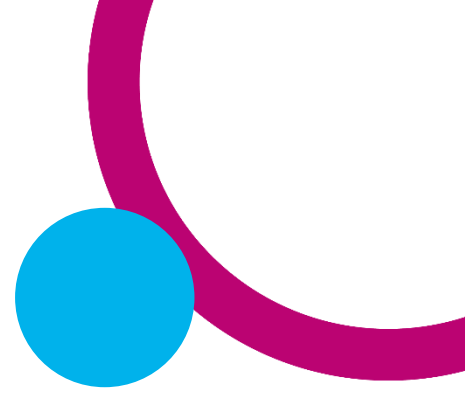
- 1.5 Our focus in the coming year will be to ensure continuity of service, taking in to account the challenges we will still face as we emerge from the COVID-19 pandemic.



2. Prevention

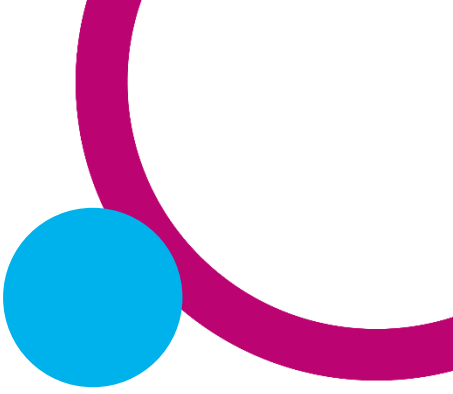
2.1 NHS Scotland Counter Fraud Standard

- 2.1.1** An issue that dominated the work of the Prevention Team this year was the planning and preparation to introduce a standard-based framework for managing fraud, bribery and corruption. The new NHS Scotland Counter Fraud Standard comprises 12 components that are widely recognised as fundamental to the successful management of fraud, bribery and corruption in the public sector. Our thanks go to NHS National Services and NHS Ayrshire and Arran for their participation in a pilot exercise to develop new processes and trial new services. These pilots provided the opportunity to develop the knowledge and skills required to support all health boards in 2022/23. In tandem with the pilot work, a small project team at CFS engaged in a consultation with all health board Fraud Liaison Officers (FLO) to adapt the original UK Government Standard to better suit the structure and processes that exist in the health service in Scotland. The constructive critique received from the FLOs was tremendously helpful in directing this initiative and our thanks go to them for their participation.
- 2.1.2** The new NHS Scotland Counter Fraud Standard was launched in April 2022, through the Partnership Agreement between CFS and health boards. A new platform was created to support health boards in managing this annual process. Each health board has its own secure operational website, built around SharePoint, in which to create and review plans, access reports, and record evidence. Additionally, a National Standard Hub stores the definitions for each component; guidance, Q&As, marketing materials, and has a Yammer page for community discussions on how we can improve the way we deliver and achieve the Standard. A summary of the Standard has been created to appear on the CFS public website to promote this significant development in countering fraud in NHS Scotland.



2.2 Fraud Training and Awareness

- 2.2.1** Early in the year, the health board FLOs emphasised the importance of receiving meaningful data from CFS on their employee engagement with fraud training and awareness products. In October 2021, CFS issued a report detailing all measurable access made to CFS digital training and awareness products by the employees of each health board. This allowed, for the first time, health boards to compare their levels of engagement with that of other health boards. A second employee engagement report was issued to all health boards in April 2022 and this will continue as a business-as-usual service.
- 2.2.2** The Prevention Team is developing a new Counter Fraud Training Hub in 'Turas Learn', which will be available to and accessible by all health board employees and others who have access to Turas. The Hub will deliver all fraud, bribery and corruption related training and guidance documents and is the sole platform to deliver the CFS Fraud Awareness module since the ending of our arrangement with LearnPro. The team constantly strives to make every employee engagement in fraud awareness measurable for the relevant health board and will design this feature into future product delivery wherever possible.
- 2.2.3** During this year, we identified opportunities to better coordinate our social-media channels to increase the impact of our messaging. We established a presence on LinkedIn as a platform for more engaging content than is appropriate for Twitter. The CFS Twitter and LinkedIn accounts both continue to see growth with a 4% increase in followers on Twitter (1,365) and a 62% increase in LinkedIn (399). By the last quarter of the year, our engagement rate across social media reached 2.57% on Twitter and 2.69% on LinkedIn. These engagement rates are excellent by industry standards. Our campaign to raise awareness of the 12 components of the NHSS Counter Fraud Standard received 7,425 impressions and a remarkably high engagement rate of 4%.



2.2.4 Cybercrime continues to threaten Scotland's health boards and its employees. Cybercriminals probe for system weaknesses and lapses in our vigilance. In 2019, CFS produced a video raising awareness of the risks of cybercrime and our vulnerabilities both at home and in the workplace. On 28 February 2022, CFS hosted a live virtual event that featured sections of the video as part of Cyber Scotland Week 2022. Police Scotland Cybercrime Harm Prevention Team also presented and a colleague at NSS Digital & Security participated in a live question and answer session to close out the event. Both well attended and well received, this event helped to protect 500 employees and the NHS from dangers online.

2.3 Fraud Risk Programme

2.3.1 On behalf of Scotland's health boards, CFS has commenced a 'fraud risk programme' that will support fraud risk-owners in their ongoing management of their specific risks. The Fraud Centre of Expertise at the UK Cabinet Office published the Professional Standard and Guidance in Fraud, Bribery & Corruption Risk Assessment (FBCRA). This methodology is reported to be the first public sector standard in the world and by April 2022, 100 fraud specialists, including three from CFS, have completed the required training with Coventry University.

2.3.2 The outcome of a FBCRA helps to communicate the nature and severity of identified fraud risks and supports risk owners to target appropriate counter fraud activities at their highest risks. Additionally, each FBCRA contributes to the NHS Scotland National Fraud Risk Register, which informs the planning of prevention, measurement, detection and training/awareness activities. CFS is quickly building its experience of FBCRAs and applying the standardised measurement methodology to identify financial savings. FBCRAs are a component of the new NHS Scotland Counter Fraud Standard. A progressive rollout of the fraud risk programme, over several years, will help NHS Scotland develop greater effectiveness in its management of fraud risk.

3. Detection

3.1 Number of Reports

3.1.1 For the year 2021/22, CFS received 127 fraud reports from health boards, and 197 from other sources.

Date	Boards	Other sources	Total
Year to March 2018	171	349	520
Year to March 2019	141	291	432
Year to March 2020	130	308	438
Year to March 2021	95	174	269
Quarter 1 to June 2021	25	42	67
Quarter 2 to September 2021	38	53	91
Quarter 3 to December 2021	30	63	93
Quarter 4 to March 2022	34	39	73
Year to March 2022	127	197	324


3.2 Number and Source of Reports

3.2.1 In 2021/22, CFS received 324 reports, representing an increase of 20% in comparison to the number of reports received last year (269). The reports relate to the following health boards:

Budget (£m) 2021/22	Board	Board		Other sources		Total		Change from 2020/21
		Intel case ¹	Info only ²	Intel case	Info only			
2,398	NHS Greater Glasgow and Clyde	16	10	45	15	86	↑	+44 (+105%)
1,570	NHS Lothian	13	1	19	7	40	↑	+10 (+33%)
820	NHS Tayside	14	2	3	3	22	↓	-3 (-12%)
1,286	NHS Lanarkshire	6	3	10	0	19	↓	-2 (-10%)
713	NHS Fife	5	0	9	5	19	↑	+3 (+19%)
	All Boards	1	1	4	12	18	↑	+8 (+80%)
284	Scottish Ambulance Service	3	0	13	1	17	↑	+9 (+113%)
1,028	NHS Grampian	5	2	6	3	16	↓	-9 (-36%)
692	NHS Highland	8	2	5	1	16	↓	-2 (-11%)
569	NHS Forth Valley	5	1	6	1	13	↑	+3 (+30%)
775	NHS Ayrshire and Arran	4	1	6	1	12	↓	-12 (-50%)
341	NHS National Services Scotland	2	4	1	2	9	↓	-5 (-36%)
321	NHS Dumfries & Galloway	2	1	6	0	9	↑	+3 (+50%)
74	NHS 24	5	0	2	0	7	↑	+4 (+133%)
38	The State Hospitals Board for Scotland	0	0	6	1	7	↑	+5 (+250%)
223	NHS Borders	2	0	4	0	6	↑	+2 (+50%)
472	NHS Education for Scotland	2	0	0	0	2	↔	
55	NHS Shetland	1	1	0	0	2	↔	
81	NHS Western Isles	2	0	0	0	2	↓	-2 (-50%)

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.



28	NHS Healthcare Improvement Scotland	1	0	0	0	1	↔	
49	NHS Public Health Scotland	1	0	0	0	1	↑	+1 (+100%)
55	NHS Orkney	0	0	0	0	0	↓	-2 (-100%)
61	NHS National Waiting Times Centre Board	0	0	0	0	0	↔	
11,933		98	29	145	52	324		


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

Source	Number		Change from 2020/21
Website	116	↑	+81 (+231%)
Hotline	30	↓	-45 (-60%)
Other	19	↑	+4 (+27%)
Police	19	↓	-2 (-10%)
CFS Intelligence-led	7	↓	-1 (-13%)
NHS Counter Fraud Authority	4	↓	-6 (-60%)
Medical Practice	2	↓	-7 (-78%)
Totals	197		


3.3 Types and Subject of Reports

- 3.3.1** The largest group of reports 164 (51%) relate to staff. Staff reports were up by 34, an increase of 26%. Sickness absence reports remain the highest at 54; these have risen by 125% since last year.
- 3.3.2** Around 21% of the reports relate to patients. Reports relating to the misuse of services or drugs provided the highest increase in reports this year, up 1600%. Prescription medicines obtained for persons other than genuine patients continues on a downward trend and shows the largest decrease in reporting, down 84%.
- 3.3.3** External reports, which include unsolicited approaches, invoice irregularities and auction sites, were the subject of 63 reports, which is an increase of 50% on last year. Primary Care practitioners, or their staff, account for the lowest share of reports with 29 reports this year.

Subject and Type	No	Change from 2020/21	
STAFF	164	↑	+34 (+26%)
Sickness Absence	54	↑	+30 (+125%)
Theft - NHS Equipment	17	↓	-4 (-19%)
Earnings - Overtime and enhanced or on call hours	15	↑	+5 (+50%)
Theft – Desirable Drugs	14	↑	+2 (+17%)
Earnings - Not working contracted hours	13	↑	+3 (+30%)
Earnings - Working elsewhere during NHS time, on call or unauthorised absence	8	↑	+6 (+300%)
Insider – Other	7	↑	+7 (+700%)
Non categorised – Other	7	↓	-23 (-77%)
Insider – Recruitment Process	5	↑	+5 (+500%)
Theft – Monies	3	↑	+3 (+300%)
Earnings - Travel and Subsistence	3	↓	-1 (-25%)
Earnings – Other	2	↑	+2 (+200%)



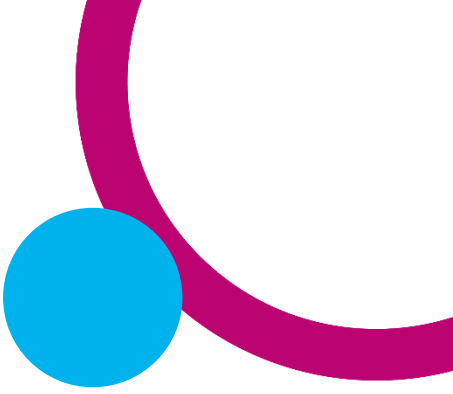
Subject and Type	No		Change from 2020/21
Declaration – Other	2	↑	+2 (+200%)
Insider – Misuse of Patient Funds	2	↑	+2 (+200%)
Insider - P&C – NHS staff collusion – breach of procurement rules	2	↑	+2 (+200%)
Insider - P&C – NHS staff collusion – Bribery	2	↑	+2 (+200%)
Declaration – CV Issues	1	↑	+1 (+100%)
Declaration – Impersonation Medical Profession	1	↑	+1 (+100%)
Declaration – Relocation Expenses	1	↑	+1 (+100%)
Insider - P&C - Bribery – Fraudulent Contracts and Variations	1	↑	+1 (+100%)
Insider – Charity Funds	1	↑	+1 (+100%)
Earnings - Abuse of Leave	1	↔	
Earnings – Income Inflation	1	↑	+1 (+100%)
Declaration – Sickness Certificate	1	↑	+1 (+100%)
PATIENT	67	↓	-2 (-3%)
Misuse of Services/drugs – Other	16	↑	+16 (+1600%)
Prescription - Desirable Drugs	11	↓	-11 (-50%)
Non Categorised – Other	11	↑	+5 (+84%)
Overseas Visitor – Access of NHS Treatment and Services – Primary Care	10	↓	-1 (-9%)
Registration – Other	5	↑	+1 (+25%)
Identity – Using false identity to obtain services – Patient – registration – identity false	3	↑	+3 (+300%)
Prescription - Medicines obtained for person other than genuine patient	3	↓	-16 (-84%)
Identity - Using false identity to obtain services	2	↔	
Identity – Using false identity to obtain services – Patient – registration – address false	2	↑	+2 (+200%)
Overseas Visitor – Access of NHS Treatment and Services – Secondary Care – NHS Billing	1	↑	+1 (+100%)
Prescription – Counterfeit	1	↔	
Prescription – Other	1	↑	+1 (+100%)
Patient Travel Expenses – N/A	1	↑	+1 (+100%)
EXTERNAL	63	↑	+21 (+50%)



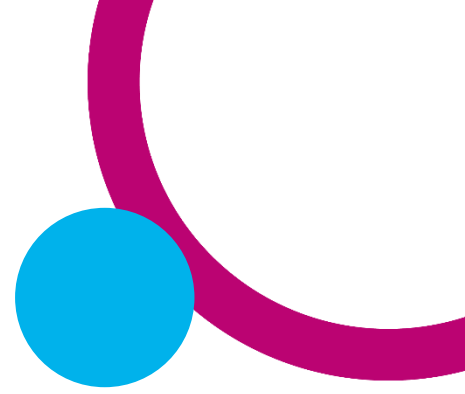
Subject and Type	No	Change from 2020/21	
Unsolicited Approach	49	↑	+25 (+104%)
Theft – NHS Equipment	9	↑	+6 (+200%)
Non Categorised – Other	1	↓	-10 (-91%)
P&C - Mis-selling – Other	1	↑	+1 (+100%)
P&C – Collusion between contractors – Other	1	↔	
P&C – False Statements and Claims	1	↑	+1 (+100%)
Declaration – Agency Staff Checks	1	↑	+1 (+100%)
PRIMARY CARE	29	↑	+2 (+7%)
DENTAL – Double Income – Claiming NHS treatment for private patients	7	↑	+7 (+700%)
Pharmacy – Dispensing and Services – Irregularities	5	↑	+5 (+500%)
Optical – Non categorised – Other	4	↑	+1 (+33%)
Optical – At Practice – Claims with false information	3	↑	+3 (+300%)
DENTAL - Abuse of conditions of service and the SDR – Claims with False Information	2	↑	+2 (+200%)
Pharmacy – Non categorised – Other	2	↓	-1 (-33%)
Dental – Non categorised – Other	1	↓	-7 (-88%)
General Practice – Non categorised – Other	1	↓	-6 (-86%)
DENTAL - Abuse of conditions of service and the SDR – Other	1	↑	+1 (+100%)
GENERAL PRACTICE - Abuse of GMS Contract – Finalising Capitation Figures	1	↑	+1 (+100%)
General Practice – Practice Employee – Other	1	↑	+1 (+100%)
Pharmacy – Dispensing and Services – Other	1	↑	+1 (+100%)
Other	1	↑	+1 (+100%)
Not NHS Fraud Related	1	↑	+1 (+100%)
Totals	324		

3.4 Outcomes of Reports/Intelligence Cases

3.4.1 260 of the reports/intelligence cases were concluded in this year with 8 being upgraded to full investigation. 56 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	86	23	8	12	0	13	9	6	0	3	12
NHS Lothian	40	5	8	6	0	3	7	0	0	3	8
NHS Tayside	22	3	6	1	0	3	3	0	0	1	5
NHS Lanarkshire	19	2	4	4	0	0	5	1	0	0	3
NHS Fife	19	3	3	5	0	4	1	1	0	0	2
All Boards	18	5	0	0	0	4	3	4	0	0	2
Scottish Ambulance Service	17	8	3	0	0	2	0	0	0	0	4
NHS Grampian	16	2	4	0	0	2	4	0	0	0	4
NHS Highland	16	3	3	3	0	0	3	1	0	0	3
NHS Forth Valley	13	0	2	3	0	0	3	0	0	1	4
NHS Ayrshire and Arran	12	3	2	3	0	1	1	0	0	0	2
NHS National Services Scotland	9	0	0	1	0	2	4	1	0	0	1
NHS Dumfries & Galloway	9	1	3	2	0	0	1	0	0	0	2
NHS 24	7	2	4	0	0	0	0	0	0	0	1
The State Hospitals Board for Scotland	7	3	1	0	0	1	0	0	0	0	2
NHS Borders	6	0	1	4	0	0	1	0	0	0	0
NHS Western Isles	2	1	1	0	0	0	0	0	0	0	0
NHS Education for Scotland	2	1	0	0	0	0	0	1	0	0	0
NHS Shetland	2	0	0	0	0	0	1	0	0	0	1
Healthcare Improvement Scotland	1	1	0	0	0	0	0	0	0	0	0
NHS Public Health Scotland	1	0	0	0	0	0	1	0	0	0	0
NHS Orkney	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	324	66	53	44	0	35	47	15	0	8	56



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 received by CFS regarding these are over and above the referrals recorded. In total, CFS issued 15 alerts this year. A list of the Intelligence Alerts is attached at Appendix 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 boards has been very positive, with some boards uploading the alert to their intranet. As noted within the CFS Quarter 4 Report, CFS has reviewed the content and frequency of the COVID-19 Rolling Alert, in line with partner law enforcement agencies and SG guidance. Now that the SG has removed the NHS from emergency footing measures, CFS has withdrawn the COVID-19 Rolling Alert and will incorporate specific COVID-19 related messaging in to existing CFS Alerts.

3.6 Timescales

3.6.1 For the year 2021/22, the following was achieved:

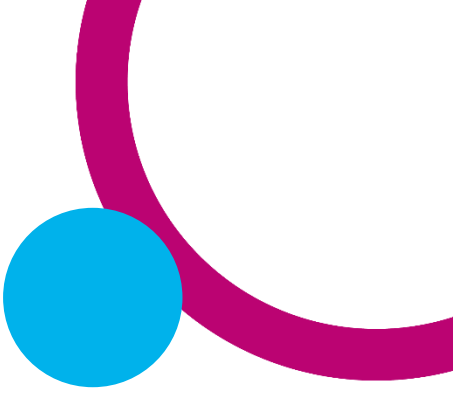
- 100% of reports were processed in 28 days or less
- 100% of Intelligence Alerts were distributed within 5 working days of receipt

4. Investigation

4.1 Year End Status

4.1.1 On 31 March 2022, CFS had ongoing cases as follows:

Budget (£m) 2021/22	Board	Op's/RIT Cases	Reported to Board/PF	Reports/ intel cases	Total
2,398	NHS Greater Glasgow and Clyde	6	4	9	19
1,570	NHS Lothian	6	4	5	15
1,028	NHS Grampian	0	2	5	7
569	NHS Forth Valley	1	2	3	6
820	NHS Tayside	0	1	4	5
1,286	NHS Lanarkshire	1	1	3	5
284	Scottish Ambulance Service	1	0	4	5
775	NHS Ayrshire and Arran	1	1	2	4
692	NHS Highland	0	2	2	4
713	NHS Fife	0	2	2	4
	All Boards	3	0	1	4
341	NHS National Services Scotland	1	0	2	3
321	NHS Dumfries & Galloway	0	1	2	3
38	The State Hospitals Board for Scotland	0	0	2	2
74	NHS 24	0	0	1	1
81	NHS Western Isles	0	0	0	0
28	Healthcare Improvement Scotland	0	0	0	0
472	NHS Education for Scotland	0	0	0	0

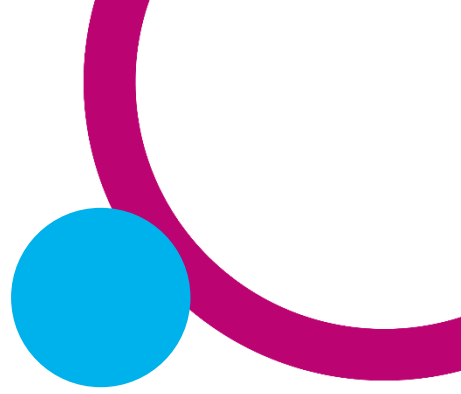


61	NHS National Waiting Times Centre Board	0	0	0	0
223	NHS Borders	0	0	0	0
55	NHS Orkney	0	0	0	0
55	NHS Shetland	0	0	0	0
49	NHS Public Health Scotland	0	0	0	0
11,933	Totals	20	20	47	87

4.2 Outcomes of Operations

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
Counter fraud recommendations made	113
Reported to HB for internal investigation	22
Reported to Procurator Fiscal	9
Reported to HB for recovery of monies	1
Reported to Professional Body	1



4.3 Timescales

4.3.1 For the year 2021/22, the following was achieved:

- 90% 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)
- 90% 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 £1.87m in 2021/22.

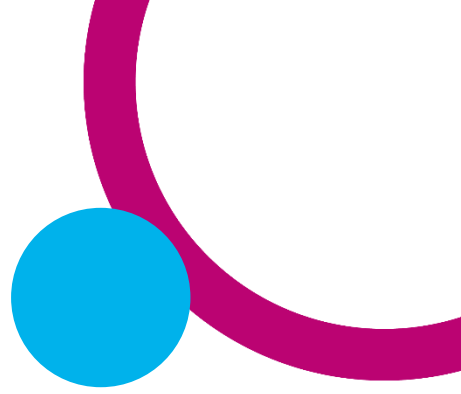
4.5 Criminal Cases

Operation Ariston

4.5.1 On 17 November 2021, seven of the accused appeared on petition at the High Court in Edinburgh where they made no plea or declaration. The case continues.

Operation Islay

4.5.2 In this case, an NHS out of hours driver used an NHS fuel card provided as part of his role to steal fuel for his own personal use. On numerous occasions, he attended local petrol stations in order to refuel NHS vehicles and used the opportunity to fill jerry cans with fuel for his own personal use, with all refuelling being charged back to the board. He was dismissed by the board and a report was submitted to the Procurator Fiscal. The accused subsequently accepted a £400 Procurator Fiscal Fine.



Operation Nevis

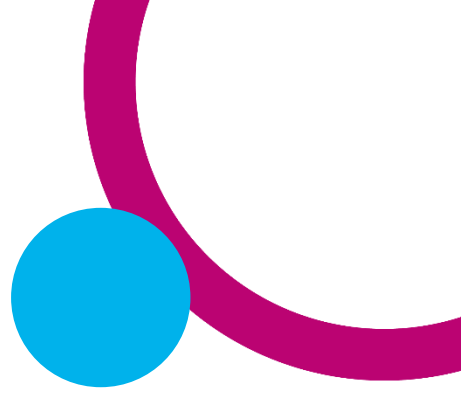
4.5.3 In similar circumstances to Operation Islay, this case also involved an NHS staff member stealing fuel by filling jerry cans while refuelling an NHS vehicle. CCTV footage obtained from a number of filling stations showed the staff member paying in a single transaction using an NHS fuel card. A report was submitted to the Procurator Fiscal and the accused subsequently accepted a £250 Procurator Fiscal Fine.

Operation Gataga

4.5.4 In this case, an NHS dental nurse embezzled £26,943.98 from a health board. The employee failed to bank patient dental payments from April 2012 to January 2017. On 30 March 2022 she was sentenced to a 300 hours Community Payback Order in addition to a 6 month Restriction of Liberty Order.

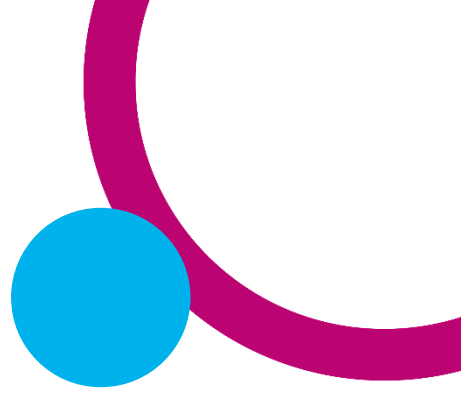
4.5.5 During the year 2021/22, CFS reported 9 cases to the Procurator Fiscal. These cases, added to 5 previously reported cases, means there are currently 14 CFS cases being considered by the Procurator Fiscal:

Operation	Health Board	Alleged Offence
Exile	Glasgow	Theft of NHS property
Shelter	Ayrshire	SSTS overtime fraud
Artemis	Fife	Fraudulent mileage claims
Mersey	Highland	Fraudulent mileage claims
Crestone	Lothian	Embezzlement of residential fees
Ness	Grampian	Sickness absence fraud
Lomond	Forth Valley	Theft of controlled drugs
Lyon	Forth Valley	Timesheet fraud
Kennet	Tayside	Sickness absence fraud
Ariston	Lanarkshire Lothian Grampian Ayrshire	Bribery, corruption, fraud and theft



Antero	Glasgow Lanarkshire Lothian	Dental non domestic rates reimbursement fraud
Rannoch	NHS Highland	GP surgery embezzlement
Caddair	Glasgow	Dental prescription fraud
Faroe	Ayrshire	GP prescription fraud and social security identity fraud

4.5.6 CFS will continue to liaise with the Procurator Fiscal as these cases are progressed to a conclusion.



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. During this reporting period, 6 NHS staff were dismissed for Gross Misconduct in relation to these investigations.

4.7 Regulatory Body Outcomes

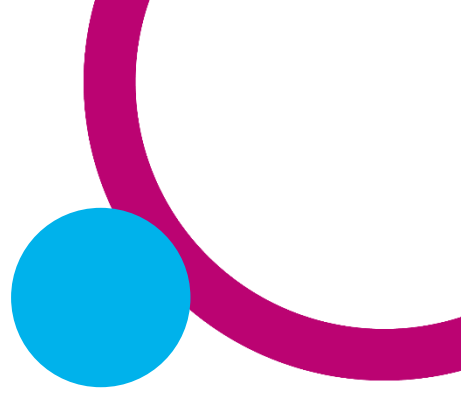
4.7.1 There have been no regulatory body outcomes during this reporting period.



5. Patient Exemption

5.1 Patient Exemption Programme

- 5.1.1** In February 2021, the CFS patient exemption programme returned, however, both dental and ophthalmic claims were still at reduced levels, restricting the number and value of checks being carried out. As COVID-19 restrictions were eased, the volume of claims gradually increased which has allowed CFS to start targeting higher value claims to maximise recoveries. This has been most noticeable in the second half of the reporting period, although dental claiming is still below pre-pandemic levels. Despite this, CFS checked 66,832 claims, recovering £606,805 from patients found to have incorrectly claimed exemption. The statistics for the patient exemption checking programme for this year are attached at Appendix B to this report.
- 5.1.2** CFS continues to engage with The Department for Work and Pensions (DWP) who are building a data set which will allow CFS to start checking Universal Credit (UC) exemption claims. The speed of migration from legacy benefits to UC exposes the NHS to higher risk of fraud given that we cannot currently check against this new benefit. Once DWP have completed this development, expected summer 2022, UC claims will be incorporated in to the monthly sample which will increase the volume and value of claims CFS are able to check, which in turn will contribute towards increasing the annual recoveries.
- 5.1.3** For many years, CFS has worked with a debt management agency to recover dental and ophthalmic treatment costs and associated charges, from patients who have claimed to be exempt when they were not. This recovery work has only had limited success with debt managers having to write off considerable sums of money each year. At any given time, there could be between £600k and £1m of unpaid charges being handled by debt managers, much of which is written off each year. CFS are now developing measures to pursue such cases through the civil courts based on the

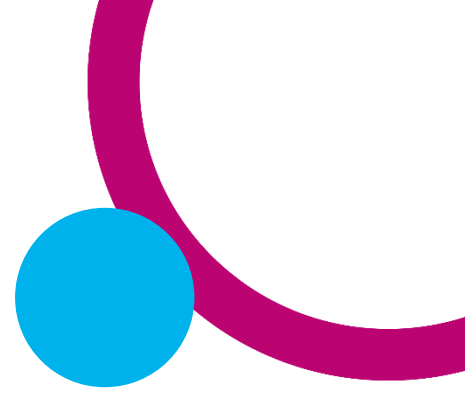


'Simple Procedure' process. It is anticipated that the introduction of such measures will not only increase the amount of unpaid charges being recovered but will also serve as a deterrent to others. CFS will consult with territorial health boards ahead of this programme.

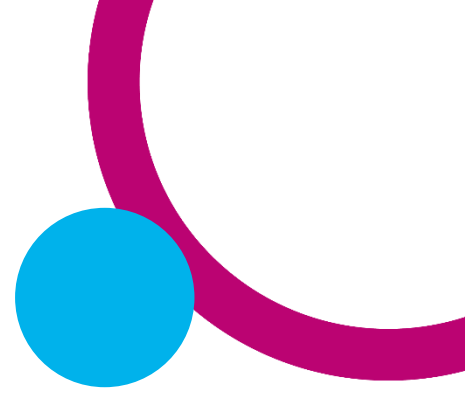
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Appendix A: Intelligence Alerts issued in 2021/22

Ref No	Heading	Brief Overview
01-2021-22	Phishing Attempt - NES	CFS was made aware of a phishing approach made to one of NHS Scotland's health boards. An email was received by a Finance Team, from a GMAIL account, purportedly from the health board's new Chief Executive, authorising payment to a specified bank account.
02-2021-22	Mandate Fraud Attempt	CFS was made aware of false e-mails, claiming to be sent by FES, requesting that NHS Scotland recipients change their bank details in order to facilitate fraudulent payments.
03-2021-22	Medical Practice Invoice Fraud	A Medical Practice advised CFS of an attempt to defraud a patient. The patient, who was not registered with the Medical Practice, received an invoice purporting to be from the Practice, requesting payment of £180 for medical services.
04-2021-22	Email Office Supplies Scam	CFS have been alerted to an email scam from a fictitious company called Office Essentials, who demanded payment for items not received. An email was sent to a GP practice demanding payment for toners and threatening court action.
05-2021-22	NAFN Corporate Impersonation Fraud Alert	CFS was made aware of an attempted fraud involving subsidiary companies of Balfour Beatty plc, Balfour Beatty Living Places Ltd and Balvac Ltd. Fraudsters sent two emails and made two telephone calls purporting to notify suppliers of a change of contact details for Balfour Beatty Living Spaces Ltd and Balvac Ltd, attempting to have payments redirected.
05-2021-22 Update	NAFN Corporate Impersonation Fraud Alert	A further attempted fraud involving a subsidiary company of Balfour Beatty plc was reported. Fraudsters sent an email purporting to be from Balfour Beatty Civil Engineering



Ref No	Heading	Brief Overview
		Ltd, advising of new bank details, in an attempt to have payments redirected.
06-2021-22	Whale Phishing	NHS National Services Scotland Digital and Security Department alerted CFS to whale phishing emails targeting NHS Scotland health board members.
07-2021-22	Attempted Bank Mandate Fraud	CFS was alerted to an attempted fraud against NHS Blood and Transplant (NHSBT) in England. Some of their customers have been emailed, via genuine email accounts, and sent a letter requesting changes to the NHSBT bank account details, in order to redirect payments.
08-2021-22	Attempted Invoice Fraud	CFS was alerted to an attempted fraud against an NHS Scotland health board, by a supplier organisation named "Alexkford247 Ltd", a subsidiary of Impression Digital Ltd.
09-2021-22	Office Supplies Email Scam	CFS was alerted to an email scam from a fictitious company named Office Hub East Limited who demanded payment for items not received. Invoices were sent to two GP practices demanding payment for printer ink.
10-2021-22	Corporate Impersonation Fraud	CFS was made aware of an attempted fraud involving fraudsters pretending to represent a company called Hilton-Baird Collection Services. The fraudsters issued an invoice and emails to a health board requesting urgent payment of a fictitious debt.
11-2021-22	Premier Healthcare	CFS was alerted to a scam involving Premier Healthcare UK. An NHS Scotland patient received a telephone call from an individual claiming to be calling from Premier Healthcare UK who requested personal details from the patient. The caller advised that Premier staff would attend the patient's home address and demonstrate equipment intended for the treatment of Arthritis.



Ref No	Heading	Brief Overview
12-2021-22	Endowment Fund Fraud – New Scientist Publication	CFS was made aware of an attempt to defraud a health board’s endowment fund bank account. The board quickly identified a fraudulent direct debit and contacted their bank to stop the transaction. The bank identified the origin of the direct debit as being associated with the New Scientist publication. The New Scientist publication has confirmed that their subscription company was targeted by fraudsters who attempt to set up payments to test stolen bank details.
13-2021/22	Just Answer GP Practice Scam	CFS was made aware of an attempted scam involving a patient registered at an NHS Scotland Medical Practice. The patient registered for services using the Ask My GP Portal, understood to be a cloud based secure portal to assist GP Practices with workflow and facilitate communication directly with clinical teams. The patient subsequently received an unsolicited email from a company called “Just Answer” and was asked to input bank details. This service does not require payment for NHS treatment.
14-2021/22	NAFN Corporate Impersonation Fraud Alert	CFS was informed of a further attempted mandate fraud, involving Balfour Beatty plc. This appeared to be part of a recent spate of attacks involving the impersonation of large construction companies.
15-2021/22	Invoice Fraud – National Procurement Impersonation	CFS was made aware of an attempted invoice fraud where a health board staff member received a telephone call from an individual purporting to be calling from NHS Scotland National Procurement, who requested payment for services not provided.

Appendix B: Patient Exemption Checking in Scotland - 1 April 2021 to 31 March 2022

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 26	0	3	2	0	£0	0	£0	0	1
Age 18 in full-time education	244	0	0	3	£247	57	£3,263	-184	0
HC 2 Certificate	0	0	0	0	£0	0	£0	0	0
HC 3 Certificate	1	0	0	0	£0	1	£22	0	0
Income Support	1,230	4,965	4,277	238	£26,463	184	£21,856	-356	1,140
Income-based Job Seekers Allowance	1,283	2,168	1,245	484	£49,649	285	£34,579	-511	926
Pension Credit Guarantee Credit	479	2,080	1,808	241	£25,481	51	£5,837	-106	353
Pregnant	1	0	0	0	£0	0	£0	0	1
Universal Credit	0	0	34	3	£214	21	£1,665	58	0
Tax Credit	7,626	8,823	4,455	1,718	£177,625	760	£94,020	-5,311	4,205
Income Related Employment Support Allowance	2,227	12,355	11,407	338	£34,460	298	£38,054	-564	1,975
Nursing Mother	0	0	0	0	£0	0	£0	0	0
Scotland Total	13,091	30,394	23,228	3,025	£314,138	1,657	£199,295	-6,974	8,601

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	10,101	0	0	0	£0	6	£275	-10,095	0
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	3,182	17,911	17,909	490	£42,786	367	£25,101	-117	2,210
Income Support	1,210	5,283	5,195	258	£22,116	187	£12,627	-64	789
Income-based Job Seekers Allowance	1,105	1,682	1,562	548	£41,722	143	£8,761	-66	468
Pension Credit Guarantee Credit	1,291	6,313	5,384	777	£69,680	246	£19,958	-59	1,138
Universal Credit	0	0	91	19	£2,137	56	£2,993	166	0
Tax Credit	5,130	5,249	4,401	1,434	£114,225	473	£31,013	-2,287	1,784
Scotland Total	22,019	36,438	34,542	3,526	£292,667	1,478	£100,728	-12,522	6,389

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.