



Counter Fraud Responsibilities of All HSC & NIFRS Employees	Circular Reference: HSC(F) 15-2023 Date of Issue: 21 April 2023 Document Reference: HE1/23/152789
For Action by: Chief Executive of all HSC bodies & NIFRS Copy to Directors of Finance HSC & NIFRS Directors of HR HSC & NIFRS For Circulation to: All Staff - medical, non medical, fire-fighters, control centre and support staff. Summary of Contents: This circular reminds ALL HSC/ NIFRS employees of their responsibilities in relation to counter fraud. Enquiries: Any enquiries about the contents of this Circular should be addressed to: Finance Policy, Accountability and Counter Fraud Unit Room D3 Castle Buildings Stormont Estate BELFAST BT4 3SQ fpau@health-ni.gov.uk	Related documents: HSC(F) 03-2023 Conduct of Preliminary Enquiries in Respect of Allegations of Potential Fraudulent Activity HSC(F) 20-2022 Internal Fraud Risks – NI Audit Office HSC(F) 37-2018 DAO (DoF) 04/18 Fraud Proofing Guidance HSC(F) 53/2011 Managing the Risk of Fraud Guide HSS(F) 39/2008 DHSSPS Sanctions and Redress Policy HSS(F) 63/2005 Good practice in countering fraud – Mandatory Requirements to support the Counter Fraud Strategy for the Department and its associated bodies Superseded documents: HSC(F) 37-2017 Updated fraud reporting arrangements for HSC bodies and NIFRS HSC(F) 54-2015 Counter Fraud Responsibilities of All HSC & NIFRS Employees Implementation: 1 February 2023

FRAUD IS WRONG

Let's work together to stamp it out.

COUNTER FRAUD RESPONSIBILITIES OF ALL HSC & NIFRS EMPLOYEES

1. Purpose

- 1.1. The purpose of this circular is to remind all employees of their counter fraud responsibilities. This circular is applicable to all HSC and NIFRS employees. Although references to HSC appear throughout the document, the guidance equally applies to NIFRS employees.
- 1.2. **This circular must be brought to the attention of ALL staff within your organisation, both medical and non medical, fire-fighters, control-centre and support staff.**

2. Introduction

- 2.1. The Department of Health (DoH) has a zero-tolerance policy in relation to fraud, and requires all staff at all times to act honestly and with integrity, and to safeguard the public resources for which they are responsible. The roles and responsibilities of all employees are listed in **Annex A**. All organisations face a range of fraud risks specific to their business. Therefore **all employees, regardless of grade, have a duty to minimise the risk of fraud throughout their organisation.**
- 2.2. The DoH will not accept any level of fraud or corruption and procedures are in place to ensure all cases are thoroughly investigated and dealt with appropriately.

3. What is Fraud?

3.1. The Fraud Act 2006 came into effect on 15 January 2007. The three main offences under the Fraud Act are:

- (a) Fraud by false representation;
- (b) Fraud by failing to disclose information; and
- (c) Fraud by abuse of position.

3.2. Fraud is a criminal offence. For an offence to have occurred, the person must have acted dishonestly, and with the intent of making a gain for themselves or anyone else, or of inflicting a loss (or a risk of loss) on another.

3.3. This Circular refers to fraud in its widest sense so also covers cases of:

- **Theft (Suspected or Actual)**

Dishonestly appropriating the property of another with the intention of permanently depriving them of it – e.g. theft of medical equipment, drugs etc;

- **False Accounting**

Dishonestly destroying, defacing, concealing or falsifying any account, record or document required for any accounting purpose, with a view to personal gain or gain for another or with intent to cause loss to another, or furnishing information, which is or may be misleading, false or deceptive.

- **Bribery and Corruption**

The Bribery Act 2010, which came into effect in 2011, defines bribery as giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so.

- **Conspiracy to Defraud**

Agreement between two or more persons to commit a crime some time in the future.

- **Money Laundering**

Concealing the source of money obtained by illicit means.

- 3.4. Common types of fraud impacting on HSC bodies include theft of property/drugs, claiming for work not performed, working whilst on sick leave, misappropriation of patients' monies and receiving free health treatment when not entitled. Please refer to **Annex B** for more detail of common types of fraud. **The criminal act is the attempt to deceive; attempted fraud is therefore treated as seriously as an accomplished fraud.**

4. Financial Abuse

- 4.1. Financial abuse is the misappropriation or misuse of money, property, benefits, material goods or other asset transactions which a person did not or could not consent to, or where consent is invalidated by intimidation, coercion or deception. This may include exploitation, embezzlement, withholding pension or benefits or pressure exerted around wills, property or inheritance.
- 4.2. It should be noted that only those cases of suspected/actual financial abuse committed by a care worker, directly or indirectly employed by the HSC, against an individual who is receiving a package of care secured by a HSC body, should be reported to the Business Services Organisation (BSO) Counter Fraud and Probity Services (CFPS).

5. Examples of Fraud/Financial Abuse

- 5.1. As fraud can be committed in an infinite number of ways, a list of the most common methods and types of fraud/financial abuse has been included at **Annex B** as an aid to recognising the various types of fraud. **The suspicion that any of these acts has taken place should be regarded as fraudulent and dealt with as such.**
- 5.2. For the purposes of this Circular, Financial Abuse is included under the term 'fraud'.

6. Prevention

- 6.1. All HSC bodies have systems in place to minimise the risk of fraud in their organisations and these are set out in their Fraud Policy and Fraud Response Plans (normally available on intranet sites). Examples of some preventative measures include fraud awareness training, controls processes, and the consideration of fraud risks when designing new systems and policies. The consideration and assessment of fraud risks should be an integral part of governance within HSC bodies.
- 6.2. In order to minimise the risk of fraud, all employees, regardless of their level in the organisation, have a responsibility to be alert to fraud, and the potential risk of fraud and be aware of what constitutes a fraud and the procedures for reporting fraud. Employees have a responsibility to report any suspicion of fraud.
- 6.3. Anti-Fraud Awareness training should be undertaken as part of the induction process and reinforced annually thereafter. To assist organisations in seeking to develop an anti-fraud culture, a regional HSC fraud awareness e-learning programme was developed. This programme should be accessible on the organisation's e-learning training platforms. Completion of the e-learning programme by all staff, irrespective of grade, enforces the HSC zero tolerance policy to fraud and provides for the delivery of a consistent approach across HSC. The DoH recommends that all organisations encourage using the e-learning training programme as a best practice approach to raising the level of fraud awareness.

7. Fraud Liaison Officer (FLO)

- 7.1. Each HSC organisation has a named Fraud Liaison Officer (FLO). This person is the key contact in respect of all fraud related matters and is responsible for co-ordinating the activation of the Fraud Response Plan, where necessary. The FLO is also the person that CFPS liaise with in the event of all allegations of potential/actual fraud and any subsequent action which is required.
- 7.2. A list of the names of the FLO in each of the organisations and their roles and responsibilities is listed at **Annex C and D**.

8. HSC Fraud Reporting Requirements

- 8.1. It is mandatory that all HSC bodies report all incidents of suspected or actual fraud to CFPS. This function is undertaken on behalf of the HSC organisation by the FLO. Further detail of the work undertaken by CFPS is listed at **Annex A**.
- 8.2. **In line with the Departmental Counter Fraud Strategy, all staff are encouraged to report any suspicion of fraud.** The procedure for reporting fraud should be set out in your organisation's Fraud Response Plan.

9. When and how to report a fraud and make a referral for investigation.

- 9.1. If a staff member is suspicious that any of the acts listed in **Annex B** has taken place, this should be reported immediately. Each organisation has its own procedures for reporting fraud, but best practice would suggest that in the first instance the incident should be reported to the Fraud Liaison Officer. Other avenues for reporting are:

- Report to a senior officer (normally your line manager), who should then report on to the FLO once they are satisfied that the suspicion is plausible;
- Contact the **fraud hotline (08000 96 33 96)**;
- Complete the online reporting form which can be accessed via the following link. <http://www.reporthealthfraud.hscni.net/>
- Using whistleblowing procedures.

9.2. In all cases preliminary enquiries will be made by CFPS to determine whether there is substance to the allegation made. If there is substance to the allegation the FLO must report the matter formally to CFPS as a suspected/actual fraud. Consideration will then be given as to whether an investigation by CFPS is required.

10. Investigation of Fraud

- 10.1. CFPS deliver a specialist fraud investigation service across all of the HSC organisations. A team of specially trained investigators are employed to undertake this work.
- 10.2. All investigations are required to comply with a range of legal requirements, including those specified in the Police and Criminal Evidence (Northern Ireland) Order 1989, the Criminal Procedure and Investigations Act 1996, The Regulation of Investigatory Powers Act 2000 and the Human Rights Act 1998.

11. Sanctions and Redress

11.1. The evidence gathered by the investigation process will help in the determination of what sanctions should be applied in each case.

11.2. Consideration will always be given to the application of all appropriate sanctions where an investigation uncovers evidence that fraud has occurred.

11.3. The sanctions that will be considered are:

- Criminal - Where there is evidence that fraud has occurred the case may be referred to the Police and Public Prosecution Service to consider prosecution.
- Civil - Action will be taken to recover monies/assets obtained through fraud.
- Disciplinary - Procedures are in place within HSC organisations for either the employer or relevant professional regulatory body to consider appropriate action.

11.4. Any or all of these courses of action can be taken by HSC organisations.

12. Onward Notification of Fraud to Relevant Bodies

12.1. CFPS has a responsibility to report immediately all suspected or actual frauds arising within HSC and NIFRS to DoH, DoF and NI Audit Office (NIAO).

13. Enquiries

13.1. Further information can be obtained at <http://www.cfps.hscni.net>

13.2. **Please ensure this circular is brought to the attention of all staff in your organisation.**

13.3. Should you have any queries please contact your organisation's Fraud Liaison Officer in the first instance. Queries may also be addressed to [REDACTED]

[REDACTED] DoH [REDACTED]@health-ni.gov.uk Tel: [REDACTED] or [REDACTED]

[REDACTED] DoH [REDACTED]@health-ni.gov.uk Tel: [REDACTED]

KATHY NEEDHAM

Finance Policy, Accountability and Counter Fraud Unit

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ROLES AND RESPONSIBILITIES

1. Department of Health (DOH)

The Department of Health (DoH) has adopted a zero-tolerance approach to fraud throughout all its bodies and has set out through the Counter Fraud Strategy a number of objectives which **all staff** (to include all levels of management, clinicians, administration, auxiliary staff) throughout the HSC organisations must follow to reduce the risk of fraud:

1. Creation of an anti-fraud culture
2. Maximum deterrence of fraud
3. Successful prevention of fraud which has not been deterred
4. Prompt detection of fraud which has not been prevented
5. Professional investigation of detected fraud
6. Effective sanctions including legal action against people committing fraud
7. Effective methods of seeking financial redress in respect of money obtained through fraud

2. Business Services Organisation (BSO)

In 2009, as part of the Review of Public Administration (RPA), the Business Services Organisation (BSO) was established to provide a broad range of regional business support functions and specialist professional services to the HSC sector in Northern Ireland. One of the functions of the BSO is to provide a counter fraud service to all HSC bodies. This responsibility is carried out by the Counter Fraud and Probity Services (CFPS) at BSO. CFPS work within a set of Departmental Directions and have a delegated responsibility for all areas of counter fraud work to include formal investigation of potential or suspected fraud across all HSC organisations by a team of professionally trained investigators, primary care probity verification services, verification of patient exemption from charges and counter fraud and probity policy issues. CFPS is also responsible for leading on the delivery of a fraud awareness programme across the HSC.

3. Accounting Officers

Each HSC organisation has a named Accounting Officer, who has overall responsibility for the effectiveness of fraud risk management. Accounting Officers should ensure that there is a current Anti-Fraud Policy and Response Plan in place and that everyone within the organisation is aware of their responsibilities. In addition to having anti-fraud policies and procedures, the creation and maintenance of an anti-fraud culture is critical to successfully preventing of fraud.

4. Clinical Personnel – Including Doctors, Nurses, Pharmacists, Dentists etc employed by HSC

Employees working in a clinical setting also have a role to play in the prevention of fraud. A successful anti-fraud culture needs to involve all of those who work within HSC organisations. Clinical personnel should adhere to the standards set out by their Professional Standards Authority ([GPhC | Professional Standards Authority](#)) for example the GMC document 'Good Medical Practice' sets out what is expected of doctors and these documents should be read in conjunction with the organisation's policies. Clinical staff should make themselves aware of their responsibilities and should be willing to report suspicions of fraud.

5. Senior Officers

Specific responsibility for managing the risk of fraud at an organisational level may be allocated to an appropriate senior officer, normally at Board level. This individual however is supported in the role by other senior managers who have operational responsibility for particular business areas, programmes, projects, etc.

6. Line Managers

Management, at all levels have primary responsibility for managing the risk of fraud. This includes having responsibility for putting in place procedures and controls to deter, prevent and detect fraud.

7. Internal Audit

In carrying out their work to provide assurance to the Accounting Officer Internal Audit will be alert to the possibility of fraud. Internal Audit can help management in assessing and developing their anti-fraud control frameworks.

8. Individual Staff

Individual members of staff (medical, non-medical, fire personnel) have an important role to play in combating fraud. Their responsibilities include:

- Awareness of the organisation's Anti-Fraud Policy and what part they are expected to play in it. This will set out the organisation's policy for prevention and deterrence, detection, reporting, investigation of fraud; Awareness of the organisation's Fraud Response Plan;
- Awareness of the organisation's Whistleblowing/Raising a Concern Policy;
- Completion of fraud awareness training (both at induction and refresher)
- Awareness of HSC-specific counter fraud controls;
- Reporting any suspicions they may have where HSC resources are not being used for the correct purpose;
- Reporting any suspicions of patients presenting for free HSC treatment when they should be charged;
- Acting with propriety in the use of official resources and in the handling and use of corporate funds whether they are involved with cash or payments systems, receipts or dealing with contractors or suppliers;

- Reporting details immediately to their line manager or through another avenue for reporting fraud (e.g. whistle-blowing arrangements) if they suspect that fraud has been committed or see any suspicious acts or events;
- Conducting themselves in accordance with the Code of Conduct;
- Being alert to the possibility that unusual events or transactions could be indicators of fraud;
- Cooperating fully with whoever is conducting internal checks or reviews or fraud investigations.

COMMON METHODS AND TYPES OF HSC FRAUD

- Theft of any HSC property including medical equipment, drugs, IT equipment, monies and general supplies
- Abuse of flexi time
- Submitting false claims for travel and subsistence
- Misuse of office equipment/stationery
- Claiming payment for work not performed
- Forged documents e.g. timesheets
- Working whilst on sick leave
- Falsifying qualifications in order to obtain employment
- Claiming free or reduced dental/ophthalmic treatment when not entitled
- Fraudulently obtaining prescriptions either for personal use or retail
- Receiving free hospital treatment when not entitled (e.g. not ordinarily resident in Northern Ireland)
- Charging patients privately whilst also claiming reimbursement under health service regulations
- Claiming for services or treatments not provided
- Creating fictitious patients
- Substituting expensive drugs for a cheaper alternative and claiming for the supply of the more expensive brands
- Submitting false invoices for goods or services not received
- Offering a personal incentive to secure a contract
- Price fixing
- Misappropriation of patient monies

This list is not exhaustive.

FRAUD LIAISON OFFICERS (FLOs)

Organisation	Name	Contact No	Email
DoH / SPPG Strategic Planning and Performance Group			
PHA - Public Health Agency			
BHSCT - Belfast Trust			
BSO - Business Services Organisation			
NIAS - NI Ambulance Service			
NIBTS - NI Blood Transfusion Service			
CCGANI - Children's Court Guardian Agency for Northern Ireland			
NIMDTA - NI Medical & Dental Training Agency			
NIPEC - NI Practice & Education Council			
NISCC - NI Social Care Council			
NHSCT - Northern Trust			
PCC - Patient Client Council			
RQIA - Regulation & Quality Improvement Authority			
SEHSCT - South Eastern			
SHSCT - Southern Trust			
WHST - Western Trust			
NIFRS - NI Fire and Rescue Services			

ROLE OF FRAUD LIAISON OFFICERS

- Work with CFPS to promote and develop an anti-fraud culture within their respective HSC organisations
- To be the key point of contact involving all allegations of potential / actual fraud involving the organisation; the conduct of preliminary enquiries and the referral of cases for investigation.
- Develop distribution networks within their organisation for the receipt of information including fraud circulars from DoH, fraud alerts and bulletins from CFPS
- Provide advice and guidance, where required, within their organisation in relation to the fraud proofing of new procedures and processes
- Be involved in the development, production and updating of the organisation's Fraud Response Plan
- Be involved in the planning, organising and delivery of Fraud Awareness training within the organisation
- Ensure the organisation's Audit Committee is kept apprised of fraud developments and the status of all matter under investigation
- In all cases of suspected fraud, to work with the lead investigating officer for the case, to ensure that appropriate actions are followed
- To participate in discussions and training sessions with other FLOs and CFPS on the development and revision of operational protocols through the sharing of information and knowledge
- To ensure compliance within the organisation with the fraud reporting requirements as set out in this circular, both in terms of reporting and providing updates
- To co-ordinate as required participation in counter fraud initiatives such as the National Fraud Initiative and provide reports on outcomes to the NI Audit Office and/or CFPS