

## Fraud Prevention in the NHS – A conversation with Ben Rees, Head of Local Fraud Prevention Services, Hywel Dda Health Board

### **Sion Owen (Audit Wales)**

Hello, this episode will be in Welsh. If your Welsh isn't up to following along then we are completely fine with you skipping to the next one.

Hello and welcome to the Exchange, a podcast produced by Audit Wales.

I'm Siôn Owen and I work for the Good Practice Exchange. Audit Wales is the body responsible for auditing the devolved public sector financially and in terms of performance.

That includes the smaller Community Council and the Welsh Government, and all other bodies that are between these two poles.

This chapter discusses fraud in the public sector. Fraud and financial errors are an ongoing problem for the public sector and it is possible, according to the estimate of the dark authority of the public sector, that at least thirty-three billion pounds of public money is affected each year across the United Kingdom.

It's an area that doesn't get much attention, but if it works effectively it will pay off by preventing funding from falling out of public bodies that can be spent to improve well-being.

To learn more about this area, I arranged a conversation with Ben Rees, Head of Local Fraud Prevention at Hywel Dda Health Board, and met at his office in Carmarthen.

### **Ben Rees (Hywel Dda Health Board)**

So, I'm Ben Rees, Head of the Fraud Prevention Department for Hywel Dda, Hywel Dda Health Board and I've been here now since 2017, yes, 10 years, next decade year.

### **Sion Owen (Audit Wales)**

And how does this feel?

### **Ben Rees (Hywel Dda Health Board)**

It's quite a difference. I came from South Wales Police to work here, so yes there was quite a change between working shifts on the front line to working in an office at the health board quite a bit in between.

**Sion Owen (Audit Wales)**

Was there a corresponding chapter in English to this one, did everyone who work in fraud used to be a police officer in it?

**Ben Rees (Hywel Dda Health Board)**

Yes, that's true. It's a bit of a burden on us from the police and because we've become quite good in Wales to do criminal investigations in a case, but also then you're flipping that: There's a weakness between data analytics and I'd be wondering where we're developing in the NHS as well.

Maybe in the public sector or a little differently but in the NHS yes that's true for my department de that some of the people who work with finance need a little more support from some of the people who work with the finance to help us with the data analytics stuff so on the one hand it helps to have the experience of being a police officer but also then we at the same time don't know when we need help doing a couple of other things to do the job right.

**Sion Owen (Audit Wales)**

Yes, because data analytics is becoming more and more of a specialist field, isn't it?

**Ben Rees (Hywel Dda Health Board)**

Yes, things have changed in the last 10 years, and how much information we collect can also be used to help us find the right weakness.

**Sion Owen (Audit Wales)**

Yes, identify the risks and see that the data is not a risk. So, talk about risks. What are the biggest risks that arise from fraud that the public sector in Wales faces?

**Ben Rees (Hywel Dda Health Board)**

So in the NHS we face the same kind of risks as the rest of the public sector and that is the misuse of fraud resources in relation to procurement: Fraud to do with staff and the obvious one at the moment is the staff who have a second job and have worked when they are off work and risks that come with moving services into the digital world de sort of digital transformation that is happening and risk that comes with that. It's something called the National Fraud Initiative or NFI and that has shown that there is a lot of fraud or error across the public bodies in Wales but for us, what we don't find from NFI is that there is more fraud to do with what we call Payroll related or procurement.

Now what we're looking forward to next year in the annual work plan we'll focus on what are the trends and risks we've seen in the last year and maybe a little more proactive approach to deal with it next year and that will help us see where we should focus on it and where we're going as a department to the fraud then.

But in the NHS specifically yes identity fraud in prescriptions as well or access to services, we see that going more during the summer fall or during some certain times of the year when that population is going more because, yes, there is a movement of people across Wales.

**Sion Owen (Audit Wales)**

They come here to stay.

**Ben Rees (Hywel Dda Health Board)**

Yes.

**Sion Owen (Audit Wales)**

And they get sick.

**Ben Rees (Hywel Dda Health Board)**

Yes, yes, as tourism affects some services we then know, so I know that, and then it's important to us that the processing is good enough to deal with that as well

**Sion Owen (Audit Wales)**

Because coastal government populations are doubling overnight, aren't they?

**Ben Rees (Hywel Dda Health Board)**

Yes, there is a difference in practice and now in England, they pay for prescriptions in Wales, we don't get them for free, and we need to go and make sure that our processes deal with that or what I think when tourism starts to affect that then it's because people still need prescriptions when they're on holiday in Wales. As a member of the community myself you think that the NHS, I can access one service in Wales than what I get in England and it's important that we let everyone know what the rules are and how we deal with that then.

Be fair to everyone and fair to us as a health board as well.

**Sion Owen (Audit Wales)**

Yes cause ultimately looking after yourself is it?

**Ben Rees (Hywel Dda Health Board)**

Yes.

One new theme has come up since Covid and that is the risk to do with, I will never be able to pronounce the word properly, polygamous working.

It's something that's been created recently. Which is people working more than one job at the same time, but there are full-time jobs.

There was a recent case in Gloucestershire, where a council member was there, he had three full-time jobs, and he was doing a three-person job, but what he did was put timesheets; he was working 3 jobs at the same time.

So the timesheets were then cheated in the way of them not right; you fail to work 3 jobs over between 9 and 5 every Monday to Friday and that's where people get caught back then. But yes, so next year we'll have to as the NHS look into that in more detail and make sure that our processing gives us the fact that we're telling staff what they're capable of.

If there is more than one job we will emphasise the fact that you have to put in what we call a Declaration of Interest after Secondary Employment and we as a health board have supported them to do the right thing at the right time.

#### **Sion Owen (Audit Wales)**

It'll just make sure that people follow the rules. Then, because it's a fraud in one way just brass, you've got to stand somewhere else, don't you?

But yet I see people working especially, I'm working for the audit body, we're extremely keen on things like dark prevention and getting people to follow the processes properly and pay because that's what they're supposed to do.

But yet we need to find some sort of balance between preventing fraud and getting the job done and providing the right service?

#### **Ben Rees (Hywel Dda Health Board)**

Exactly, yes.

So in NHS Wales we're trying to do things proactively, integrating fraud controls into everyday processes rather than creating more work for people on the front line right.

The anti-fraud standards in Wales require the NHS to include fraud risk management, awareness raising and investigation as part of normal governance, that includes data sharing through NFI, awareness campaigns and identifying weaknesses at an early stage but without making the working life of frontline staff difficult.

So what you say, as you often hear in the community is prevention is better than cure de and the same thing we're doing in the fraud department now; it's a lot easier for us to cope with processing at the beginning by working with departments in order to embed-io counter-fraud processes in the everyday thing and then by doing it we give the staff the confidence to have the fraud prevention mindset from the beginning. They put that into everything they do then and it just becomes part of life then and we pray yes.

**Sion Owen (Audit Wales)**

So their eyes are susceptible to deception and dark patterns just like what's normal for them ella?

**Ben Rees (Hywel Dda Health Board)**

Yes yes and what do I mean that we work together, that's very key.

Of course, the most important thing is the fact that we are able to work not only with people we work with a lot of our colleagues on a daily basis, but also a department such as internal audit and procurement that they have in the Wales fraud prevention services sitting above us as a health board, and we work with them to develop and promote an approach like Once for Wales de.

So that was also quite important that we didn't duplicate our work, and that we were in silos where we worked together and hopefully created less work for people by doing it too.

Yes, yes, and the Once for Wales approach, that's an important role, it's not just in a fraud prevention department but it's for the whole NHS.

**Sion Owen (Audit Wales)**

So what's Once for Wales then?

**Ben Rees (Hywel Dda Health Board)**

So what we're trying to do is that, instead of just looking at how that can help the people of Hywel Dda, we'll be thinking about how this can help all of Wales, what can we do so that we do the job once, but get information or data from everybody in Wales and do it, because we tend to follow the same policies for all of Wales, particularly in the NHS, and because yes, the risks tend to be the same, and more importantly, the controls tend to be the same.

So if we're going to do one bit of work at Hywel Dda Health Board, we're going to be able to do that everywhere and that will lead us to put in a lot of work, and at the same time, we'll get more value from the work than we do then.

**Sion Owen (Audit Wales)**

Yes and that's it, and I'm working for the Good Practice Exchange trying to encourage that. We're not liking to hear that and because there's no point in reinventing the wheel every time you come to the problem.

Until you've touched on the NFI a couple of times, that's also another big part of the collaboration, isn't it?

**Ben Rees (Hywel Dda Health Board)**

Yes but it's NFI then, what they're doing too opens the doors for us to have the conversations with the Councils, with the yes other companies across Wales and over Britain not over Wales yes and what you often see is that everyone,

especially in the public sector they see the same problems, they see the same risks yes so we can learn from each other too.

**Sion Owen (Audit Wales)**

Well yes, as you just said, we often work to the same regulations, under us under most of the same legislation in Wales, it's different in England, but under us with the same Controls and a lot of the same problems, so it just makes sense for us to talk to each other doesn't it?

Do you come across a barrier to prevent the sharing of information and you come to blind each other in a good way?

**Ben Rees (Hywel Dda Health Board)**

Yes, there are a few barriers to that, but you could get over that by having an agreement in place to share the data.

And what we've seen locally we've looked like lately like we're working with the local councils. So in Hywel Dda we have Carmarthenshire, Ceredigion and Pembrokeshire.

And I, as a department head, am looking into how we can improve the relationship that we have as a four. So what we're looking to do now is to meet with them; the people who work in the fraud reporting department in the council.

I think I might meet them twice a year to discuss what we see on a day-to-day basis and what affects us as a company and how we can help each other and in terms of us then we could create some sort of memorandum of understanding and have a little bit of agreement instead of helping us help each other de yym and we would do that through the information governance and local policies, but the important thing I think are barriers but you could get over those just by talking and having that relationship together and having the same mindset.

We're all doing the same job. My main job is to make sure that public money doesn't go into the pockets of the criminals.

**Sion Owen (Audit Wales)**

That he's going to where he's going.

**Ben Rees (Hywel Dda Health Board)**

Yes and the money is being spent on what it should be spent on and if we were to be careful one of the main themes is that our job is to make sure that money goes where it should go and our job is to put enough steps or barriers in front of people who want to steal money from the NHS.

And yes and we all want to make sure that we don't lose money, and if you lose it, someone tends to be stealing it. But, we don't look into everything, do research into tea, everything doesn't offense.

Some things happen when mistakes happen and it's important that we stop those mistakes too and learn through what we do.

**Sion Owen (Audit Wales)**

Well yes because if the brass leaks out through fraud and mistakes and money, then in times where we still have to be very careful how the public sector spends brass and so on.

If you don't have to stand the brass then you drop out of the system, well best of all.

Do you see that as part of the role of leaders and leaders in creating culture and the communication between organizations and so on?

**Ben Rees (Hywel Dda Health Board)**

There's going to be something in place if you're covering NHS fraud or anything and you're asking to look at one of the main points in order to develop a counter fraud culture in a tea business.

It's really important that you're with what you're calling the top-down approach and the government is crying, you have to have processing instead to prevent tea fraud in the NHS.

But they then set the tone from the top by approving strategies, anti-fraud, securing resources for local fraud prevention and reporting regularly to the governance committees.

As for the tone from the top, it's important that they show that too. But also what's with us to help us do that in Hywel Dda and for the whole NHS is they don't create a job but a new role for the execs and there's a role called Fraud Champion and the Fraud Champion is helping us as a department to make sure that the top down approach is working in the health board and they're there to help us if there's any problem and if we see we feel that some service lead doesn't really take on what we're doing.

Someone with us goes to him to help us get the message over there. At Hywel Dda, the Fraud Champion is someone by the name of Joanne Wilson. She is the Board Secretary, the director of governance.

So it's pretty high up. A pretty senior person and also Joanne used to be on the LCFS (Local Counter Fraud Specialist) years ago.

So they're going from LCFS to the structure to do what she's doing. And she's a real champion for us. She helps us, yes, a lot and then to work in partnership with the director of finance, then to whom I report to yym and they together are quite a force to help us get the message across.

**Sion Owen (Audit Wales)**

Yes, there are two threatening enough job titles, from the Director of Finance and the Board Secretary, the Director of Governance coming after you if you blame.

**Ben Rees (Hywel Dda Health Board)**

Both of them are really helping us as a department to get our point across, especially with the risk and the changes over the last 5 years. Where the risk has been more and more important and it's more and more part of what we do day to day.

**Sion Owen (Audit Wales)**

And that then leads to part of our job as an organisation is to provide the public with confidence that public money is being spent responsibly and appropriately.

And it's important then that the public can trust that there's work going on as you say to prevent dark and ballu.

**Ben Rees (Hywel Dda Health Board)**

The public must have the faith that we are doing the right thing in ourselves.

Yet one of our biggest jobs is to make sure that we get that more than that we show that we're giving people confidence that we're someone who is trying to stop money, go yes to the wrong places de yes and go to the right place.

**Sion Owen (Audit Wales)**

You touched on this a bit during the conversation where if there are any new trends in the dark world everyone should be aware of them?

**Ben Rees (Hywel Dda Health Board)**

The biggest new one is the polygamous working that we're already talking about as well what we're seeing especially now over Christmas and so it's like the world is now, that's what's going on in the Middle East, that's pushing up the price of clean things, so in a time of economic hardship, we're also seeing more crime being created in order to create money. And that's what we're seeing in the health board is more of the crime for us with kind of working while sick and what we're doing a little bit of data analytics we expect to see that now going on more in the coming months.

So how can we stop that how can we make sure that staff make the right choice? One way we do it now is to emphasise what the rules are when it comes to getting a second job, when you have to go to the Health Board for a second job with you, and what you should do if you get sick pay.

Also what questions should you ask and what conversations should you have with the line managers to ensure that you don't fall into the trap of crime and do

what we call working while sick yes so it's really important that our department emphasises what staff should do, the do's and the don'ts.

So in that regard, in Hywel Dda, you're going to be telling the line manager that you have a second job, you discuss that, you make an assessment of what the risks are to do with that second job and then you make sure that you work in line with your contract and the local policies that we have in place in terms of secondary employment.

What we're trying to try to emphasise to staff is what's really important is that you're having that conversation and when you're having the conversation it's hard for someone to tell us that you're being dishonest.

If you're open and you're having the conversation then even if you're doing the wrong thing but or it's going round it's going down ice which isn't the right ice you're having the conversation then it shows that you're yes be you should be trying it.

But yes, it's an important reel.

As for other trets of me locally this time of year we're starting to prepare now for the annual work plan next year and what we're planning to do and for me there's been quite a bit of change over the past year in the procurement department: There's a lot of change to the procurement legislation in particular round what we call due diligence and what should we do to ensure that we're doing the right thing at the right time?

So in terms of now we're going to have a focus on risks to do with procurement and we're going to do an assessment in terms of what's with us at the moment to make sure that a crime doesn't happen de ice and what needs to be put in place and then we're going to sort out how we can do that with the procurement department with internal audit to make sure that what we're doing is effective and not giving the front line staff a record of work.

And what we can do that is automated as well.

### **Sion Owen (Audit Wales)**

Yes and go back in a very neat circle here and make sure that fraud is prevented before it happens, but not create extra work for people who are already busy enough.

### **Ben Rees (Hywel Dda Health Board)**

We would never get rid of fraud. It will always be flat there forever we can do to make it so difficult for someone to do that fraud on the NHS.

And our job is 'reduced to an absolute minimum'. 'No what is one of the standards I think yes. Because it's always changing, you have to change with the same pace then too.

**Sion Owen (Audit Wales)**

Because you're always racing.

And that brings us then; what skills and competencies would the public sector need if there's something you want to talk about already?

If we're going to do something to develop, yes we need a mix of digital literacy, data analytics skills, understanding, AI research skills and ethical governance.

The Welsh Government's plans emphasise training and workforce development and I believe that this is an important role model as well.

The NHS counter forward authority is also emphasising advanced analytics and scenario modelling particularly in moving towards a proactive approach to risk reduction.

So what I thought from the beginning was prevent and I think if there's one area that's going to need more focus, where we need to have more understanding it's the prevent. Yes, and as I've come up with it's a little bit of a mindset switch.

When you come to prevent what is going to be important going forward is to be able to show value from doing the work there. It's quite easy to show sometimes; now you're doing work into a £5000 fraud offence: You do an interview you get the information you need in order to do an interview we go to the CPS, the Crown Prosecution Service, then with a file that we think should go to court.

He goes to court, someone is found guilty and we get the £5000 back from them.

So it's easy to show people that our work has cost £5000. With a little more proactive work it's a little more difficult to show the fact that we're standing the money there.

There's a plan in place so that we can show that, show the value of the work but the value doesn't just come from the money, it comes from the efficiencies, it comes from the reduction of errors, it comes yes in many ways.

It's important that we have 'ny' when something good happens that we sell that not just to the NHS, to the community as well. We show value through what we do and really emphasise why we do things too.

**Sion Owen (Audit Wales)**

Yes because if you stop the dark from happening you want to be able to show how much darkness you are preventing from happening; we catch them before we approve the payment or whatever it is.

**Ben Rees (Hywel Dda Health Board)**

Yes and that's a sort of balancing act in itself. So you moyn gweud what a weakness is. Sso people will try to tell you what a weakness is where people will use that against you, especially people who want to commit fraud against the NHS.

It's important when we do that too. If we tell the story that's what we're doing; we're pretty sure that the controls are in place so someone can't copy what happened, or if they do, we'd be able to stop it too.

**Sion Owen (Audit Wales)**

Are you talking about the hole after you've closed from there?

I feel like we're coming into a neat little circle in terms of being vigilant. Keep an eye out for the holes, fill in the holes.

Not giving people a chance to cheat and making it difficult to make mistakes and cheat.

Do you have any key messages, any soundbites for us to leave us?

**Be Rees (Hywel Dda Health Board)**

Yes, one thing I'd say is that people tend to think of fraud or fraud as a victimless crime. 'No what you tend to hear in the media, it affects the banks, that's no money.

What we would complain about in terms of fraud in the NHS or being in the local council is it affects everyone. It takes money away from rank services and then from the most vulnerable people in the community.

But what would we say because, we would cry that preventing fraud is a responsibility for all of us as a community, as people who work for the NHS and also people who use tea in Wales.

By working together, using the data wisely, embracing technology ethically and raising awareness so that we can work together to achieve the same goal, and the goal is to make sure that people don't commit an offence against the NHS.

**Sion Owen (Audit Wales)**

Eventually we all want to live in a nice place, right?

**Ben Rees (Hywel Dda Health Board)**

If something happens to us, we all know that someone is there to help us.

What we don't expect is that everyone today knows exactly what to look out for. So we don't want people to say "oh ma' hwnna yw section two of the Fraud Act fraud by false representation and the points to prove".

What we don't want in the ideal world is for people if they see something that isn't right or think that that shouldn't happen, they'll be confident to someone who's been there, they'll call that in.

So in that regard, how can people tell me that a crime is happening or something is happening at the health board? Anyone can go online and be able to go to [the www.cfa.nhs.uk/reportfraud](http://www.cfa.nhs.uk/reportfraud) website. Acshyli it's an easier way; go to Google and go to the Counter-fraud website and then we can just report something.

You put details in, or you can do it anonymously, give you the information you put in and they'll pass it on to us afterwards.

Also you can report through Crimestoppers. Give them information and they will report it to us.

But if you work for the Health Board or in NHS Wales you can go on the intranet and look for your local fraud prevention department and report it by sending messages to them.

What we should have done on the dechre is what we do with that information.

As a department we can either carry out research; what we call criminal investigation to the standard of prosecution. Now that we're talking we don't have the right to say who gets who is charged to court so to speak. Everything we do goes through the Crown Prosecution Service and they know if someone goes to court or not.

But also as I said that you have proactive work on risk and a bigger part of my job now is to make an assessment in terms of what the risk is to the Health Board, when we get that information from people, if we think that there is not enough evidence there to show that a crime has happened, sometimes what is given to us in the information that is given to us shows that there may be a weakness somewhere, and because we use that information to create work that is going to test the controls in the area.

So every bit of information is a huge help for us to do our job and if it's not an offence we can pass it on to another section where we can use that information to ensure that we deal with the weakness in that department.

### **Sion Owen (Audit Wales)**

So if someone sees something that doesn't look quite right, then we will, we'll put links in the notes that come with this, in case you're listening to the podcast and then want to report it. And then you'll then go and spy in and see if there's something in there and carry it on?

**Ben Rees (Hywel Dda Health Board)**

Yes and there's what we always know if I know about it, we don't want to do anything about it then and there's what's an important reel and as a department again one of our main job will be to get people to do the right things at the right time and that's an important reel because 99% of people do the right things and it's important that we give people the opportunity to do the right things too.

**Sion Owen (Audit Wales)**

And the message is, yes, hopefully then that we want people to do the right things.

I think it's a really neat place for us to come to the end.

**Ben Rees (Hywel Dda Health Board)**

Well, thank you very much.

**Sion Owen (Audit Wales)**

And thank you to you and thank you very much to you for your time.

And want to share your knowledge.

**Rhian Jones (Audit Wales)**

Thank you for listening to this episode of the exchange's podcast. If you enjoyed the episode, don't forget to subscribe through your podcast provider to catch future episodes.

A quick review and sharing with your friends or colleagues would mean a lot to us.

For more information, check out the chapter notes. All links and contact details are there.

You can also head over to our dot Cymru audit website  
If you have any questions or comments, we'd love to hear from you.