

## Bundle Audit & Risk Assurance Committee 27 August 2019

- 4.8 WAO Review of Operational Quality & Safety Arrangements Update  
*Presenter: WAO/Mandy Rayani/Dr Philip Kloer*  
SBAR WAO Review of Operational Quality & Safety Arrangements ARAC August 2019  
WAO Review of Operational Quality & Safety Arrangements: Final Report (with Mgmt Response)
- 8.1 Counter Fraud Update  
*Presenter: Matthew Evans*  
Counter Fraud Review Update ARAC August 2019  
Counter Fraud Newsletter Spring 2019 (English)  
Counter Fraud Newsletter Spring 2019 (Welsh)



## PWYLLGOR ARCHWILIO A SICRWYDD RISG AUDIT AND RISK ASSURANCE COMMITTEE

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	27 August 2019
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	WAO Review of Operational Quality and Safety Arrangements
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, Director of Nursing, Quality and Patient Experience / Board Secretary
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Sian Passey, Assistant Director of Nursing, Assurance and Safeguarding

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

### ADRODDIAD SCAA SBAR REPORT

#### Sefyllfa / Situation

The purpose of this report is to present to the Audit & Risk Assurance Committee the management response to the Wales Audit Office (WAO) report following the review of the operational quality and safety arrangements and the management response to the recommendations made by the WAO.

#### Cefndir / Background

As part of the WAO 2018 audit plan for the Health Board, WAO included local work to review the Health Board's operational quality and safety arrangements. This review commenced in September 2018 and asked the following question: Are the Health Board's operational quality and safety arrangements and structures effective?

In undertaking this work, WAO examined arrangements and structures at a directorate and corporate level. The arrangements and structures at a committee level were also considered.

#### Asesiad / Assessment

The WAO found that the Health Board has some good quality and safety arrangements at a directorate level, supported by developing corporate arrangements, however these are not yet consistent, and the flow of assurance from directorates to the Board is not as effective as it could be. The final report (provided as an annex to this paper) made eight recommendations:

#### Recommendations

- |    |  |
|----|--|
| R1 | To improve consistency, the Health Board should introduce a standardised approach to the quality and safety arrangements within the operational directorates. The standardisation should apply to structures, core membership, frequency of meetings and core agenda items for discussion. The county director arrangements must include consideration of primary care quality and safety matters. |
|----|--|

R2	To ensure a multidisciplinary approach is taken to considering quality and safety matters, the Health Board should encourage and support attendance by relevant medical staff at meetings across the structures.
R3	To improve quality and safety assurance flows between the directorates and the Board, the Health Board should: <ul style="list-style-type: none"> <li>a) Merge the Mental Health and Learning Disabilities Quality, Safety and Experience Sub-Committee with the Operational QSESC;</li> <li>b) Ensure that the Mental Health and Learning Disabilities directorate have a directorate level governance committee.</li> <li>c) Align all directorate level governance committees so they report directly to the Operational QSESC.</li> <li>d) Introduce a standardised report template for all directorates to submit to the Operational QSESC, with a summarised version submitted to the QSEAC.</li> </ul>
R4	To improve the focus of the Operational QSESC, the sub-committee should incorporate within its activities assurance that learning from risks and action plans is being shared across directorates. Risks that should be discussed should include severe and high risks, as well as risks that are affecting a number of directorates.
R5	To improve quality and safety assurance flows to the QSEAC, the Health Board should: <ul style="list-style-type: none"> <li>a) Support and encourage attendance at the Improving Experience sub-committee and Effective Clinical Practice sub-committee; and</li> <li>b) Revisit the scope of the Effective Clinical Practice sub-committee.</li> </ul>
R6	To support effective use of limited corporate team resources, the Health Board should consider bringing together county and hospital directorate governance arrangements in line with the arrangements now in place for the Executive Performance Reviews. This can be done at specific intervals during the year.
R7	To support the directorate governance arrangements, the Health Board should expedite the rollout of the directorate-based quality and safety dashboards.
R8	To ensure that quality and safety is considered from both a professional and operational perspective, the Medical Director and Director of Clinical Strategy needs to ensure that the Associate Medical Director (AMD) for Quality and Safety in the new medical directorate structure works closely with the two new operational AMD posts for primary and secondary care.

A meeting to consider the recommendations, and the Health Board response to the recommendations, was held with the Director of Nursing, Quality and Patient Experience, Medical Director and Director of Strategy, the Executive Director of Therapies and Health Science and the Board Secretary attending. The report has also been presented to the Quality, Safety & Experience Assurance Committee (QSEAC). The management response (appendix 1 of the annex) has been formulated, taking into account the discussions at the meetings.

### Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is asked to:

- Receive the WAO report following the review of operational quality and safety arrangements;
- Receive assurance that the findings of WAO have been considered and appropriate actions have been identified to address the recommendations; and
- Support the management response to the recommendations.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.3 In carrying out this work, the Committee will primarily utilise the work of Internal Audit, Clinical Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the overarching systems of good governance, risk management and internal control, together with indicators of their effectiveness.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability 2. Safe Care 3. Effective Care
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Improve efficiency and quality of services through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Not applicable
Rhestr Termiau: Glossary of Terms:	Associate Medical Director (AMD) Operational Quality, Safety and Experience Sub-Committee (OQSEC) Quality, Safety and Experience Assurance Committee (QSEAC) Wales Audit Office (WAO)
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Director of Nursing, Quality and Patient Experience Medical Director and Director of Strategy Executive Director of Therapies and Health Science Board Secretary Assistant Director of Nursing, Assurance and Safeguarding

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
Ariannol / Gwerth am Arian: Financial / Service:	N/A

<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Requirement to implement changes to strengthen Governance arrangements in relation to quality Governance committee arrangements
<b>Gweithlu: Workforce:</b>	Staff released to attend meetings – recommendations should streamline and enhance Governance arrangements
<b>Risg: Risk:</b>	Risks to concerns not being escalated adequately if arrangements are not in place
<b>Cyfreithiol: Legal:</b>	N/A
<b>Enw Da: Reputational:</b>	Need strong Governance arrangements to ensure there is appropriate escalation of risks
<b>Gyfrinachedd: Privacy:</b>	N/A
<b>Cydraddoldeb: Equality:</b>	All reports to new committee structure will complete EQiA as this becomes established



WALES AUDIT OFFICE  
SWYDDFA ARCHWILIO CYMRU

Archwilydd Cyffredinol Cymru  
Auditor General for Wales

# Review of operational quality and safety arrangements – **Hywel Dda University Health Board**

Audit year: 2018

Date issued: June 2019

Document reference: the Publishing team assigns this



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We welcome correspondence and telephone calls in Welsh and English. Corresponding in Welsh will not lead to delay. Rydym yn croesawu gohebiaeth a galwadau ffôn yn Gymraeg a Saesneg. Ni fydd gohebu yn Gymraeg yn arwain at oedi.

The team who delivered the work comprised Anne Beegan and Phil Jones.

# Contents

The Health Board now has some good quality and safety arrangements at a directorate level, supported by developing corporate arrangements but these are not yet consistent, and the flow of assurance from directorates to the Board is not as effective as it could be

## Summary report

Introduction	4
Summary of findings	4
Recommendations	5

## Detailed report

Some directorate level arrangements are good, but they are not sufficiently consistent 7

Corporate arrangements are developing but capacity within the clinical audit and patient experience teams is an issue and shared learning is not as prominent as it could be 9

The operational quality, safety and experience sub-committee is evolving with scope to take greater assurance from directorates and to focus more on key risks, but attendance is problematic 10

The functioning of Quality, Safety and Experience Assurance Committee is improving but work is needed to address attendance at two of its other sub-committees and improve the quality of papers 12

## Appendices

Appendix 1 – Management response	14
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# Summary report

## Introduction

- 1 In our 2017 [Structured Assessment report](#) for Hywel Dda University Health Board (the Health Board), we identified that the operational directorate teams at that time needed to mature, and that the operational structures needed to be further developed, to support the Health Board's governance arrangement, particularly in relation to quality and safety.
- 2 We also identified that improvements were needed to ensure that the Board received the necessary assurances from its committees, in particular, from its Quality, Safety and Experience Assurance Committee (QSEAC), Work was underway to reconfigure the QSEAC and its supporting structures at that time, with the aim to improve assurance flows.
- 3 In our 2018 [Structured Assessment report](#) we further identified that the Health Board continues to strengthen governance and management arrangements, but there is recognition that there remain some weaknesses in quality and safety governance arrangements. We identified that work has taken place to revisit and refine the QSEAC supporting structures, but agendas remain long, duplication exists between sub-groups and many issues discussed are best placed at an operational level.
- 4 As part of our 2018 audit plan for the Health Board, we included local work to review the Health Board's operational quality and safety arrangements. This review commenced in September 2018 and asked the following question: **Are the Health Board's operational quality and safety arrangements and structures effective?**
- 5 In undertaking this work, we have examined arrangements and structures at a directorate<sup>1</sup> and corporate level. We have also examined the arrangements and structures at a committee level. This has included QSEAC and its supporting sub-committees, in particular, the Operational Quality, Safety and Experience Sub-Committee (Operational QSESC).
- 6 Our work has included interviews with all directorate senior management teams as well as senior leads for quality and safety across the Health Board. We have also reviewed documentation including minutes of meetings, committee papers, organisational structures and risk registers. We have observed the QSEAC and the Operational QSESC.

<sup>1</sup> We have reviewed ten directorates. These are the four hospital directorates (Bronglais, Glangwili, Prince Philip and Withybush), the three county directorates (Carmarthenshire, Ceredigion and Pembrokeshire), and the three Health Board wide directorates (Mental Health and Learning Disabilities, Scheduled Care, Women and Children).

## Summary of findings

- 7 We conclude that the Health Board now has some good quality and safety arrangements at a directorate level, supported by developing corporate arrangements but these are not yet consistent, and the flow of assurance from directorates to the Board is not as effective as it could be.
- 8 In reaching this conclusion we have found that:
- Some directorate level arrangements are good, but they are not sufficiently consistent;
  - Corporate quality and safety arrangements are developing but capacity within the clinical audit and patient experience teams is an issue and shared learning is not as prominent as it could be;
  - The operational quality, safety and experience sub-committee is evolving with scope to take greater assurance from directorates and to focus more on key risks, but attendance is problematic; and
  - The functioning of QSEAC is improving but work is needed to address attendance at two of its other sub-committees and improve the quality of papers.
- 9 We explore these findings in more detail later in this report.

## Recommendations

- 10 In undertaking this work, we have identified a number of recommendations. These are set out in **Exhibit 1** below.

### Exhibit 1: Recommendations

Recommendations	
R1	To improve consistency, the Health Board should introduce a standardised approach to the quality and safety arrangements within the operational directorates. The standardisation should apply to structures, core membership, frequency of meetings and core agenda items for discussion. The county director arrangements must include consideration of primary care quality and safety matters.
R2	To ensure a multidisciplinary approach is taken to considering quality and safety matters, the Health Board should encourage and support attendance by relevant medical staff at meetings across the structures.
R3	To improve quality and safety assurance flows between the directorates and the Board, the Health Board should: <ul style="list-style-type: none"><li>a) Merge the Mental Health and Learning Disabilities Quality, Safety and Experience Sub-Committee with the Operational QSEAC;</li></ul>

Recommendations	
	<ul style="list-style-type: none"> <li>b) Ensure that the Mental Health and Learning Disabilities directorate have a directorate level governance committee.</li> <li>c) Align all directorate level governance committees so they report directly to the Operational QSESC.</li> <li>d) Introduce a standardised report template for all directorates to submit to the Operational QSESC, with a summarised version submitted to the QSEAC.</li> </ul>
R4	To improve the focus of the Operational QSESC, the sub-committee should incorporate within its activities assurance that learning from risks and action plans is being shared across directorates. Risks that should be discussed should include severe and high risks, as well as risks that are affecting a number of directorates.
R5	<p>To improve quality and safety assurance flows to the QSEAC, the Health Board should:</p> <ul style="list-style-type: none"> <li>a) Support and encourage attendance at the Improving Experience sub-committee and Effective Clinical Practice sub-committee; and</li> <li>b) Revisit the scope of the Effective Clinical Practice sub-committee.</li> </ul>
R6	To support effective use of limited corporate team resources, the Health Board should consider bringing together county and hospital directorate governance arrangements in line with the arrangements now in place for the Executive Performance Reviews. This can be done at specific intervals during the year.
R7	To support the directorate governance arrangements, the Health Board should expedite the rollout of the directorate-based quality and safety dashboards.
R8	To ensure that quality and safety is considered from both a professional and operational perspective, the Medical Director and Director of Clinical Strategy needs to ensure that the Associate Medical Director (AMD) for Quality and Safety in the new medical directorate structure works closely with the two new operational AMD posts for primary and secondary care.

# Detailed report

## Some directorate level arrangements are good, but they are not sufficiently consistently

- 11 Our work has identified that each of the directorates discuss quality and safety matters, but there is variation in the local quality and safety structures and the depth of the discussion.
- 12 Six of the directorates have separate governance meetings focusing solely on quality and safety. These meetings are at the highest level within the respective directorates and run alongside the routine business meetings which focus on finance and performance. With the exception of the Prince Philip directorate, meetings are on a monthly basis and cover a wide range of quality and safety aspects. Prince Philip directorate hold governance meetings twice a month.
- 13 Three of the directorates include quality and safety matters as part of the monthly business or management team meetings. These meetings are also on a monthly basis, but discussion is generally limited to concerns, complaints and risks.
- 14 For the Mental Health and Learning Disabilities Directorate, directorate level quality and safety is the focus of a dedicated sub-committee reporting directly to the QSEAC. This means that discussions for this directorate take place at a much higher level within the Health Board. This is an historical arrangement as a result of previous concerns, which are no longer evident. The agendas cover a wide range of quality and safety matters, but frequency of meetings is limited to every two months.
- 15 The arrangements across the directorates are set out in [Exhibit 2](#).

### Exhibit 2: Directorate arrangements for quality and safety

Directorate	Committee	Sole focus on quality and safety	Frequency
Bronglais	Hospital Management Committee	No	Monthly
Carmarthenshire	County Management Team	No	Monthly
Ceredigion	County Management Team	No	Monthly
Glangwili	Governance	Yes	Monthly
Mental Health & Learning Disabilities	Sub-committee of QSEAC	Yes	Every 2 months
Pembrokeshire	Governance	Yes	Monthly
Prince Philip	Governance	Yes	Twice a month
Scheduled Care	Governance	Yes	Monthly
Withybush	Governance	Yes	Monthly

Directorate	Committee	Sole focus on quality and safety	Frequency
Women & Children	Governance	Yes	Monthly

Source: Wales Audit Office analysis of interviews and documentation

- 16 In the six directorates with separate governance meetings, there is a good range of agenda items. As well as concerns, complaints and risks, agenda items include:
  - compliance with Welsh Health Circulars;
  - Healthcare Inspectorate Wales reports;
  - results of audits, both internal and external;
  - Royal College reports;
  - results of Community Health Council visits;
  - serious incidents;
  - mortality reviews; and
  - patient experience.
- 17 The range of discussion however is not consistent or standardised across the six directorate governance meetings.
- 18 In the three directorates where quality and safety is considered as part of wider business meetings, the relevant directorates are reliant on supporting assurance groups which sit below the directorate level. Reports from these groups however are not always available for the management team meetings. This is particularly the case for the Ceredigion directorate.
- 19 Across all of the county directorates, there is limited focus on the quality and safety aspects of primary care provision within the governance and management meetings. The quality and safety of primary care is instead managed through the central primary care team reporting directly to the Director of Primary Care, Community and Long-Term Care.
- 20 Over the last six months, the Health Board has been developing a quality and safety dashboard. Initially developed for the QSEAC, it is the intention to develop underpinning dashboards for each of the directorates. Our work has identified that the directorate dashboards are not yet in place, although the directorates are drawing on the relevant sources of information. There is however a bespoke dashboard available to support the Women and Children's Directorate, focusing predominantly on maternity services.
- 21 The directorate heads of nursing and general managers are largely driving the quality and safety agendas. Where quality and safety forms part of the routine business meetings, membership is largely based on the core directorate team. For directorates with governance meetings, membership is larger and more multidisciplinary. Representation from nursing and therapy professions is good,

and there is regular attendance by corporate teams including patient experience, clinical audit and redress.

- 22 Clinical directors and cluster leads are members of all quality and safety structures, but medical representation at meetings is generally limited with frequent part attendance or apologies sent. Directorates identified challenges engaging medics in the quality and safety agenda, including concerns, complaints and incidents largely because of time constraints around clinical commitments.
- 23 All directorates have their own professional nursing forums to bring together lead nurses from across the underpinning departments to consider quality and safety. These forums feed into the quality and safety discussions in the directorates and the senior nursing team meetings across the Health Board with the Director of Nursing, Quality and Patient Experience.

## Corporate quality and safety arrangements are developing but capacity within the clinical audit and patient experience teams is an issue and shared learning is not as prominent as it could be

- 24 The Health Board has corporate teams in place to support key aspects of quality and safety, including concerns, complaints, serious incidents, patient experience and clinical audit. These teams report directly to the Director of Nursing, Quality and Patient Experience.
- 25 These corporate teams have previously worked in isolation. The Community Health Council, in particular, has raised concerns over the variability in the management of issues, and the differing approaches within each team. Through the senior nursing team meetings, these corporate teams have become more connected over the last twelve months, with approaches starting to become more consistent.
- 26 Capacity within some of the corporate teams however is an issue. The Audit and Risk Assurance Committee (ARAC) is sighted of the capacity constraints within the clinical audit team, and the Health Board's own benchmark indicates that patient experience capacity is the lowest in Wales. Although the Board supported a new patient experience framework in December 2018, funds have only recently been made available to support the rollout of the 'Friends and Family Test' system.
- 27 In July 2018, the Board approved the Health Board's Quality Improvement Strategic Framework. This places greater emphasis on sharing the learning from improvement activities. All of the corporate teams focus on learning; however, capacity is such that attention is drawn to supporting the directorates respond to incidents and events as they arise, restricting the ability of the corporate teams to share learning more widely to prevent the issues reoccurring. The Health Board formally launched the Quality Improvement Strategic Framework in March 2019 which should start to help promote the learning agenda more widely.

- 28 The number of directorates within the Health Board also places demands on the corporate teams' capacity, particularly in relation to attending governance meetings. The bringing together of some of the quality and safety arrangements within directorates, such as county and hospital directorates, may help alleviate the capacity constraints on the corporate teams. This would align with the approach taken within the Executive Performance Reviews which is increasingly considering the performance of county and hospital directorates on a joint basis.
- 29 Quality and safety is also the professional responsibility of the Medical Director and Director of Clinical Strategy. Amendments are currently being made to the Medical Directorate structure with a proposed new Associate Medical Director (AMD) lead for quality and safety. In addition, there are two new operational AMD posts for primary and secondary care, which are designed to provide day-to-day support to the directorates on medical related issues. It will be important for these posts to work together to make sure that quality and safety is not managed in isolation but collectively across operational and professional domains.

## The operational quality, safety and experience sub-committee is evolving with scope to provide greater assurance from directorates and to focus more on key risks, but attendance is problematic

- 30 In July 2018, the Primary and Community Quality, Safety and Experience Sub-Committee merged with the Acute Quality, Safety and Experience Sub-Committee to become the Operational Quality, Safety and Experience Sub-Committee (QSESC).
- 31 The new Operational QSESC has met on six occasions and is still evolving. It meets on a bi-monthly basis and reports directly to the Quality, Safety and Experience Assurance Committee. It is one of eight sub-committees reporting to QSEAC, with plans to also merge the Mental Health and Learning Disabilities QSESC into the Operational QSESC once the current sub-committee is fully embedded.
- 32 The Operational QSESC however is not yet working effectively. Membership is large at 24 as it seeks to include representation from all directorates and corporate teams, but attendance by members is a problem. For the three meetings held between September 2018 and January 2019, significant numbers of members were not represented. There is however attendance from a wider group of staff outside those identified on the terms of reference ([exhibit 3](#)).

### Exhibit 3: attendance at Operational QSESC

	<b>Number of members (or representatives) in attendance</b>	<b>Number of members not present or represented</b>	<b>Total number of staff in attendance included members (or representatives)</b>
September 2018	12	12	17
November 2018	12	12	20
January 2019	11	13	15

Source: Wales Audit Office analysis of documentation

- 33 The sub-committee aims to seek assurance from the directorates that actions are being taken to address quality and safety issues through exception reporting. However, directorates are not always present at the meetings to report back or there are frequently no issues to report. The sub-committee also seeks to monitor the management of operational risks but the number of risks that need to be considered has meant that this has become unmanageable within the time available in meetings.
- 34 Risks and action plans to address quality and safety issues however are increasingly being considered as part of the Executive Performance Reviews (EPRs) with the directorates, posing a risk of duplication between the EPRs and the business of the sub-committee. Risks and action plans are also being considered by relevant operational forums.
- 35 To reduce the risk of duplication, the sub-committee should focus its attention on taking assurance that learning from risks and action plans is being shared across directorates. This should include severe and high risks, as well as risks that are affecting a number of directorates.
- 36 Not all of the directorates however are represented at the sub-committee, with Mental Health and Learning Disabilities the focus of the separate sub-committee reporting to QSEAC.
- 37 Primary care is also not a key feature of the sub-committee despite its scope. Our work has identified that primary care quality and safety matters appear to be largely reported and managed through operational structures to the Director of Primary Care, Community and Long-Term Care, with limited scrutiny and assurance through any of the Board's committee structures. This is of particular concern given the recent changes to the GP indemnity scheme which requires health boards to have a much greater understanding of the level of quality and safety risks that they are carrying in primary care.



- 38 Like the directorate structures, there is some medical representation on the sub-committee but this is largely because they are chairs or representatives of sub-groups, for example, the Rapid Response to Acute Illness Learning Set (RRAILS) sub-group. Attendance can also be limited to part of the meetings due to other clinical commitments.
- 39 The sub-committee has a number of groups from which it takes assurances. Good assurances are taken from the Medical Devices Group and the Mental Capacity Act & Consent Group. Assurance is also taken from the Nutrition and Hydration Group although it is acknowledged that this group is only focused on inpatient care. Attendance at the Organ Donation Group and RRAILS Group however have been problematic resulting in cancelled meetings. Although assurances are taken from these groups, these are not as frequent as they should be.
- 40 As well as duplication with the EPRs, there is also some duplication between the sub-committee and QSEAC in relation to agenda item discussions. Some of this is on purpose by way of having initial discussions ahead of a more focused discussion at QSEAC, but this is not always a case.
- 41 The sub-committee however is not yet able to provide assurance to the QSEAC that operational quality and safety issues are being managed. There is currently no formal standardised reporting from the directorates to the sub-committee with reliance placed predominantly on exception reporting. Consequently, there is a gap between the QSEAC and the directorate teams.
- 42 The sub-committee has the potential to address this by seeking standardised assurances from all directorates, or combined directorates, on a range of quality and safety issues, by means of a standardised report. These can then be summarised to provide collective assurance to the QSEAC and ultimately the Board.

## The functioning of QSEAC is improving but work is needed to address attendance at two of its other sub-committees and to improve the quality of papers

- 43 Historically, the attendance at the QSEAC has been large, agendas have been long, and the committee members have been unable to take assurance on a number of agenda items either due to the quality of the papers presented, or cancellations of sub-committee meetings.
- 44 Our recent observations of the committee during 2019 have identified that the functioning of the QSEAC has however started to improve. The committee attendance has now been refined to only include those who need to be there, and accounting officers are now called in to the meeting for specific agenda items as and when required. This has helped address the large attendance levels which largely consisted of representation from corporate teams.

- 45 The committee however still struggles to take assurance from a number of its sub-committees. This includes the operational QSESC, due to the reasons set out in paragraphs 32-42, but also the Effective Clinical Practice sub-committee and the Improving Experience sub-committee. Both of these sub-committees have struggled with attendance making it difficult to fully explore many of the agenda items for these meetings. On a number of occasions, these meetings have also had to be cancelled because of low attendance rates. The Effective Clinical Practice sub-committee has also struggled with a lack of clarity on its role. The Medical Director and Director of Clinical Strategy has recently taken over the chair of this committee to improve its effectiveness.
- 46 QSEAC papers also continue to be large with some concerns remaining that there is too much detail, which detracts attention away from the key issues and mitigating actions being taken. Some papers also focus too much on performance matters which are the separate consideration of the Business Planning and Performance Assurance Committee. This can in part be due to the authors not always being able to provide the right focus for the QSEAC.
- 47 The committee has undertaken a recent self-assessment exercise which reflects the issues raised through our work. An action plan is being put in place to take forward many of the improvement areas raised.

# Appendix 1

## Action plan

Exhibit 4: management response to recommendations

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R1	<p>To improve consistency, the Health Board should introduce a standardised approach to the quality and safety arrangements within the operational directorates. The standardisation should apply to structures, core membership, frequency of meetings and core agenda items for discussion.</p> <p>The county director arrangements must include consideration of primary care quality and safety matters.</p>	Improved consistency across directorates, which also includes primary care where relevant.	Yes	Yes	<p>Options for standardising the approach to quality and safety arrangements have been agreed. This includes templates for terms of reference, agendas for meetings and standardised reporting. Templates will be developed in collaboration with the Corporate Governance Team.</p> <p>Operational Quality, Experience Sub-Committee (QQSEC) will be the overarching sub-committee for operational quality and safety issues, specialist, primary and acute services, with cross-organisational groups reporting to QQSEC.</p> <p>Quality and safety matters are included in the county directors meetings and this will be monitored.</p>	April 2020	Director of Nursing, Quality and Patient Experience / Board Secretary

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R2	To ensure a multidisciplinary approach is taken to considering quality and safety matters, the Health Board should encourage and support attendance by relevant medical staff at meetings across the structures.	Increased multi-disciplinary focus, drawing on the expertise of all professions.	Yes	Yes	A restructure of the Associate and Deputy Medical Directors has been undertaken. This new structure includes the appointment of a new Associate Medical Director for Quality and Safety and the proposal to strengthen quality medical lead roles throughout the services.	October 2019	Medical Director and Director of Strategy
R3a	To improve quality and safety assurance flows between the directorates and the Board, the Health Board should merge the Mental Health and Learning Disabilities Quality, Safety and Experience Sub-Committee with the Operational QSESC.	Improved use of staff time. Improved shared learning.	Yes	Yes	Options for standardising the approach to quality and safety arrangements agreed. This includes templates for terms of reference and standardise reports.  Operational Quality, Experience Sub-Committee (OQSEC) will be the overarching sub-committee for operational quality and safety issues, both specialist, primary and acute services, with cross-organisational groups reporting to OQSEC. Transition arrangements for changes to Mental Health and Learning Disabilities quality report arrangements will be developed and worked through with the triumvirate team.  Any specific exceptions requiring escalating to QSEAC escalated via OQSEAC, and appropriate staff asked to attend QSEAC as appropriate.	April 2020	Director of Nursing, Quality and Patient Experience / Board Secretary  Director of Therapies and Health Sciences  Clinical Director for Mental health and Learning Disabilities

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R3b	To improve quality and safety assurance flows between the directorates and the Board, the Health Board should ensure that the Mental Health and Learning Disabilities directorate have a directorate level governance committee.	Improved consistency across directorates.	Yes	Partial	There is a Mental Health and Learning Disabilities directorate level governance committee. Work will be undertaken to strengthen and standardise the reporting arrangements to OQSEC (as recommendation 1)	April 2020	Director of Nursing, Quality and Patient Experience / Board Secretary
R3c	To improve quality and safety assurance flows between the directorates and the Board, the Health Board should align all directorate level governance committees, so they report directly to the Operational QSEAC.	Improved flow of assurance from directorates to QSEAC and the Board.	Yes	Yes	Options for standardising the approach to quality and safety arrangements agreed. This includes templates for terms of reference and standardise reports. Operational Quality, Experience Sub-Committee (OQSEC) will be the overarching sub-committee for operational quality and safety issues, both specialist, primary and acute services, with cross-organisational groups reporting to OQSEC.	April 2020	Director of Nursing, Quality and Patient Experience / Board Secretary
R3d	To improve quality and safety assurance flows between the directorates and the Board, the Health Board should introduce a standardised report template for all directorates to submit to the Operational QSEAC, with a summarised version submitted to the QSEAC	Improved flow of assurance from directorates to QSEAC and the Board.	Yes	Yes	Options for standardising the approach to quality and safety arrangements agreed. This includes templates for terms of reference and standardise reports (see recommendation 1).	April 2020	Director of Nursing, Quality and Patient Experience / Board Secretary

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R4	To improve the focus of the Operational QSESC, the sub-committee should incorporate within its activities assurance that learning from risks and action plans is being shared across directorates. Risks that should be discussed should include severe and high risks, as well as risks that are affecting a number of directorates.	Improved effectiveness of meetings. Reduced duplication with Executive Performance Reviews.	Yes	Yes	<p>Options for standardising the approach to quality and safety arrangements agreed. This includes templates for terms of reference and standardise reports (see recommendation 1).</p> <p>Agreement that risks and learning will be, embedded into the standard reporting templates. The templates will also advise on how learning from risks and action plans are being shared across Directorate and other areas.</p> <p>Deep dives are currently being discussed at each QQSESC meeting and will continue, these will support in-depth conversation required. The Risk Registers are to be used to inform these.</p> <p>A Listening and Learning Group is being established to facilitate shared learning across the organisation. Reporting arrangements for the group will be finalised and endorsed through QSEAC.</p>	April 2020	<p>Director of Nursing, Quality and Patient Experience / Board Secretary</p> <p>Director of Therapies and Health Science.</p> <p>Director of Nursing, Quality and Patient Experience</p>
R5a	To improve quality and safety assurance flows to the QSEAC, the Health Board should support and encourage attendance at the Improving Experience sub-committee and	Improved flow of assurance from sub-committees to QSEAC and the Board.	Yes	Yes	<p>The appointments of a new AMD for Quality and Safety and the enhanced roles of clinical leads will support the wider medical engagement at sub-committees.</p> <p>The terms of reference for both the Improving Experience sub-committee and Effective Clinical Practice sub-committee</p>	October 2019	<p>Medical Director and Director of Strategy</p> <p>Director of Nursing, Quality and Patient</p>

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
	Effective Clinical Practice sub-committee; and				have been reviewed, including membership, with the aim of focussing membership and attendance at meetings.		Experience/Medical Director and Director of Clinical Strategy.
R5b	To improve quality and safety assurance flows to the QSEAC, the Health Board should revisit the scope of the Effective Clinical Practice sub-committee.	Improved effectiveness. Improved flow of assurance from sub-committee to QSEAC and the Board.	Yes	Yes	The terms of reference for the Effective Clinical Practice sub-committee have been reviewed including membership; with a paper to be submitted to the Audit & Risk Assurance Committee.	Complete	Medical Director and Director of Strategy
R6	To support effective use of limited corporate team resources, the Health Board should consider bringing together county and hospital directorate governance arrangements in line with the arrangements now in place for the Executive Performance Reviews. This can be done at specific intervals during the year.	Improved whole-system focus on quality and safety. Improved shared learning. Effective use of limited corporate team resources.	Yes	Yes	<p>Whilst this recommendation is accepted the approach and arrangements to facilitate this will require further consideration with the Director of Operations and chairs of the various quality meetings.</p> <p>Meeting to be held to work through the arrangements and options to enable effective join up of governance meetings periodically throughout the year.</p>	April 2020	Director of Nursing, Quality and Patient Experience / Board Secretary

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Accepted (yes/no)	Management response	Completion date	Responsible officer
R7	To support the directorate governance arrangements, the Health Board should expedite the rollout of the directorate-based quality and safety dashboards.	Improved consistency across directorates.	Yes	Yes	Task and finish group established which is jointly chaired by Director of Nursing and Director of Planning.  The work of the task and finish group has been expedited. A project plan is in place including agreement of the priority indicators to be populated and rolled out to directorates.	April 2020	Director of Nursing, Quality and Patient Experience
R8	To ensure that quality and safety is considered from both a professional and operational perspective, the Medical Director and Director of Clinical Strategy needs to ensure that the Associate Medical Director (AMD) for Quality and Safety in the new medical directorate structure works closely with the two new operational AMD posts for primary and secondary care.	Improved shared learning.  Improved whole-system focus on quality and safety.	Yes	Yes	The appointments of a new AMD for Quality and Safety and clinical leads will work closely with the two new operational AMD posts for primary and secondary care. There will also be close working relationships with Assistant Director of Nursing for Quality and Assurance and Head of Governance for Quality and Assurance	October 2020	Medical Director and Director of Strategy



Wales Audit Office  
24 Cathedral Road  
Cardiff CF11 9LJ

Tel: 029 2032 0500  
Fax: 029 2032 0600  
Textphone.: 029 2032 0660

E-mail: [info@audit.wales](mailto:info@audit.wales)  
Website: [www.audit.wales](http://www.audit.wales)

Swyddfa Archwilio Cymru  
24 Heol y Gadeirlan  
Caerdydd CF11 9LJ

Ffôn: 029 2032 0500  
Ffacs: 029 2032 0600  
Ffôn testun: 029 2032 0660

E-bost: [post@archwilio.cymru](mailto:post@archwilio.cymru)  
Gwefan: [www.archwilio.cymru](http://www.archwilio.cymru)



## **HYWEL DDA UNIVERSITY HEALTH BOARD**

### **COUNTER FRAUD UPDATE 2019/20**

**For Presentation 27 August 2019**

The NHS Protect Standards are set in four generic areas:

- Strategic Governance
- Inform and Involve
- Prevent and Deter
- Hold to Account

AREA OF ACTIVITY	Resource Allocated (days) 2019/20	Resource Used (as at 31/07/2019) (days) 2019/20
STRATEGIC GOVERNANCE	50	13
INFORM AND INVOLVE	90	24
PREVENT AND DETER	90	23
HOLD TO ACCOUNT	190	75
TOTAL	420	136

Work Area	<i>Summary of work areas completed</i>
<b>Inform and Involve</b>	<ul style="list-style-type: none"> <li>• In Quarter 1 2019/20 a total of 496 staff received counter fraud training. This includes 170 new inductees to the Health Board and 156 existing staff during counter fraud presentations.</li> <li>• The revised Counter Fraud content on the Health Board's Medicines Safety learning days has been delivered a number of times and feedback from attendees and course providers has been positive.</li> <li>• The Spring Edition of the Counter Fraud Newsletter was released to staff following translation into Welsh. All future Newsletters will be translated with support from the Welsh Language Team. This means that all counter fraud literature issued by the Health Board will be available in both Welsh and English languages.</li> </ul> <p>Going forward the Local Counter Fraud Specialist (LCFS) will seek wider and improved dissemination of the Newsletter by developing a contact list of Department Heads and Senior Managers for cascading to staff.</p> <ul style="list-style-type: none"> <li>• 5 Global awareness messages surrounding the following topics – <ul style="list-style-type: none"> <li>- Courier Fraud, Bogus Police and Bank Officials Alert</li> <li>- Instagram and Snapchat Security Alert</li> <li>- Online Marketplace Fraud</li> <li>- Disseminate Spring Newsletter</li> <li>- Phishing Warning – Bank Card and PIN Theft</li> </ul> </li> </ul>
<b>Prevent and Deter</b>	<ul style="list-style-type: none"> <li>• 5 NHS Alerts have been disseminated to relevant stakeholders within the Health Board and Departments.</li> <li>• The Health Board has successfully completed Phase 1 of the NHS Counter Fraud Authority led national procurement fraud detection exercise. The exercise is a planned to be year-long exercise and Phase 1 comprises data gathering by NHS Counter Fraud Authority to enable testing.</li> </ul> <p>Phase 2 of the exercise relates to the release of fraud prevention guidance around risks associated with the business areas that are the focus of the exercise. The LCFS will liaise with the relevant Managers to ensure that guidance is understood and acted upon where necessary. Where gaps are established, a risk assessment will be completed with accompanying action plan to reduce/manage identified risks.</p>

	<ul style="list-style-type: none"> <li>The LCFS has completed consultation on the Health Board's Patient Property and Money Procedures. The revised Policy is on the agenda for the Finance Committee's September 2019 meeting. The new Policy amalgamates 4 existing policies into 1 document and has been refreshed and updated as well as being 'fraud-proofed' against fraud risks in that area.</li> </ul>
<b>Hold to Account</b>	<ul style="list-style-type: none"> <li>A separate report has been completed for Hold to Account case updates for discussion during the closed In-Committee session.</li> </ul>
<b>Strategic Governance</b>	<ul style="list-style-type: none"> <li>The LCFS met with the NHS Counter Fraud Authority Senior Quality and Compliance Inspector to discuss the working relationship between the Health Board and NHS Wales Shared Services Partnership functions, particularly finance and procurement. NHS Counter Fraud Authority are assessing the fraud risk in the separation of these functions from the Health Board on an All Wales basis to ensure the counter fraud provision is sufficient.</li> <li>Quarterly statistics have been submitted to Counter Fraud Service Wales and in compliance with WG directions. A Quarter 1 All Wales Performance Report will be issued following submission of statistics. The LCFS will conduct benchmarking analysis using this data for the next Committee meeting.</li> </ul>

***Report Provided by:***

***Matthew Evans***  
***Lead Local Counter Fraud Specialist***

For presentation; 27<sup>th</sup> August 2019

***Report agreed by:***

***Huw Thomas, Director of Finance***

# THE FRAUD REPORTER

## Welcome to the Spring Edition of The Fraud Reporter

**Welcome to the Spring edition of the Fraud Reporter, the Hywel Dda UHB news- letter to keep you up-to- date with fraud issues affecting the Health Board and wider NHS.**

Quite a lot has been going on in the world of counter fraud since our last edition so we have some action packed pages to update you on!



Work is underway for the Health Board's National Fraud Initiative (NFI) matches. The NFI is a data matching service which matches electronic data within and between public and private sector bodies to prevent and detect fraud. We have access to matches such as payroll to payroll to allow us to identify dual working or payroll to companies house which matches employee records with company records to help identify any potential undeclared conflicts. We will also be participating in a national NHS procurement detection exercise to identify and measure current fraud risk in this area.

These are examples of detection and prevention of fraud through managing the risk. This is one of our primary aims as Counter Fraud Specialists.

ists.

There have been quite a few successful NHS fraud prosecutions in Wales that are covered in this article. In this issue we have details of a £25,000 overpayment case of theft (below), a £800,000 fraud involving U2 band members falsely working for a building company providing shoddy services to Powys Teaching Health Board and an NHS Manager who claimed to be suffering from a bad back but was actually taking her horse show jumping.

We've also got some advice around offers of gifts and hospitality and/or declarations of interest inside along with an update on holiday scams from Action Fraud for you to keep in the back of your mind whilst looking to book your getaway!

## Inside this issue:

<b>Showjumping NHS Manager Guilty of Fraud</b>	<b>2</b>
<b>NHS Managers Jailed for £800,000 Fraud</b>	<b>2</b>
<b>Gifts and Hospitality</b>	<b>3</b>
<b>Holiday Scam Advice</b>	<b>3</b>
<b>LCFS Contact Details</b>	<b>4</b>

## Fraud Awareness Training

One of the key aims of an LCFS is to develop an anti-fraud culture within the Health Board and ensure that staff can spot fraud when it occurs so something can be done about it.

Training can be tailored to the fraud risks for your specific work area and can be delivered at a time and place that suits you and your team.

Contact the LCFS on 01267 266268 or email Benjamin.rees2@wales.nhs.uk to arrange your fraud training.

## Nurse Guilty of Fraud Following £25,000 Salary Payments After She Quit Job

**A nurse who was mistakenly paid a monthly salary for 17 months after she quit her job failed to disclose the error to her former bosses.**

Sarah Glenys Merry, 35, stopped working at Cwm Taf University Health Board in January 2017 but was paid her monthly salary in error up until May 2018.

Merry, of Tylcha Wen Close, Tonyrefail, didn't tell anyone in the NHS about the overpayments which totalled £25,511.80.

As the payments rolled in, she spent the money and made no attempt to inform her former employer she was still receiving a salary, a court was told.

The error came to light during a review of salary payments and the case was then referred to NHS Counter Fraud Service Wales for investigation.

In her interviews, she said she had received the monthly salary money and knowingly spent it.

On Friday, Merry was given a

sentence of six months in prison, suspended for 12 months. At an earlier hearing at Merthyr Tydfil Magistrates Court she pleaded guilty to theft.

She was ordered to carry out 200 hours of unpaid work and to attend a rehabilitation course.

Cwm Taf University Health Board was given full compensation, which she will repay at a minimum of £250 per month.

Speaking after the verdict, deputy operational fraud manager at NHS Counter Fraud Services

Wales Cheryl Hill said: "Sarah Merry deliberately spent NHS money that she had not earned and did not belong to her. Instead of alerting her previous NHS employers to the continued salary payment error, she decided to keep the money and spend it on herself, money which should have been spent on NHS services. NHS staff are reminded that they should always contact their employers regarding any possible salary overpayments, or face the consequences if they decide to retain and spend the money."

## Sick-pay Showjumping NHS Manager Guilty of Fraud



**An NHS manager who went showjumping while on sick leave with chronic back pain has been found guilty of fraud.**

Lab worker Elise David had claimed she was in too much pain to work, but was caught on camera jumping over fences at four country events.

David, 33, from Nottage, Bridgend county, was paid about £12,000 of her £49,000 salary while off work, Newport Crown Court heard.

She was sentenced to a 12-week jail term, suspended for one year.

David was also ordered to complete 180 hours of unpaid work and must pay £8,216.71 compensation to Cardiff and Vale University Health Board as well as £2,500 in costs.

She was off sick for four months from June 2016, saying she had back injuries and "cognitive deficiencies" after falling off her horse.

David told her employers, the Surgical Materials Testing Laboratory in Bridgend, she was "struggling to walk".

But prosecutor Nigel Fryer said during that time she took part in four showjumping events on her seven-year-old gelding called Caereau Freeway.

David had told the court she took her doctors' advice to do "gentle exercise" as a green light to continue horse riding.

She underwent medical examinations "only a matter of days" after she was found to be competing at equestrian events.

Witnesses claimed David appeared to "shuffle" and said "her gait was timid" and she walked with a stick at the occupational health examinations which determined whether she was fit to work.

The judge condemned this as a "comical act", adding: "That was quite a contrast to the photographs I saw of you towering over jumps on your horse."

## NHS Managers Jailed for Total of 14 years for £800,000 Health Board Fraud

**Three NHS managers have been sentenced to a total of 14 years in jail for stealing £822,000 from a health board in Wales at Merthyr Tydfil Crown Court.**

Mark Evill, 42, was jailed for seven years and has been disqualified as acting as a director for seven years.

Robert Howells, 65, received a sentence of 4 years.

A third defendant, Michael Cope, 43, was sentenced to 3 years in prison.

The three men worked for Powys Teaching Health Board's estates department. Mark Evill organised the fraud. He was assisted by Robert Howells and Michael Cope.

Evill and Howells were both employed through Resourcing Group Agency as project managers for the health board's Estates department, while Cope was employed directly by the board as a Senior Estate Manager.

An anonymous allegation was received via the NHS Fraud & Corruption Reporting Line, which stated that Evill and Howells had misappropriated NHS money by receiving "pay-offs" from external contractors.

Evill had initially denied three counts of transferring criminal property, fraud and perverting the course of justice, but changed his pleas during his trial.

Evill had set up a construction firm George Morgan Limited, named after his dog, to secretly award building contracts worth £707,946.24 to himself from Powys Teaching Health Board.

Evill used money from the firm's account to buy a Land Rover Defender, an Audi A4, a Husqvarna motorcycle, holidays to Dubai, a Chanel women's watch and properties in South Wales.

He wrote emails and invoices to himself and falsified quotes from real firms

to hide his fraud from auditors.

Evill admitted he created fictional employees Paul Hewson and David Evans, the real names of U2 band members Bono and The Edge, to make the company look legitimate.

Some of the construction work, which included the children's wing of Brecon Memorial Hospital, Bronllys Hospital and Welshpool Hospital, was later considered to have "major deficiencies", with the total cost to the health board estimated to rise to £1,420,604.66 once remedial

works have been completed.

Co-defendant and fellow project manager Robert Howells, 65, had pleaded guilty to fraud after he was accused of endorsing the George Morgan Ltd bids for work despite knowing Evill was secretly its sole director.

The third defendant, Michael Cope, 43, an NHS estate manager, was found guilty of fraud after he also endorsed Evill's firm and received a £500 cheque as a gift.

Efforts will now be made to recover the money.



From L to R: Michael Cope, Mark Evill and Robert Howells



## Gifts & Hospitality

**The Bribery Act 2010 puts in place criminal corporate liability where organisations do not have measures in place to prevent bribery from occurring.**

Basically this means that if the Health Board does not take action to prevent bribery from occurring it could be found guilty of this crime. The punishment if found guilty of this offence is an unlimited fine. In past actions by the Serious Fraud Office Rolls-Royce paid £671 million in penalties. That is a significant chunk of Hywel Dda UHB's annual budget.

In order to deal with this liability under the Bribery Act 2010 the Health Board has in place the [Standards of Behaviour Policy](#). This policy sets out what should be declared as a gift or an outside interest.

Under the Policy Staff may accept, subject to it not contravening their professional Codes of Conduct, gifts up to the value of £25 from service users and relatives as a mark of their appreciation for the care that has been provided. This can include gift vouchers/cards. There is no requirement to declare such gifts up to the value of £25.

Where a gift is offered by service users or their relatives that is likely to be over £25 in value it should be politely declined. In some cases the gift may have already been made and it may be difficult to return it, or it may be felt that the bearer may be offended by the refusal. Under such circumstances the gift can be accepted, and the bearer advised that it will be utilised for the benefit of Charitable Funds e.g. used as a prize in a raffle. A Gifts, Hospitality, Honoraria and Sponsorship Form declaring that the gift has been received must be completed.

The Standards of Behaviour Policy can be accessed on the intranet via the Policy and Procedures link and then Corporate Policies or by following this link:

[Standards of Behaviour Policy](#)

The Gifts, Hospitality, Honorarium and Sponsorship Registration Form can be found on the intranet corporate policy pages or by following this link:

[Gifts, Hospitality, Honorarium and Sponsorship Registration Form](#)

## Action Fraud report reveals £7 million lost to holiday fraud

**Fraudsters stole more than £7 million from unsuspecting holiday-makers and other travellers in 2018, a new report reveals today.**

Over 5,000 people reported to Action Fraud that they had lost a total of just over £7 million to holiday and travel related fraud, an increase on last year, when 4,382 victims reported losing £6.7 million. The average amount lost was £1,380 per person but, as in previous years, in addition to the financial cost, victims have also reported the significant emotional impact caused by this crime.

Over half, 53%, of the crimes reported were related to the sale of airline tickets. These reports were made consistently throughout the year, however the largest individual loss, of over £425,000, was made in August 2018.

The next most common fraud at 25%, related to the sale of accommodation, with a peak in reported losses in October. This indicates that many victims report their loss after the end of the summer holidays the busiest time of the year for travel and a popular target for fraudsters.



Top tips to avoid becoming a travel fraud victim

Action Fraud, ABTA and Get Safe Online have published advice on how to avoid becoming a victim of holiday booking fraud – and on how victims should go about reporting it.

This advice includes the top tips below:

**Stay safe online:** Check the web address is legitimate and has not been altered by slight changes to a domain name – such as going from .co.uk to .org

**Do your research:** Don't just rely on one review - do a thorough online search to check the company's credentials. If a company is defrauding people there is a good chance that consumers will post details of their experiences, and warnings

about the company.

**Look for the logo:** Check whether the company is a member of a recognised trade body such as ABTA. If you have any doubts, you can verify membership of ABTA online, at [abta.com](http://abta.com).

**Pay safe:** Wherever possible, pay by credit card and be wary about paying directly into a private individual's bank account.

**Check paperwork:** You should study receipts, invoices as well as terms and conditions. Be very wary of any companies that don't provide any at all. When booking through a Holiday Club or Timeshare, get the contract thoroughly vetted by a solicitor before signing up.

**Use your instincts:** If something sounds too good to be true, it probably is.



### Further Information

With fraud and cyber crime on the rise across the UK it's a good idea that we all know how to deal with scams if we find ourselves unlucky enough to be in that situation. Action Fraud lead the fight against fraud and cyber scams in the UK and they have issued some simple rules to follow to stay safe. Find the advice following this link [Protect Yourself From Fraud and Cyber Crime](#)

Further advice is available from the Take Five—To Stop Fraud campaign which is a Government backed initiative to reduce fraud [Take Five—Advice](#)

YOU CAN SEARCH COUNTER  
FRAUD ON THE HYWEL DDA  
INTRANET FOR FURTHER  
INFORMATION

The Health Board's Counter Fraud Team are responsible for raising awareness of fraud, preventing fraud through 'fraud proofing' exercises and investigating fraud where uncovered.

The Counter Fraud Team are always happy to offer advice about NHS fraud, bribery and corruption.

The LCFS is available to support, guide and assist on all fraud, bribery and corruption matters. If you need any advice on fraud or if you want to request counter fraud training for your team please contact your LCFS.

### Meet the Counter Fraud Team



**Matthew Evans**

Lead Local Counter Fraud Specialist

☎ 01267 266280

📞 07971063736

✉ matthew.evans20@wales.nhs.uk



**Benjamin Rees**

Local Counter Fraud Specialist

☎ 01267 266268

📞 07980919347

✉ benjamin.rees2@wales.nhs.uk

✉ [HDUHB.CounterFraudTeam.HDD@wales.nhs.uk](mailto:HDUHB.CounterFraudTeam.HDD@wales.nhs.uk)

You can also make a report anonymously you can call the Fraud & Corruption Reporting Line on

**0800 028 40 60**

or search 'NHS Fraud' online for more information.

**STOP NHS FRAUD**

[www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

**0800 028 4060**

POWERED BY CRIMESTOPPERS

# Y GOHEBYDD TWYLL

## Croeso i Rifyn Gwanwyn Y Gohebydd Twyll

**Croeso i rifyn Gwanwyn y Gohebydd Twyll, sef newyddlen Bwrdd Iechyd Prifysgol Hywel Dda ar gyfer rhoi'r newyddion diweddaraf i chi o ran materion twyll sy'n effeithio ar y Bwrdd Iechyd a'r GIG ehangach.**

Mae cryn dipyn wedi bod yn digwydd yn y byd atal twyll ers ein rhifyn diwethaf, felly mae gennym dudalennau llawn digwydd ar eich cyfer!



Mae gwaith ar y gweill o ran gwasanaeth cyfateb Mentrau Twyll Cenedlaethol (NFI) y Bwrdd Iechyd. Mae'r NFI yn wasanaeth cyfateb data sy'n cyfateb data electronig o fewn cyrff sector cyhoeddus a phreifat, a rhyngddynt, er mwyn atal a chanfod twyll. Mae gennym fynediad at wasanaethau cyfateb megis cyflogres i gyflogres sy'n ein galluogi i nodi achosion o weithio deuol, neu gyflogres i dŷ'r cwmnïau, sy'n cyfateb cofnodion gweithwyr â chofnodion cwmnïau er mwyn helpu i nodi gwrthdrawiadau posibl nas datganwyd. Byddwn hefyd yn cymryd rhan mewn ymarfer cenedlaethol gan y GIG i ganfod achosion o gaffael, a hynny er mwyn nodi a mesur y risg gyfredol o dwyll yn y maes hwn.

Mae'r rhain yn enghreifftiau o ganfod ac atal twyll trwy reoli'r risg. Dyma un o'n prif nodau fel Arbenigwyr Gwrth-dwyll.

Cafwyd nifer o erlyniadau llwyddiannus yn ymwneud â thwyll yn y GIG yng Nghymru, sydd wedi'u cynnwys yn yr erthygl hon. Yn y rhifyn hwn, mae gennym fanylion am achos o ddwyn gordaliad o £25,000 (isod), twyll gwerth £800,000 yn ymwneud ag aelodau o'r band U2 yn gweithio'n gelwyddog i gwmni adeiladu a oedd yn darparu gwaith adeiladu eilradd i Fwrdd Iechyd Addysgu Powys, a Rheolwr GIG a oedd yn honni ei bod yn dioddef o boen cefn yn mynd â'i cheffyl i gystadlaethau neidio ceffylau.

Mae gennym hefyd ychydig o gyngor ynghylch cynigion o roddion a lletygarwch a/neu ddatganiadau o ddiddordeb, ynghyd â diweddariad gan Action Fraud ar sgamiau'n ymwneud â gwyliau, i'w cadw mewn cof gennych wrth i chi ystyried archebu eich gwyliau!

## Yn y rhifyn hwn:

Rheolwr GIG a fu'n Neidio Ceffylau yn Euog o Dwyll	2
Carcharu Rheolwyr GIG am Dwyll Gwerth £800,000	2
Rhoddion a Lletygarwch	3
Cyngor ar Sgamiau'n ymwneud â Gwyliau	3
Manylion Cyswllt yr AATLI	4

## Hyfforddiant Ymwybyddiaeth o Dwyll

Un o nodau allweddol Arbenigwr Atal Twyll Lleol (AATLI) yw datblygu diwylliant atal twyll yn y Bwrdd Iechyd, a sicrhau bod staff yn gallu adnabod twyll pan mae'n digwydd fel y gellir gwneud rhywbeth yn ei gylch.

Gall yr hyfforddiant gael ei deilwra yn unol â'r risgiau o dwyll ar gyfer eich maes gwaith penodol, a gellir ei gynnal ar adeg ac mewn man sy'n addas ar eich cyfer chi a'ch tîm.

Cysylltwch â'r AATLI ar 01267 266268 neu anfonwch neges e-bost at Benjamin.rees2@wales.nhs.uk i drefnu eich hyfforddiant twyll.

## Nyrs yn Euog o Dwyll yn Dilyn Taliadau Cyflog o £25,000 wedi iddi Ymddiswyddo

**Roedd nyrs a gafodd gyflog misol trwy gangymeriad am 17 mis yn dilyn ei hymddiswyddiad, wedi methu datgelu'r gwall i'w chyn benaethiaid.**

Stopiodd Sarah Glenys Merry, 35, weithio i Fwrdd Iechyd Prifysgol Cwm Taf ym mis Ionawr 2017, ond cafodd gyflog misol trwy gangymeriad hyd at fis Mai 2018.

Ni ddywedodd Merry, sy'n byw yng Nghlos Tylcha Wen, Tonyrefail, wrth unrhyw un yn y GIG am y

gordaliadau, a oedd yn werth £25,511.80.

Clywodd y llys ei bod wedi mynd ati i wario'r arian wrth i'r taliadau ddod i mewn, ac na wnaeth unrhyw ymgais i roi gwybod i'w chyn gyflogwr ei bod yn parhau i gael cyflog.

Daeth y gwall i'r amlwg yn ystod adolygiad o daliadau cyflogau, ac yna atgyfeiriwyd yr achos i Wasanaethau Gwrth-dwyll GIG Cymru i ymchwilio iddo.

Yn ystod ei chyfweiliadau, dywedodd ei bod wedi cael arian y cyflog misol ac wedi mynd ati'n fwriadol i'w wario.

Ddydd Gwener, cafodd Merry ddedfryd o chwe mis yn y carchar, wedi'i gohirio am 12 mis. Mewn gwrandawriad cynharach yn Llys Ynadon Merthyr Tudful, plediodd yn euog i ddwyn.

Cafodd ei gorchymyn i wneud 200 awr o waith di-dâl ac i fynd ar gwrsg adferiad.

Dyfarnwyd iawndal llawn i Fwrdd Iechyd Cwm Taf, a fydd yn cael ei dalu ganddi fesul lleiafswm o £250 y mis.

Wrth siarad yn dilyn y ddedfryd, dywedodd Cheryl Hill, yr is-reolwr twyll gweithredol yng Ngwasanaeth Atal Twyll GIG Cymru:

"Aeth Sarah Merry ati'n fwriadol i wario arian y GIG, arian nad oedd wedi'i ennill ac nad oedd yn eiddo iddi. Yn lle rhoi gwybod i'w chyn gyflogwyr yn y GIG am y gwall parhaus o ran talu cyflog iddi, penderfynodd gadw'r arian a'i wario arni ei hun, arian a ddylai fod wedi cael ei wario ar wasanaethau'r GIG. Atgoffir staff y GIG y dylent bob amser gysylltu â'u cyflogwyr mewn cysylltiad ag unrhyw ordaliadau cyflogau, neu wynebu'r canlyniadau os byddant yn penderfynu cadw a gwario'r arian."

## Rheolwr GIG a fu'n Neidio Ceffylau wrth gael Tâl Salwch yn Euog o Dwyll



**Cafwyd rheolwr GIG a fu'n neidio ceffylau tra oedd ar absenoldeb oherwydd salwch â phoen cefn cronig, yn euog o dwyll.**

Honnodd y gweithiwr labordy Elise David ei bod mewn gormod o boen i weithio, ond cafodd ei dal ar gamera yn neidio dros ffensys mewn pedwar digwyddiad ledled y wlad.

Clywodd Llys y Goron Casnewydd fod David, 33, o Notais, sir Pen-y-bont ar Ogwr, wedi cael taliad o £12,000 o'i chyflog o £49,000 tra oedd i ffwrdd o'r gwaith.

Cafodd ei dedfrydu i gyfnod o 12 wythnos yn y carchar,

wedi'i ohirio am flwyddyn.

Gorchmynnwyd David hefyd i gwblhau 180 awr o waith di-dâl, a bydd yn rhaid iddi dalu iawndal o £8,216.71 i Fwrdd Iechyd Prifysgol Caerdydd a'r Fro, yn ogystal â chostau o £2,500.

Roedd hi i ffwrdd o'i gwaith yn sâl am bedwar mis o fis Mehefin 2016 ymlaen, gan ddweud bod ganddi anaf i'w chefn a "diffygion gwybyddol" ar ôl disgyn oddi ar ei cheffyl.

Dywedodd David wrth ei chyflogwyr, y Labordy ar gyfer Profi Deunyddiau Llawfeddygol ym Mhen-y-bont ar Ogwr, ei bod yn "cael trafferth cerdded".

Ond dywedodd yr erlynydd, Nigel Fryer, iddi gymryd rhan mewn pedwar digwyddiad neidio ceffylau ar ei hadfarch saith oed o'r enw Caereau Freeway.

Dywedodd David wrth y llys ei bod wedi cymryd cyngor ei meddyg i wneud "ymarfer corff ysgafn" fel arwydd y gallai barhau i farchogaeth.

Cafodd archwiliadau meddygol "ddyddiau yn unig" wedi iddi gael ei chanfod yn cystadlu mewn cystadlaethau marchogaeth.

Roedd tystion yn honni bod David yn ymddangos fel pe bai'n "shifflad" gan ddweud bod ei "cherddeddiad yn ddihyder", a'i bod yn cerdded â ffon yn ystod yr archwiliadau iechyd galwedigaethol i bennu a oedd yn ffit i weithio.

Dywedodd y barnwr fod hwn yn "weithred comig", gan ychwanegu: "Roedd hyn yn wrthgyferbyniad llwyr i'r lluniau a welais ohonoch yn eistedd yn dalsyth wrth fynd dros naid ar gefn eich cheffyl."

## Carcharu Rheolwyr GIG am gyfanswm o 14 blynedd am Dwyll Gwerth £800,000 yn y Bwrdd Iechyd

**Yn Llys y Goron Merthyr Tudful, cafodd tri rheolwr GIG eu dedfrydu i gyfanswm o 14 blynedd yn y carchar am ddwyn £822,000 oddi ar fwrdd iechyd yng Nghymru.**

Cafodd Mark Evill, 42, ei garcharu am saith mlynedd a'i wahardd rhag gweithredu fel cyfarwyddwr am saith mlynedd.

Cafodd Robert Howells, 65, ddedfryd o bedair blynedd.

Cafodd trydydd diffynnydd, Michael Cope, 43, ei ddedfrydu i dair blynedd yn y carchar.

Roedd y tri dyn yn gweithio i adran ystadau Bwrdd Iechyd Addysgu Powys. Mark Evill a drefnodd y twyll. Cafodd ei gynorthwyo gan Robert Howells a Michael Cope.

Roedd Evill a Howells ill dau yn cael eu cyflogi gan Asiantaeth Resourcing Group fel rheolwyr prosiectau ar gyfer adran Ystadau y bwrdd iechyd, ac roedd Cope yn cael ei gyflogi'n uniongyrchol gan y bwrdd fel Uwch-reolwr Ystadau.

Gwnaed honiad dienw trwy Linell Adrodd am Dwyll a Llygredigaeth y GIG, a nodai fod Evill a Howells wedi camddefnyddio arian y GIG trwy dderbyn "llwgr-daliadau" gan gcontractwyr allanol.

I ddechrau, gwadodd Evill dri chyhuddiad o drosglwyddo eiddo troseddol, twyll a gwyrddroi cwrs cyfiawnder, ond newidiodd ei bledion yn ystod ei dreial.

Roedd Evill wedi sefydlu'r cwmni adeiladu George Morgan Limited, a enwyd ar ôl ei gi, er mwyn dyfarnu, yn gyfrinachol, gcontractau adeiladu gwerth £707,946.24 iddo'i hun gan Fwrdd Iechyd Addysgu Powys.

Defnyddiodd Evill arian o gyfrif y cwmni i brynu Land Rover Defender, Audi A4, beic modur Husqvarna, gwyliau i Dubai, oriawr Chanel i fenywod, ac eiddo yn Ne Cymru.

Ysgrifennodd negeseuon e-bost ac anfonebau ato'i hun, a ffugiodd ddyfynbrisiau gan gwmnïau go iawn

er mwyn cuddio ei dwyll rhag archwilwyr.

Cyfaddfodd Evill iddo greu'r gweithwyr ffuglennol Paul Hewson a David Evans, sef enwau iawn Bono a The Edge, sy'n aelodau o'r band U2, er mwyn sicrhau bod y cwmni'n ymddangos yn gyfreithlon.

Yn ddiweddarach, ystyriwyd bod peth o'r gwaith, a oedd yn cynnwys adain y plant o Ysbyty Coffaol Aberhonddu, Ysbyty Bronllys ac Ysbyty'r Trallwng, yn cynnwys "diffygion sylweddol", ac amcangyfrifwyd y byddai cyfanswm y gost i'r bwrdd iechyd yn codi i £1,420,604.66 pan fydd y gwaith adfer wedi

cael ei gwblhau.

Roedd y cyd-ddiffynnydd a'r cyd-reolwr prosiect, Robert Howells, 65, wedi pledio'n euog i dwyll ar ôl cael ei gyhuddo o gymeradwyo ceisiadau George Morgan Ltd am waith, a hynny er ei fod yn gwybod mai Evill oedd unig gyfarwyddwr y cwmni.

Cafwyd y trydydd diffynnydd, Michael Cope, 43, rheolwr ystadau gyda'r GIG, yn euog o dwyll wedi iddo ef hefyd gymeradwyo cwmni Evill a derbyn sicoc o £500 yn rhodd.

Bydd ymdrech yn cael ei wneud 'nawr i adfer yr arian.



O'r chwith i'r dde: Michael Cope, Mark Evill a Robert Howells



## Rhoddion a Lletygarwch

**Mae Deddf Llwgwrwobrwyo 2010 yn rhoi rhwymedigaeth gorfforaethol droseddol ar waith lle nad oes gan sefydliadau fesurau ar waith i atal achosion o lwgwrwobrwyo.**

Yn syml, mae hyn yn golygu y gallai Bwrdd Lechyd gael ei ddarfarnu'n euog o'r drosedd hon os na fydd yn cymryd camau i atal achosion o lwgwrwobrwyo. Y gosb am gael ei ddarfarnu'n euog o'r drosedd hon yw dirwy anghyfyngedig. Mewn achosion yn y gorffennol gan y Swyddfa Twyll Difrifol, roedd Rolls-Royce wedi talu dirwyon gwerth £671 miliwn. Mae hwn yn dalp go

sylweddol o gyllideb flynyddol BIP Hywel Dda.

Er mwyn delio â'r rhwymedigaeth hon o dan Ddeddf Llwgwrwobrwyo 2010, mae'r Bwrdd Lechyd wedi sefydlu'r [Polisi Safonau Ymddygiad](#). Mae'r polisi yn nodi'r hyn a ddylai gael ei ddatgan yn rhodd neu fudd allanol.

O dan y Polisi, gall staff dderbyn rhoddion gwerth hyd at £25 gan ddefnyddwyr gwasanaethau a pherthnasau i ddiolch iddynt am y gofal a ddarparwyd, cyn belled nad yw hynny'n torri eu Codau Ymddygiad proffesiynol. Gall hyn gynnwys tocynnau/cardiau rhodd. Nid oes yna unrhyw ofyniad i ddatgan rhoddion o'r

fath hyd at werth o £25.

Lle cynigir rhodd gan ddefnyddiwr gwasanaethau neu ei berthnasau, sy'n debygol o fod yn werth dros £25, dylid ei gwrthod yn foneddigaidd. Mewn rhai achosion, efallai y bydd y rhodd wedi cael ei rhoi eisoes, a'i bod yn anodd ei dychwelyd, neu efallai bod yna deimlad y byddai'r rhoddwr yn gweld o chwth pe byddai'r rhodd cael ei gwrthod.

O dan amgylchiadau o'r fath, gellir derbyn y rhodd, a dylid dweud wrth y rhoddwr y bydd yn cael ei defnyddio er budd Cronfeydd Elusennol, e.e. fel gwobr mewn raffl. Rhaid llenwi Ffurflen Rhoddion,

Lletygarwch, Honoraria a Nawdd, yn datgan bod y rhodd wedi dod i law.

Gellir dod o hyd i'r Polisi Safonau Ymddygiad ar y fewnwyd trwy'r ddolen Polisi a Gweithdrefnau, ac yna Polisiâu Corfforaethol, neu drwy ddilyn y ddolen hon:

[Y Polisi Safonau Ymddygiad](#)

Gellir dod o hyd i'r Ffurflen Cofrestru Rhoddion, Lletygarwch, Honorariwm a Nawdd ar dudalennau'r fewnwyd sy'n ymwneud â pholisi corfforaethol, neu drwy ddilyn y ddolen hon:

[Ffurflen Cofrestru Rhoddion, Lletygarwch, Honorariwm a Nawdd](#)

## Adroddiad Action Fraud yn datgelu colled o £7 miliwn o ganlyniad i dwyll gwyliau

**Llwyddodd twyllwyr i ddwyn dros £7 miliwn oddi ar bobl ar eu gwyliau a theithwyr eraill yn 2018, yn ôl adroddiad newydd heddiw.**

Roedd dros 5,000 o bobl wedi dweud wrth Action Fraud eu bod wedi colli cyfanswm o fymryn dros £7 miliwn i dwyll yn ymwneud â gwyliau a theithio. Roedd hyn yn gynydd oddi ar y llynedd, pan ddywedodd 4,382 o ddioddefwyr eu bod wedi colli £6.7 miliwn. Roedd y golled gyfartalog yn £1,380 y pen ond, fel yn y blynyddoedd blaenorol, roedd y dioddefwyr wedi crybwyll yr effaith emosiynol sylweddol a achoswyd gan y drosedd hon, yn ogystal â'r gost ariannol.

Roedd dros hanner y troseddau yr adroddwyd amdanynt, sef 53%, yn ymwneud â gwerthu tocynnau awyrennau. Gwnaed yn adroddiadau hyn yn gyson ar hyd y flwyddyn; fodd bynnag, gwnaed y golled unigol fwyaf o dros £425,000, ym mis Awst.

Roedd yr ail fath mwyaf cyffredin o dwyll, sef 25%, yn ymwneud â gwerthu llety, ac adroddwyd am y nifer mwyaf o golledion ym mis Hydref. Mae hyn yn dangos bod nifer o ddioddefwyr yn adrodd am eu colled ar ddiwedd y gwyliau haf, sef yr adeg fwyaf prysur o ran theithio, a tharged poblogaidd ar gyfer twyllwyr.



Awgrymiadau ar gyfer osgoi twyll wrth deithio

Mae Action Fraud, ABTA a Get Safe Online wedi cyhoeddi cyngor ar sut i osgoi bod yn ddioddefwr trosedd sy'n gysylltiedig ag archebu gwyliau – a sut y dylai dioddefwyr fynd ati i adrodd am hyn.

Mae'r cyngor yn cynnwys yr awgrymiadau isod:

**Cadw'n ddiogel ar-lein: gwiriwch fod y cyfeiriad We yn gyfreithlon ac nad yw wedi cael ei alro trwy wneud mân newidiadau i enw'r parth – er enghraifft newid o .co.uk i .org**

**Gwnewch eich ymchwil: peidiwch â dibynnu ar un adolygiad yn unig – chwiliwch yn drylwyr ar-lein er mwyn gwirio cymwysterau'r cwmni. Os yw cwmni yn twyllo pobl, mae yna siawns go dda y bydd cwsmeriaid yn postio manylion am eu profiadau, ynghyd â rhybuddion am y cwmni.**

**Chwiliwch am y logo: gwiriwch a yw'r cwmni yn aelod o gorff masnachu cydnabyddedig, er enghraifft ABTA. Os oes gennych unrhyw amheuan, gallwch wirio aelodaeth ABTA ar-lein, yn [abta.com](#).**

**Talwch yn ddiogel: lle bynnag y bo hynny'n bosibl, talwch â cherdyn credyd, a byddwch yn ofalus wrth dalu'n uniongyrchol i mewn i gyfrif banc unigolyn preifat.**

**Gwiriwch y gwaith papur: dylech astudio derbynebau, anfonebau a hefyd telerau ac amodau. Byddwch yn ofalus iawn o unrhyw gwmnïau nad ydynt yn darparu'r rhain o gwbl. Wrth archebu trwy Glwb Gwyliau neu gynllun Eiddo Cyfran, sicrhewch fod cyfreithiwr yn taro golwg manwl dros y cytundeb cyn i chi ei lofnodi.**

**Defnyddiwch eich greddf: os yw rhywbeth yn swnio'n rhy dda i fod yn wir, yna mae'n siŵr nad yw'n wir.**

## Rhagor o Wybodaeth

Gyda thwyll a seiberdroseddu ar gynydd ledled y Deyrnas Unedig, mae'n syniad da ein bod ni i gyd yn gwybod sut i ddelio â sgamiau os byddwn yn ddigon anffodus i fod mewn sefyllfa o'r fath. Mae Action Fraud yn arwain y frwydr yn erbyn twyll a seibersgamiau yn y Deyrnas Unedig, ac mae wedi cyhoeddi rhai rheolau syml i'w dilyn er mwyn cadw'n ddiogel. Gallwch ddod o hyd i'r cyngor trwy ddilyn y ddolen hon [Protect Yourself From Fraud and Cyber Crime](#)

Mae rhagor o gyngor ar gael gan yr ymgyrch Take Five—To Stop Fraud, sef menter sy'n cael ei chefnogi gan Lywodraeth San Steffan i leihau twyll [Take Five—Advice](#)

GALLWCH CHWILIO ATAL TWYLL AR  
FEWNRWYD HYWEL DDA I GAEL  
RHAGOR O WYBODAETH

Tîm Atal Twyll y Bwrdd Iechyd sy'n gyfrifol am godi ymwybyddiaeth o dwyll, atal twyll trwy ymarferion 'prawfesur twyll', ac ymchwilio i dwyll lle mae'n cael ei ddatgelu.

Mae'r Tîm Atal Twyll bob amser yn hapus i gynnig cyngor ynghylch twyll, llwgrwobrwyo a llygredigaeth yn y GIG.

Mae'r AATLI ar gael i gefnogi, arwain a chynorthwyo ar bob mater sy'n ymwneud â thwyll, llwgrwobrwyo a llygredigaeth. Os oes arnoch angen unrhyw gyngor ar dwyll, neu os ydych am wneud cais am hyfforddiant atal twyll ar gyfer eich tîm, cysylltwch â'ch AATLI.

## Cwrdd â'r Tîm Atal Twyll



**Matthew Evans**

Arbenigwr Atal Twyll Lleol Arweiniol

 01267 266280

 07971063736



[matthew.evans20@wales.nhs.uk](mailto:matthew.evans20@wales.nhs.uk)



**Benjamin Rees**

Arbenigwr Atal Twyll Lleol

 01267 266268

 07980919347



[benjamin.rees2@wales.nhs.uk](mailto:benjamin.rees2@wales.nhs.uk)



[HDUHB.CounterFraudTeam.HDD@wales.nhs.uk](mailto:HDUHB.CounterFraudTeam.HDD@wales.nhs.uk)

Gallwch hefyd wneud adroddiad yn ddiennw trwy ffonio'r Llinell Adrodd am Dwyll a Llygredigaeth ar

0800 028 40 60

neu chwilio 'NHS Fraud' ar-lein am ragor o wybodaeth.

**STOP NHS FRAUD**

[www.reportnhsfraud.nhs.uk](http://www.reportnhsfraud.nhs.uk)

**0800 028 4060**