



Cwm Taf Morgannwg University Health Board

Audit & Risk Committee – 24 October 2022

Counter Fraud Progress Report

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1. INTRODUCTION

The purpose of this report is to update the Audit Committee on key areas of work undertaken by the Health Board Local Counter Fraud Specialists (LCFS) since the last meeting.

2. BACKGROUND

The following sets out activity under the Key Principles specified within the Fraud, Bribery and Corruption Standards for NHS Bodies (Wales).

3. RESOURCE UTILISATION

AREA OF WORK	Planned Days	Days to Date
Strategic Governance		
Ensuring that anti-crime measures are embedded at all levels across the organisation	45	33
Inform and Involve		
Identifying the risks and consequences of crime against the NHS, and raising awareness of these risks amongst NHS staff, stakeholders, and the public.	125	38
Prevent and Deter		
Discouraging those who may want to commit crimes against the NHS and ensure that such opportunities are minimised.	125	65
Hold to Account		
Detecting and investigating crime, prosecuting those who have committed crimes and seeking redress as a result.	321	165
TOTAL	616	301

4. STRATEGIC GOVERNANCE

A meeting was held with the NHS Counter Fraud Authority Quality Assurance Inspector (QA Inspector) has confirmed that the Health Board has been selected to be reviewed. The QA Inspector reviewed outcomes of action plans set following previous Thematic Assessment of the former Standards 3.4,3.5 and 3.6 and Testing Fraud Risk Assessment and Local Proactive Exercises undertaken by the Counter Fraud Team. The QA Inspector was satisfied with response to actions plans set out in previous Thematic Assessment.

Feedback was generally positive around risk assessment. The QA Inspector identified that language of completed risk assessments should be adjusted to ensure alignment with the GCFP methodology expected within the Counter Fraud Standards to overtly outline the Actor, Action and Outcome within summary of risks. Additionally, the QA Inspector gave feedback that recording of risks should align to the Health Board arrangements. Discussions with Governance & Risk colleagues will be undertaken to establish best practice for recording in line with Health Board expectations.

Feedback around Local Proactive Exercises (LPEs) was generally given on an All-Wales basis to ensure that Counter Fraud Teams actively record work as LPEs on the system. A review will be undertaken to ensure all previous proactive work that meets the NHS Counter Fraud Authority definition of an LPE is retrospectively recorded on the Clue system.

5. INFORM AND INVOLVE

The Counter Fraud Team have made plans for the Health Board to participate in International Fraud Awareness Week to run 13-19 November. This year a finance fraud risk theme is being followed led by NHS Counter Fraud Authority. A series of articles and communications around NHS finance fraud risk will be targeted towards Finance colleagues during the event alongside general awareness aimed at other Health Board staff.

NHS Counter Fraud Authority are further supporting the event through issue of fraud awareness materials such as branded pens, notepads, keyring torches. The Counter Fraud Team have placed an order for materials and will offer these to staff during drop-in sessions at Health Board sites.

The Counter Fraud Team have engaged Primary Care to establish a fraud awareness programme aimed at GMS contractors. The awareness programme is being instigated due to recent issues identified affecting GP Practices. These include recent conviction of a Practice Manager for fraud offences, an exercise undertaken assessing risk relating to GP Patient Registrations following conviction of an individual accessing controlled drugs for resale via registering as a temporary patient along the M4 corridor. The programme will focus on risks arising from these issues as well as general fraud awareness around known fraud risks such as empty box fraud, mandate fraud and false invoicing.

The Counter Fraud Team have disseminated 12 alerts and bulletins to staff in this year. They cover targeted communications to local Departments and Teams around specific fraud risks to their area to all staff communications via SharePoint.

6. PREVENT AND DETER

A local proactive exercise has commenced around a potential risk arising from recent investigation and intelligence referrals.

- Agency workers completing 4 back-to-back shifts over a 48 hour period by registering with two agencies and alternating bookings with the Health Board via Staff Bank and by booking direct with ward.
- Agencies not notifying Health Board of restriction to hours for individuals working via visa.

- Persons other than the individual booked via Agency attending to complete booked shifts.

The exercise will cover the booking processes and procedures when attending wards to carry out work. The exercise is being undertaken in liaison with Staff Bank Office. A full report will be brought to Audit Committee upon completion.

7. HOLD TO ACCOUNT

The status of the LCFS investigative caseload is summarised in Appendix 2 to the report. A summary of basic investigation KPI data is presented at outset of the appendix.

Case information presented is split by between those cases which are currently open and under active investigation by the LCFS; contained in the Open Cases table.

The Pending Cases table reflects those cases where active investigation by the LCFS has concluded, however the case must remain open due to other outstanding actions from third parties such as (but not limited to) disciplinary, professional body enquiries, financial recoveries.

A table of Closed Cases is also presented to review outcomes of investigations.