



Cwm Taf Morgannwg University Health Board

Audit & Risk Committee – 23 June 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	20
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	14
Prevent and Deter		
Discouraging those who may want to commit crimes against the NHS and ensure that such opportunities are minimised.	125	17
Hold to Account		
Detecting and investigating crime, prosecuting those who have committed crimes and seeking redress as a result.	321	53
TOTAL	616	103

4. STRATEGIC GOVERNANCE

The Health Board's annual self-review against NHS Standards has been finalised and submitted to NHS Counter Fraud Authority (NHS CFA). The NHS Counter Fraud Authority Quality Assurance Inspector is to attend Wales in September 2022. The Health Board has been identified as an Organisation to be reviewed in line with self-review submission.

Further details of this will be forwarded by NHS CFA closer to the time but focus is believed to be on NHS Counter Fraud Standard 3 relating to fraud risk assessments.

A statistical analysis of performance against key performance indicators has been produced and at Appendix 1 to this report. The analysis measures Health Board performance against an all Wales benchmark average to provide greater context to the statistical information.

5. INFORM AND INVOLVE

Counter Fraud Awareness training has been established for 2022/23. A number of sessions have been setup to cover up to end of October and offered to staff who can book themselves onto most convenient session.

A staff survey on counter fraud arrangements within the Health Board has concluded. The surveys covered all staff for response but also targeted Finance Department and Workforce & OD with surveys aligned to specific counter fraud risks they face. This information will be utilised to inform engagement approaches to those departments and wider Health Board. A further survey is planned for issue to Primary Care contracted services to gauge awareness levels outside the Health Board but with NHS interests.

The Counter Fraud Team have disseminated 2 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

The Counter Fraud Team have been engaged in a proactive exercise relating to risk of overpayments of salary to temporary staff recruited as part of Covid response. The Counter Fraud Team have verified records relating to 810 temporary staff. 22 overpayments of salary which occurred over a duration of under 3 months have been referred to Payroll for action and a further 14 overpayments of salary have been passed to Payroll for further interrogation as possible overpayments. The Counter Fraud Team are undertaking further assessment of 24 instances of overpayment. A full report will be presented at a future Audit Committee relating to this work.

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.