



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	21 June 2022
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Counter Fraud Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Ben Rees, Head of Counter Fraud

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Gwybodaeth/For Information

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

This report provides to the Audit & Risk Assurance Committee an update on the Counter Fraud work completed within Hywel Dda University Health Board (HDdUHB). This ensures compliance with the Welsh Government Directives for Countering Fraud in the NHS and the NHS Counter Fraud Authority Requirements of the Government Functional Standard GovS 013: Counter Fraud.

The report will present a breakdown as to how resource has been used within Counter Fraud, alongside an overview of key work areas completed against the 4 NHS Counter Fraud Authority standard areas.

**Cefndir / Background**

To evidence the provision of services within a sound governance framework.

**Asesiad / Assessment**

The Health Board is compliant with the Welsh Government Directives.

**Argymhelliad / Recommendation**

The Audit & Risk Assurance Committee is invited to receive for information the Counter Fraud Update Report and appended items.

**Amcanion: (rhaid cwblhau)  
Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.2 In particular, the Committee will review the adequacy of: 3.2.4 the policies and procedures for all work related to fraud and corruption as set out in National Assembly for
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	Wales Directions and as required by the Counter Fraud and Security Management Service.
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
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 6. Sustainable use of resources
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019</a>	10. Not Applicable

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	Counter Fraud Workplan 2022/23
Rhestr Termiau: Glossary of Terms:	LCFS – Local Counter Fraud Specialist/s CFS Wales – Counter Fraud Services Wales NHS CFA – NHS Counter Fraud Authority
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable.

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Not applicable.
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Not applicable.
<b>Gweithlu: Workforce:</b>	Not applicable.
<b>Risg: Risk:</b>	Not applicable.
<b>Cyfreithiol: Legal:</b>	Not applicable.

<b>Enw Da: Reputational:</b>	Not applicable.
<b>Gyfrinachedd: Privacy:</b>	Not applicable.
<b>Cydraddoldeb: Equality:</b>	Not applicable.



**HYWEL DDA UNIVERSITY HEALTH BOARD**

**COUNTER FRAUD UPDATE**

**For Presentation 21<sup>st</sup> June 2022**

The NHS Protect Standards are set in four generic areas:

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

<b>AREA OF ACTIVITY</b>	<b>Resource Allocated (days) 2022/23</b>	<b>Resource Used (days) as at 31/05/2022</b>
<b>STRATEGIC GOVERNANCE</b>	40	6
<b>INFORM AND INVOLVE</b>	85	6
<b>PREVENT AND DETER</b>	120	11
<b>HOLD TO ACCOUNT</b>	175	38
<b>TOTAL</b>	<b>420</b>	<b>61</b>

Work Area	<i>Summary of work areas completed</i>
<b>Inform and Involve</b>	<ul style="list-style-type: none"> <li>• All new inductees have completed the Health Board’s induction programme and the Counter Fraud mandatory training program.</li> <li>• Counter Fraud content on the Health Board’s Medicines Safety learning days has again been delivered to Nurses by way of virtual sessions.</li> <li>• Two further awareness sessions were conducted at GP practices within the Health Board area, raising awareness of Fraud within the primary care setting and reminding practices of a need to engage with PPV to develop best practice with regards to enhanced services and subsequent claims.</li> <li>• A new newsletter format has been developed via Microsoft Sway, allowing employees to receive and review a more interactive newsletter, which incorporates digital animations and the ability to report concerns direct to the department by way of a Microsoft Form. A copy converted to PDF format is appended to this report for Committee Members’ perusal (Appendix 1).</li> <li>• In addition to the above, the CF team has engaged with the Communications Team and included a Counter Fraud segment to the Team Brief. The first of which focused on overpayments of salary and the need to review payslips and report over or underpayment promptly.</li> <li>• Since the last report, a total of 4 Global awareness messages / alerts have been issued, raising awareness of: <ul style="list-style-type: none"> <li>- Banking Scam,</li> <li>- ESR Phishing Scam,</li> <li>- Prescription alert and</li> <li>- Mandate Fraud Alert.</li> </ul> </li> </ul>
<b>Prevent and Deter</b>	<ul style="list-style-type: none"> <li>• The CF Department has reviewed its own policy to include details of the Board Secretary’s role as Fraud Champion and the need to work in accordance with the Government Functional Standards 013 - Counter Fraud (GovS 013).</li> </ul>

	<ul style="list-style-type: none"> <li>• Proactive exercises into Declarations of Interest continue, with a view to this being completed by the end of Quarter 1. A second exercise linked to Credit Card usage has been commenced and will be finalised during Quarter 2.</li> <li>• The CF team continues to engage with Internal Audit, with future meetings planned throughout the year.</li> <li>• The CF Team has met with the Cyber Security Team, raising awareness of the CF department, with a view to working with them on future exercises, the next of which is due to take place in the coming months.</li> </ul>
<b>Hold to Account</b>	<ul style="list-style-type: none"> <li>• Several new referrals have been received into the department over the last two months, with significant work being undertaken around these, including arrest, searches, and interviews under caution. These are noted within in a separate report, for discussion during the closed In-Committee session.</li> <li>• These past two months have seen a requirement to engage with external partners, including the police, including Tarian, the All Wales organised crime team, improving working relationships and developing good practice with regards to the execution of search warrants.</li> </ul>
<b>Strategic Governance</b>	<ul style="list-style-type: none"> <li>• Quarterly statistics (Q4 2021/22) have been submitted to Counter Fraud Service (CFS) Wales and in compliance with WG directions and we are awaiting their final annual report.</li> <li>• The LCFS attended a quarterly PPV meeting, during which issues relating to current error trends were raised and discussed, with a view to identifying potential risk areas. These meetings will continue throughout the year.</li> <li>• The Lead LCFS and Fraud Champion continue to meet on a bi-monthly basis, offering both parties the opportunity to raise and discuss areas of concern.</li> <li>• The annual SRT, which was submitted to the committee in draft format in April 2022, has now been completed and signed by the Audit Chair and Director of Finance. A copy is appended to this report for Committee Members' perusal (Appendix 2).</li> </ul>

**Report Provided by:**  
**Ben Rees, Lead Local Counter Fraud Specialist**

**Report agreed by:**  
**Huw Thomas, Director of Finance**

For presentation; 21<sup>st</sup> June 2022

Our strapline:

**NHS fraud.**  
**Spot it. Report it.**  
**Together we stop it.**

## Counter Fraud Newsletter

**Welcome to the June Edition of the Fraud Reporter, the Hywel Dda UHB newsletter to keep you up to date with fraud issues affecting the Health Board and wider NHS.**

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*We have changed the way in which we present the quarterly newsletter, moving from a PDF format to a more interactive and informative Microsoft Sway version. We will continue to share updates on recent Fraud Cases from across the country, but we will also share animations and other material relating to Fraud in the NHS.*

*We continue to develop additional means of reporting concerns of Fraud, Bribery and Corruption, which now includes a direct link to a Microsoft Form, which will allow you to report concerns direct to either Ben Rees or Terry Slater. This is in addition to existing reporting mechanisms, which are in the 'Contact us' section below.*

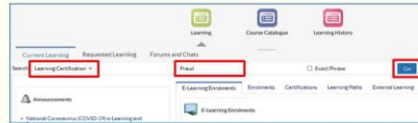
*As you will be aware, the NHS Wales Counter Fraud Awareness e-module on ESR is now mandatory for all staff. To ensure you access the right module, please follow the guidance in the below user guide.*

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## Fraud Awareness e-Learning Guide v1

### How to find the Fraud Awareness module on ESR



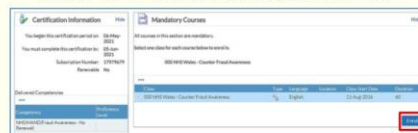
Select 'Learning Certification' from the drop down on the left, type **fraud** into the search box and click 'GO'.



Click on the certification name



Click on 'Subscribe' and on the next page, click 'Finish'



Click on 'Enrol', then you should be able to play the module from your e-learning enrolments table, on your learner homepage.

**Please note: Upon completion of the module, your competency will not update instantly. Please wait 5 working days for your competency to be awarded.**

## Recent cases



*Fraudulent practice manager brought to justice by NHS Counter fraud investigation.*

*Julie Ann Stevenson, a 63-year-old former NHS Practice Manager at Castle Surgery, Neath, has been sentenced for the crime of defrauding the Practice and the NHS Pension Authority over an 18-month period, thus gaining in excess of £35,000 in remuneration and pension that she was not entitled to.*

*She was sentenced to 6 months' imprisonment, suspended for 12 months at Swansea Crown Court and was ordered to repay the unauthorised overtime and the financial gain made via her pension, totalling over 51 thousand pounds.*

[You can read the full story here.](#)

*If you suspect that anyone is committing fraud or another economic crime against the NHS, tell your Local Counter Fraud Specialist, Ben Rees or Terry Slater or alternatively contact the NHSCFA by making an online report via [www.cfa.nhs.uk](http://www.cfa.nhs.uk) or telephone their 24-hour reporting line 0800 028 40 60.*

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## What is NHS Fraud?



Below you will see some animations prepared by the Counter Fraud Authority, you can access the full range of animations by [clicking here.](#)

Video 1

Video 2

Video 3

## Report your concerns



As mentioned, you can report your concerns in a number of different ways, including:

- Contact your local Counter Fraud Specialists, Ben Rees or Terry Slater, by telephone using the numbers 01267 248627 or 01267 283025
- Email the Counter Fraud team direct, using the generic email address HDUHB.CounterFraudTeam.HDD@wales.nhs.uk
- Make an online referral direct to the Local Counter Fraud Team via the following [Microsoft forms link](#) or the form attached to this document (opposite in green)
- The NHS Counter Fraud Authority has partnered up with [Crimestoppers](#) to provide a 24-hour fraud reporting hotline. If you prefer you can speak to an experienced call handler, in confidence, dial [0800 028 4060](#).
- making an online referral to the Counter Fraud Authority by clicking [HERE](#)

Remember, you can report your concerns anonymously, however, the more information we have the better the chance of stopping the fraud and bringing offenders to justice.

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Embed://<iframe width="640px" height="480px"
src="https://forms.office.com/Pages/ResponsePage.aspx?id=uChWuyjjgkCoVkM8ntyPrhz2eQ9DrqR
Pn7qki7iCtkpUN0g2TTY0RkpLSVBQTFdLUE5VQVcwWE1XVCQIQCN0PWcu&embed=true"
frameborder="0" marginwidth="0" marginheight="0" style="border: none; max-width:100%; max-
height:100vh" allowfullscreen webkitallowfullscreen mozallowfullscreen msallowfullscreen>
</iframe>
```

### Remember

#### DO

- Note your concerns - record details such as your concerns, names, dates, times, details of conversations and possible witnesses. Time, date and sign your notes.
- Retain evidence - retain any evidence that may be destroyed, or make a note and advise your LCFS.
- Report your suspicion - Confidentiality will be respected – delays may lead to further financial loss.

#### DO NOT

- Confront the suspect - never attempt to question a suspect yourself; this could alert a fraudster or accuse an innocent person.
- Try to investigate - never attempt to gather evidence yourself unless it is about to be destroyed; gathering evidence must consider legal procedures in order for it to be useful. Your LCFS can investigate in accordance with legislation.
- Be afraid of raising your concerns - The Public Interest Disclosure Act 1998 protects employees who have reasonable concerns. You will not suffer discrimination or victimisation by following the correct procedures.

# **Counter Fraud Functional Standard Return (2021/2022)**

**HYWEL DDA UNIVERSITY LHB**

**Your Overall Rating is:**

Green

**Submitted By:**

lcfs12510

## Organisational information

Name of the organisation	HYWEL DDA UNIVERSITY LHB
Annual budget of the organisation	£ 800 million to £ 1 billion
Staff headcount at the organisation including contracted employees	Over 10,000
Organisation code	7A2
Organisation/provider type	Health Board
For which provider organisations are you the co-ordinating commissioner? Co-ordinating Commissioner for this provider	WALES Co-ordinating Commissioner for this provider
Region	Wales
NHS England region	Wales
The STP / ICS that the organisation belongs to	WALES

## Personnel information

Name of the member of the executive board or equivalent body responsible for overseeing and providing strategic management	Mr Huw Thomas
Name of the Local Counter Fraud Specialist	Mr Benjamin Rees
Email of the Local Counter Fraud Specialist	Benjamin. rees2@wales.nhs. uk
Name of the counter fraud provider organisation (including in-house)	In House (Wales)
Counter fraud provider type	Wales
Name of the Chair of the Audit Committee / equivalent body	Mr Paul Newman
Email of the Chair of Audit Committee / equivalent body	Paul. newman2@wales. nhs.uk

## Costs and days information

Pro-active days used (Maximum 3 digits)	219
Reactive days used (Maximum 3 digits)	200
Total days used for counter fraud work	419
Cost of counter fraud staffing per financial year - Pro-active	42099.00
Cost of counter fraud staffing per financial year - Reactive	37333.00
Total costs for counter fraud work	79432



## Reactive information

Number of referrals received during the most recent financial year	47
Number of cases opened during the most recent financial year	47
Number of cases closed during the most recent financial year	43
Number of cases open as at 31/03/2022	16
Amount of fraud losses identified during the most recent financial year	23061.44
Amount of fraud losses recovered during the most recent financial year	23061.44
Amount of fraud losses prevented from reactive work during the most recent financial year	23061.44
Number of criminal sanctions applied during the year	1
Number of civil sanctions applied during the year	11
Number of disciplinary sanctions applied during the year	10

## Proactive information

Number of proactive exercises conducted during the most recent financial year	4
Amount of fraud losses identified from proactive exercises during the most recent financial year	0.00
Amount of fraud losses prevented from proactive exercises during the most recent financial year	0.00
Amount of fraud losses recovered from proactive exercises during the most recent financial year	0.00

# 1: Accountable individual

## NHS Requirement 1A:

A member of the executive board or equivalent body is accountable for provision of strategic management of all counter fraud, bribery and corruption work within the organisation. The accountable board member is responsible for the provision of assurance to the executive board in relation to the quality and effectiveness of all counter fraud bribery and corruption work undertaken. The accountable board member is responsible for ensuring that nominations to the NHSCFA for the accountable board member, audit committee chair and counter fraud champion are accurate and that any changes are notified to the NHSCFA at the earliest opportunity and in accordance with the nominations process. N. B. 'Equivalent body' may include, but is not limited to, the board of directors, the board of trustees or the governing body. Oversight of counter fraud, bribery and corruption work should not be delegated to an individual below this level of seniority in the organisation

Your Rating is: Green

### Comments:

The UHB's Chief Executive Officer (CEO) and Director of Finance (DoF) are responsible for ensuring there are appropriate arrangements to counter fraud, and that procedures for dealing with suspected cases are complied with. The DoF is the delegated person responsible for providing strategic management on all aspects of economic crime. This is evidenced by the preparation of the antifraud, bribery and corruption work plan, agreement of the annual Self Review Tool (SRT), along with counter fraud annual report and progress reports presented on a quarterly basis to Audit & Risk Assurance Committee (ARAC). Additional to this, the LCFS presents regular updates and briefings directly to the DoF and Assistant DoF when required with clear lines of communication between all parties, allowing the DoF to engage with Exec Directors on issues involving their portfolios, ensuring appropriate action is taken where necessary. All LCFS Nominations are reviewed and approved by the DoF.

## NHS Requirement 1B:

The organisation's non-executive directors, counter fraud champion or lay members and board /governing body level senior management are accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present within the organisation. The counter fraud champion understands the threat posed and promotes awareness of fraud, bribery and corruption within the organisation. Board level evaluation of the effectiveness of counter fraud, bribery and corruption work undertaken is documented. Where recommendations have been made by NHSCFA following an engagement, it is the responsibility of the accountable board member to provide assurance to the board surrounding the progress of their implementation. The organisation reports annually on how it has met the standards set by NHSCFA in relation to counter fraud, bribery and corruption work, and details corrective action where standards have not been met.

Your Rating is: Green

### Comments:

There are clear communication lines with the Senior Health Board Management and Independent Members (IMs) by way of regular attendance at Audit Committees (AC) which provides an opportunity for members to be updated on matters and provide input on direction. At these meetings regular update reports are presented, including any identified risks. Learning arising from LCFS work around risk reduction and investigation outcomes are shared with relevant leads and updates provided via the AC. Any arising actions are reviewed and monitored by the AC in subsequent meetings. Standards are reviewed on a regular basis and cross referenced against work undertaken. The annual report is presented to the DoF for approval and is presented to the AC for approval and assurance of meeting the standards. Additionally, as part of the Quality Assurance process, the HB undertakes a self-review (SR) to assess continued compliance. A Fraud Champion has been nominated sits on AC meetings.

## 2: Counter fraud bribery and corruption strategy

### NHS Requirement 2:

The organisation aligns counter fraud, bribery and corruption work to the NHSCFA counter fraud, bribery and corruption strategy. This is documented in the organisational counter fraud, bribery and corruption policy, and is submitted upon request. The counter fraud work plan and resource allocation are aligned to the objectives of the strategy and locally identified risks. (The organisation may have its own counter fraud, bribery and corruption strategy, however, this must be aligned to and referenced to the NHSCFA counter fraud, bribery and corruption strategy)

Your Rating is: Green

#### Comments:

The HB has a Counter Fraud Policy & Response Plan (CFPRP) in place which includes the overall strategic aims of counter fraud work and operational response aligned to the NHSCFA counter fraud, bribery, and corruption strategy. In addition to this, the Health Board has a Standards of Behaviour Policy which incorporates professional behaviour with reference to fraud, corruption, and the Bribery Act. Awareness work around requirements is carried out by both the Corporate Governance Team and LCFS. Proactive work is carried out utilising databases such as the National Fraud Initiative (NFI) to assist in measuring compliance levels. Having proactively promoted the polices there has been a demonstrable increase in returns / compliance. An annual work plan is developed in line with key objectives of the strategy, alignment to national standards and includes response to nationally and locally identified risks. The CFPRP are reviewed (within the policy review cycle) and agreed by DoF and AC.

### 3: Fraud bribery and corruption risk assessment

#### NHS Requirement 3:

The organisation has carried out comprehensive local risk assessments to identify fraud, bribery and corruption risks, and has counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. Risk analysis is undertaken in line with Government Counter Fraud Profession (GCFP) fraud risk assessment methodology and is recorded and managed in line with the organisation's risk management policy and included on the appropriate risk registers, and the risk assessment is submitted upon request. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee (or equivalent body). For NHS organisations the fraud risk assessments should also consider the fraud risks within any associated sub company of the NHS organisation.

Your Rating is: Amber

#### Comments:

Risk assessments(RA) are carried out in line with the HB Risk Management Policy. The HB DATIX system has a fraud specific module allowing managers to add fraud risks(FR). The LCFS receives updates to new or existing risks. The annual CF plan is informed by RA. The work plan is reviewed and agreed by the DoF and Audit Committee (AC), who monitor progress and receive updates on Fraud risks. The level of pro-active resource is approved by the DoF & AC. Arrangements have been agreed and will be embedded in next review cycle to improve. These include: • NHSCFA is to develop a national FR directory for use at a local level to undertake RA. Assessed risks will be included on the Finance Risk Register and an organisational fraud risk profile will be developed. • Actions and recommendations arising from a RA will be fed back to ARAC by way of an in-committee paper & outstanding actions recorded & monitored. • Fraud RA's will consider fraud risks within any associated sub company of the HB.

## 4: Policy and response plan

### NHS Requirement 4:

The organisation has a counter fraud, bribery and corruption policy and response plan (the policy and plan) that follows NHSCFA's strategic guidance and has been approved by the executive body or senior management team. The plan is reviewed, evaluated and updated as required, and levels of staff awareness are measured.

Your Rating is: Green

#### Comments:

The HB has a CF Policy & Response Plan in place which includes the overall strategic aims of counter fraud work and operational response aligned to the NHSCFA counter fraud, bribery, and corruption strategy. In addition, the HB has a Standards of Behaviour Policy which incorporates professional behaviour with reference to fraud, corruption, and the Bribery Act 2010. Executive approval of policies is provided via the Policy Review Process. The CF policy is available to all staff and highlighted within the CF intranet page and policy library. The Policy is actively promoted within the HB's programme of awareness. A mandatory online training package is in place for all staff, reinforcing key messages and local policies, measuring compliance, and identifying areas of improvement. Areas of work undertaken are communicated to ARAC by way of committee papers. Awareness is also raised by way of CF newsletters, social media posts and training.

## 5: Annual action plan

### NHS Requirement 5:

The organisation maintains an annual work plan that is informed by national and local fraud, bribery and corruption risk assessment identifying activities to improve capability and resilience. This includes (but is not limited to) defined objectives, milestones for the delivery of each activity and measurable areas for improvement in line with strategic aims and objectives. The plan is agreed, and progress monitored by the audit committee (or equivalent body).

Your Rating is: Green

#### Comments:

The HB has a CF Policy & Response Plan in place which includes the overall strategic aims of counter fraud work and operational response aligned to the NHSCFA counter fraud, bribery, and corruption strategy. An annual work plan is developed in line with key objectives of the strategy, alignment to national standards and includes response to identified risks. The resource within the annual work plan is proportionally allocated according to risk based need in the context of 4 strategic areas of counter fraud work. The plan is presented to ARAC, who review & agree in conjunction with the DoF. Progress against the plan is monitored and evaluated throughout the year with regular meetings with DoF and reporting to ARAC. Objectives and activity are planned around milestones in year to allow progress to be monitored. Policy reviews are undertaken and reviewed for fraud risk. Recommendations are made, recorded, and implemented. National CF guidance is reviewed & utilised for improvement.

## 6: Outcome-based metrics

### NHS Requirement 6:

The organisation identifies and reports on annual outcome-based metrics with objectives to evidence improvement in performance. This should be informed by national and local risk assessment, national benchmarking and other comparable data. Proactive and reactive outcomes and progress are recorded on the approved NHS fraud case management system. Metrics should include all reported incidents of fraud, bribery and corruption, the value of identified fraud losses, the value of fraud recoveries, the value of fraud prevented, criminal sanctions and disciplinary sanctions.

Your Rating is: Green

#### Comments:

Clue3 has allowed the LCFS to record all investigations, documenting the types of offences, subjects, outcomes, system weaknesses. Further to these details of local proactive exercises are being recorded, documents financial values, which will allow the LCFS / CFA to identify cost savings associated with pro-active work. This is currently in operation and data is being reported to CFS Wales on a quarterly basis. Benchmarking data is expected to be produced in Q2/3 2022/23.



## **7: Reporting routes for staff, contractors and members of the public**

### **NHS Requirement 7:**

The organisation has well established and documented reporting routes for staff, contractors and members of the public to report incidents of fraud, bribery and corruption. Reporting routes should include NHSCFA's Fraud and Corruption Reporting Line and online reporting tool. All incidents of fraud, bribery and corruption are recorded on the approved NHS fraud case management system. The incident reporting routes are publicised, reviewed, evaluated and updated as required, and levels of staff awareness are measured.

Your Rating is: Green

### Comments:

The HB has well documented reporting routes for any party to report incidents. Reporting routes are formalised in the CF and Bribery Policy & Response Plan. This includes NHSCFA Reporting Line and Online Reporting Tool. The reporting routes are publicised on the Health Board's intranet and internet sites and are included within the CF awareness programme. The effectiveness is evaluated by use of statistical referral data and this is reported to DoF and ARAC. Staff awareness is measured via surveys. Mandatory CF training is in operation for all staff groups. The HB has in place an 'All Wales NHS staff to Raise Concerns Procedure', which provides reassurance to staff those concerns will be recorded, reviewed, and actioned. The LCFS has received referrals for investigation as a result, allowing the identification, recording and management of Fraud Risks. All cases are recorded appropriately via the NHSCFA, and case updates provided to both the DOF & ARAC.

## 8: Report identified loss

### NHS Requirement 8:

The organisation uses the approved NHS fraud case management system to record all incidents of reported suspect fraud, bribery and corruption, to inform national intelligence and NHS counter fraud functional standard return submission by the NHSCFA. The case management system is used to record all fraud, bribery and corruption investigative activity, including all outcomes, recoveries and system weaknesses identified during the course of investigations and/or proactive prevention and detection exercises

Your Rating is: Green

#### Comments:

The HB currently utilises Clue3 to record all investigations and LPE's, which allows for the reporting of crimes & case management in line with CPI. It also allows the reporting of system weaknesses alongside documented intelligence surrounding the subject of concern but has no functionality to record outcomes of proactive prevention and detection exercises. The HB supports all investigations of fraud, bribery, and corruption with adherence to legislative requirements and the guidance outlined in the CF manual & case file toolkit. This being evidenced in the investigation plans and recorded actions undertaken. As well as recording cases, Clue3 provides an opportunity to record outcomes of both proactive/reactive work. Outcomes will be recorded, & data utilised. Clue3 will include a formula to standardise the calculation and reporting of identified fraud loss and ongoing savings/preventions values – Expected Q2/3 2022/23.

## 9: Access to trained investigators

### NHS Requirement 9:

The organisation employs or contracts in an accredited, person (or persons) nominated to the NHSCFA to undertake the full range of counter fraud, bribery and corruption work, including proactive work to prevent and deter fraud, bribery and corruption and reactive work to hold those who commit fraud, bribery or corruption to account. The organisation will ensure that any changes to nominations are notified to the NHSCFA at the earliest opportunity and in accordance with the nominations process. The accredited nominated person (or persons) must demonstrate continuous professional competencies and capabilities on an annual basis by examples of practical application of skills and associated training to include (but is not limited to), obtaining witness statements, conducting interviews under caution and maintaining up to date knowledge of legal and procedural requirements.

Your Rating is: Green

#### Comments:

The HB employs 2 full time LCFS. The Lead is qualified, nominated & accredited, whilst the LCFS is qualified & currently undertaking accreditation. Following accreditation, the LCFS will be nominated as an approved LCFS. Both conduct the full range of anti-fraud, bribery & corruption work on behalf of the HB. All work is undertaken in line with the CF work plan devised around the 4 strategic areas and organisational risks. The LCFSs continue to receive relevant training to enhance their abilities to deliver the role effectively. The LCFS undertakes all interviews under caution in accordance with Code C of the Police and Criminal Evidence Act 1984 and retains documented details surrounding interviews completed and witness statements obtained in accordance with ABE. Witness statements are reviewed in line with issued guidance to ensure best practice. Relevant training will be undertaken in line with emerging risks. The Lead LCFS has undertaken Risk Management training.

## 10: Undertake detection activity

### NHS Requirement 10:

The organisation undertakes proactive work to detect fraud using relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption and takes the appropriate action, including local exercises and participation or response to national exercises. Results of this work are evaluated and where appropriate feed into improvements to prevent and deter fraud, bribery and corruption. Relevant information and intelligence may include (but is not limited to) internal and external audit reports, information on outliers, recommendations in investigation reports and NHSCFA led loss measurement exercises. The findings are acted upon promptly.

Your Rating is: Green

#### Comments:

The HB undertakes proactive work to detect fraud using relevant info, RA's & intel to identify anomalies indicative of fraud, bribery & corruption(FBC), undertaking proactive work, investigations & participation in national exercises where necessary. This work & its result are recorded, evaluated & where appropriate fed into improvements to prevent & deter FBC. Relevant info & intel are utilised to identify & investigate instances of fraud. Information is obtained by way of communication & sharing of information with both internal/external partners, including. Audit, Payroll, Finance, Procurement, PPV, Primary care & NHSCFA/CFS Wales. Utilising Audit reports, RA's, NHSCFA alerts / bulletins / circulars and guidance allowing CF to undertake measurement exercises and acting on findings. Where anomalies are identified the HB carries out proactive exercises/investigations/RAs to address. Recommendations are reported to ARAC & fed into improvements in the detecting anomalies.

## 11: Access to and completion of training

### NHS Requirement 11:

The organisation has an ongoing programme of work to raise awareness of fraud, bribery and corruption and to create a counter fraud, bribery and corruption culture among all staff, across all sites, using all available media. This should cover the role of the NHSCFA, LCFS and the requirements and national implications of Government Counter Fraud Functional Standard providing a standardised approach to counter fraud work. Content may be delivered through presentations, newsletters, leaflets, posters, intranet pages, induction materials for new staff, emails and other media, making use of the NHSCFA's fraud awareness toolkit as appropriate. The effectiveness of the awareness programme is measured.

Your Rating is: Green

#### Comments:

The HB has a programme of work (in line with work plan) to raise awareness of CF. Key methods of delivering this are by way of presentations and a mandatory CF e-learning package, supported by newsletters & intranet pages, all of which promote, •The NHSCFA reporting line & online reporting tool, •The Health Board's CF strategy & the role of the LCFS. Awareness materials, including animations & posters are utilised to raise awareness amongst employees, primary care, contractors and public. The CF Dept provides an input into the HB's induction programme, Medicines Management & Managers Passport. Attendance at sites have also added to enhancement of an anti-fraud culture. Internal & External Web pages have also been updated, alongside frequent use of global messages & social media. Bespoke training is offered to departments & tailored training has been delivered to high-risk areas. Sessions are evaluated through feedback. Statistics are maintained & analysed to assess awareness levels.

## 12: Policies and registers for gifts and hospitality and COI.

### NHS Requirement 12:

The organisation has a managing conflicts of interest policy and registers that include gifts and hospitality with reference to fraud, bribery and corruption, and the requirements of the Bribery Act 2010. The effectiveness of the implementation of the process and staff awareness of the requirements of the policy are regularly tested.

Your Rating is: Green

#### Comments:

The HB has a Standards of Behaviour Policy which incorporates professional behaviour (including, declarations of interest, gifts, hospitality, and sponsorship) with reference to fraud, corruption, and the Bribery Act 2010. This is reinforced by the CF Bribery & Corruption Policy and SOP's. Relevant records / lists are maintained for review. Awareness work around requirements is carried out by both the Governance Team and LCFS. Proactive work is undertaken utilising NFI to assist in measuring compliance levels. Having proactively promoted the policies there has been a demonstrable increase in returns / compliance. Awareness in this area is also delivered by way of presentations, communications & mandatory online training. An increase in FRA will assist in developing actions / proactive exercises to mitigate risks, such as actively promoting declarations of interest and Fraud awareness to high-risk groups of staff. Nil return of declarations are expected of high risks roles.

## ACC Declaration

I declare that the anti-fraud, bribery and corruption work carried out during the year to date has been self reviewed against the NHS CFA requirements for anti-fraud, bribery and corruption. As the Audit Committee Chair, and in line with the audit committee's responsibility for the strategic assurance and oversight of counter fraud work as described in section 5.6 of the NHS Audit Committee Handbook, I confirm that the information contained in this self review for 7A2 reflects the work reported and considered by the Audit Committee.

acc13311  
Wed  
May 25  
11:41:14  
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2022

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## DOF - CFO Declaration

I declare that the anti-fraud, bribery and corruption work carried out during the year to date has been self reviewed against the NHS CFA requirements for WALES anti-fraud, bribery and corruption. As the responsible member of the executive board or equivalent body I confirm that by ticking this authorisation box the information contained in this self review for 7A2 is correct and complete.

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dof12512  
Wed  
May 25  
08:49:52  
BST 2022



## Declaration

### Overall Rating

Please ensure that this Functional Standard Return has been fully completed. If your director of Finance and/ or audit committee chair have not authorised or reviewed the functional standard return you will not be able to submit it. Once you have submitted the functional standard return, no further changes are possible.

lcfs12510  
Wed May  
25 14:01:  
12 BST  
2022