

9.2

Counter Fraud Workplan

Presenter: Matthew Evans

SBAR Counter Fraud Work Plan 2020-21

HDUHB Counter Fraud Workplan 2020-21



PWYLLGOR ARCHWILIO A SICRWYDD RISG
AUDIT AND RISK ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	21 April 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Counter Fraud Work Plan 2020/21
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Huw Thomas, Director of Finance
SWYDDOG ADRODD: REPORTING OFFICER:	Matthew Evans, Head of Counter Fraud

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This document provides to Audit & Risk Assurance Committee the Counter Fraud Work Plan which sets out the intended actions for 2020/21. The Work Plan is devised to address identified fraud risks and to ensure compliance with both NHS Counter Fraud Authority Fraud Standards for NHS Bodies (Wales) and Welsh Government Directions to NHS Bodies on Counter Fraud Measures.

Cefndir / Background

To provide a basis and strategic direction for counter fraud work in 2020/21.

Asesiad / Assessment

The Work Plan presented covers all aspects of applicable standards and directions as well as encompassing work around identified fraud risks. Contingency is built into Plan to ensure response to emerging fraud risks.

Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is requested to approve the Work Plan presented.

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.2 In particular, the Committee will review the adequacy of: 5.2.4 the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	Not applicable

Datix Risk Register Reference and Score:	
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Statement	Not Applicable

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	NHS Counter Fraud Authority Standards for NHS Bodies (Wales) Directions to NHS Bodies on Counter Fraud Measures
Rhestr Termiau: Glossary of Terms:	LCFS – Local Counter Fraud Specialist
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not applicable

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Not applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not applicable
Gweithlu: Workforce:	Not applicable
Risg: Risk:	Not applicable
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Not applicable
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable



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Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

COUNTER FRAUD, BRIBERY & CORRUPTION

HYWEL DDA UNIVERSITY HEALTH BOARD

COUNTER FRAUD WORK PLAN 2020/21



Introduction

NHS bodies in Wales must implement anti-fraud, bribery and corruption measures in accordance with Welsh Government Directions on Counter Fraud Measures and the service agreement under section 83 of the Government of Wales Act 2006. As well as the WG directions NHS bodies are also obliged to demonstrate compliance with the NHS Counter Fraud Authority's Counter Fraud Standards for NHS Bodies (Wales). A self review assessment against each of these standards is completed on an annual basis using a RAG rating system.

The Health Board employs 2 full time Accredited Counter Fraud Specialists within the Counter Fraud Team to operationally deliver the obligations for countering fraud bribery and corruption. Matthew Evans is the nominated Lead Local Counter Fraud Specialist (LCFS), Matthew has been an accredited LCFS since 2012. Benjamin Rees is the Health Board's second LCFS and has been accredited since 2017 following working for 14 years as a Police Officer.

The Counter Fraud Team work closely with the Director of Finance and report regularly to the Audit & Risk Assurance Committee on fraud, bribery and corruption matters.

The Local Counter Fraud Team also liaise with Counter Fraud Service Wales (CFS Wales). CFS Wales are responsible for co-ordinating the fraud, bribery and corruption response on a national level through investigation support and collation of information from each of the Health Board's within Wales. The LCFS keeps CFS Wales up to date with developments from criminal investigations as well as providing quarterly performance statistics on behalf of the Health Board.

In line with the Welsh Government Directions on Counter Fraud Measures and the NHS Counter Fraud Authority's Counter Fraud Standards for NHS Bodies (Wales) the counter fraud work undertaken by the Counter Fraud is set around four key principles.

Key Principle 1: Strategic Governance - to ensure that Strategic Governance arrangements are in place to ensure that Anti-Crime measures are embedded at all levels across the organisation. Good communication with Senior Staff within key staff areas as well as regular attendance and oversight from the Audit & Risk Assurance Committee will continue.

Key Principle 2: Inform and Involve – to raise awareness of fraud risks against the Health Board with the overall aim to have a workforce that is fraud aware, vigilant and intolerant of fraud bribery and corruption in the NHS. Effective use of multi-media channels in order to reach staff across the Health Board will be vital to effective delivery of this principle.

Key Principle 3: Prevent and Deter – to utilise all available means to identify and mitigate anomalies indicative of fraud and to produce a 'fraud-proofed' environment to discourage individuals who may be tempted to commit fraud against the NHS and ensure that opportunities for fraud to occur are minimised.

Key Principle 4: Hold to Account - to ensure that all suspicions of fraud are investigated in a timely, professional manner and that all appropriate sanctions and redress actions are applied to send the message that fraud against the Health Board will not be tolerated.



Risk Assessment

The initial stage of the Fraud Risk Assessment was to identify the fraud risks to the Health Board through use of the routine activity theory applied via the SARA model (Scanning, Analysis, Response and Evaluation). This was achieved through evaluating business areas for fraud risk, reviewing findings from existing audit reports, consulting staff from key work areas, using information from previous investigations, information sharing (from partners such as other LCFS, the CFS Wales Regional Team, NHS Counter Fraud Authority and Action Fraud) and a knowledge of generic fraud risks within NHS Bodies.

The risk assessment process also takes into account the NHS Counter Fraud Authority's Counter Fraud Standards for NHS Bodies (Wales). The Standards are in themselves devised so as to take into account the high level fraud risks that all NHS bodies face. Compliance with the standards therefore mitigates a vast majority of fraud risk leaving only local identified risk and residual risk following implementation of controls to manage on a local basis.

To ensure direct comparisons can be made between the local risk assessment and the review against NHS Standards Self Review the assessment was undertaken utilising a RAG rating system. The Health Board has a **GREEN** overall risk rating following the assessment. The Risk profile is shown below:

Area of Action	Risk Rating (Green/Amber/Red)	Notes
Strategic Governance	Green	
Inform & Involve	Green	
Prevent & Deter	Green	
Hold To Account	Green	
		Overall Percentage
RED	0	0%
AMBER	0	0%
GREEN	51	100%
OVERALL RISK ASSESSMENT RATING	Green	

Resource Provision

The NHS Protect Standards are set in four generic areas: Strategic Governance, Inform and Involve, Prevent and Deter, and Hold to Account. A provisional resource allocation by generic area is set out below.

Resource Provision for Hywel Dda University Health Board	Days Allocated 19/20	Days Used 19/20	Days Planned 20/21
Strategic Governance	50	49	45
Inform & Involve	90	82	90
Prevent & Deter	90	86	85
Hold To Account	190	203	200
Total Counter Fraud Provision	420	420	420

Work Plan Objectives

A work plan with matching tasks/objectives is set out below for each generic area. Each task/objective relates to a specific standard of compliance or fraud risk area; the work plan has been formulated to mitigate these risks or ensure compliance.

Strategic Governance

	TASK/OBJECTIVE	QUARTER PLANNED	FRAUD STANDARD LINK
1	Attendance at LCFS meetings held by NHS Counter Fraud Service Wales.	2 per year	Standard 2.3
2	Completion and agreement of work plan with Director of Finance.	1	Standard 1.1, 1.2
3	Regular meetings/liaison with Director of Finance.	Through the Year	Standard 1.1
4	Drafting the annual report of counter fraud work and collation of the Qualitative Assessment declaration.	1	Standard 1.5
5	Report preparation and attendance at Audit & Risk Assurance Committee meetings.	Quarterly	Standard 1.2
6	LCFS to undertake Digital Media Investigations Training.	3	Standard 1.6
7	Provide quarterly statistical reports to NHS Counter Fraud Authority and Welsh Government.	Quarterly	Standard 2.3
8	Review tools and resource to ensure Counter Fraud work can be sufficiently delivered.	Annually	Standard 1.6
TOTAL PLANNED DAYS		45	

Inform and Involve			
	TASK/OBJECTIVE	QUARTER PLANNED	FRAUD STANDARD LINK
9	Liaise with senior managers to enable wide spread face to face learning delivery at meetings or events with high attendance levels. Face to face learning to be offered across the Health Board using mass communications.	Through the year	Standard 2.1
10	Produce Counter Fraud awareness articles for inclusion in other Health Board and Departmental Newsletters. This will give weight and support to the counter fraud message being delivered to those areas.	Through the year	Standard 2.1
11	Continued delivery of the Counter Fraud Training Session to Health Board Managers within the Managers Passport Programme.	1 and 3	Standard 2.1
12	Conduct targeted staff surveys based around specific risks for those individual business areas. Use findings to tailor awareness approach.	1	Standard 2.2
13	Promote counter fraud eLearning package as a mass awareness training tool	Through the year	Standard 2.1
14	Continue process to make counter fraud eLearning package mandatory within Health Board.	1	Standard 2.1
15	Evaluate all presentations, collate results, and amend presentations as a result of feedback.	Through the year	Standard 2.1
16	Produce 4 newsletters, promoting an anti fraud culture. Circulate to primary care contractors, and promotion within service area newsletters.	Each Quarter	Standard 2.1
17	Enhance awareness of the Health Board's "Counter Fraud" Policies, and promote the correct lines for reporting fraud, bribery or corruption.	Through the Year	Standard 2.1, 2.2
18	Conduct a Fraud Awareness Month to incorporate site visits, global messages and issue of fraud promotional materials.	3	Standard 2.1
TOTAL PLANNED DAYS		90	

Prevent and Deter

	TASK/OBJECTIVE	QUARTER PLANNED	FRAUD STANDARD LINK
19	Conduct organisational fraud risk assessment and update based on local risk assessments completed in year.	1	Standard 1.4, 3.2, 3.5, 3.6
20	Participation in NHS Counter Fraud Authority national Risk exercise on prevention of procurement fraud.	As required	Standard 1.7, 2.3, 3.2
21	Liaise with key Senior Health Board Personnel in order to raise awareness regarding the counter fraud agenda and discuss specific fraud issues as required. Enhance use of bespoke guidance sessions with department leads around the areas of Fraud, Bribery and Corruption.	Through the year	Standard 1.7, 3.5, 3.6
22	Liaise with identified risk owners to ensure latest risks are identified, and system weaknesses are communicated appropriately to relevant officers.	As required	Standard 3.2
23	Conduct proactive exercise around pre-employment checks relating to recruitment of staff. This includes checks carried out by Agencies when supplying workers to the Health Board. Exercise will centre on compliance of pre-employment checks when recruiting staff.	1	Standard 1.7, 3.2
24	Continued liaison with Communications Team. Utilising available expertise ensures maximum benefit is obtained from the promotion of the Counter Fraud message.	2 & 4	Standard 1.7, 2.1, 3.2, 3.3
25	Conduct a risk assessment to identify overall fraud risks towards the Health Board. Utilise outcomes from this assessment to target areas where arrangements were identified as weak. Utilise existing guidance for specified risk areas to target proactive work within such service areas.	1	Standard 1.4, 3.2
26	Ensure continued liaison with complaints leads so that appropriate reporting systems can be implemented should a potential fraud concern be raised by a complainant.	Through the year	Standard 3.2, 3.3

Prevent and Deter

	TASK/OBJECTIVE	QUARTER PLANNED	FRAUD STANDARD LINK
27	Provide outturn reports for managers to recommend appropriate action following any weaknesses identified through investigative work. Monitor and report findings to the Director of Finance / Audit & Risk Assurance Committee.	As required	Standard 3.2
28	Review key local organisational policies, procedures and documents, in order to ensure that they are adequately robust against fraud, and include the correct reporting lines.	As required	Standard 3.1
29	Continue work with Corporate Governance around aspects of reducing Health Board exposure to Bribery Act liability around Declaration of Interests, Gifts and Hospitality.	Through the year	Standard 2.4, 3.1
30	Finalise risk assessments in relation to NHS Counter Fraud Authority fraud prevention guides relating to procurement.	1	Standard 1.4, 3.5
31	Periodically review the Risk Register for entries which may have a fraud or corruption bearing.	2 & 4	Standard 3.1, 3.2
32	Ensure regular and appropriate engagement, with the Head of Internal Audit to discuss potential system weaknesses identified during audits or investigations and highlight work being undertaken by the LCFS.	2 & 4	Standard 3.1, 3.2
33	Reporting system weaknesses to the NHS Protect Fraud Prevention Unit via the NHS Protect FIRST system.	As required	Standard 3.2, 4.1
34	Take action on Fraud Prevention Instructions issued by NHS Protect Fraud Prevention Unit including support to local managers around implementation where appropriate.	As received	Standard 3.3

Prevent and Deter

	TASK/OBJECTIVE	QUARTER PLANNED	FRAUD STANDARD LINK
35	Continued liaison with Post Payment Verification (PPV), and maintain links to Primary Care leads to ensure any identification of anomalies are reported. Consider use of proactive review exercises in areas of potential fraud vulnerability.	Quarterly	Standard 3.2, 3.3
36	Ensure that any fraud notices or alerts are appropriately disseminated to avoid the Health Board falling victim to similar activities.	As received	Standard 3.3
37	Ensure correct submission of National Fraud Initiative data for participation in next iteration of the exercise.	Through the year	Standard 2.3
38	Continue liaison with senior officer responsible for Security Management within the Health Board regarding potential risk areas.	Through the year	Standard 2.3
39	To undertake a proactive exercise around identification of staff leavers who continued to be paid with a view to identifying any possible instances of overpayments which pass the criminal threshold for further investigation and recovery action where necessary.	Through the year	Standard 3.2
40	To undertake proactive exercise in conjunction with the CFS Wales Regional Team and Health Board Pharmacy Leads to identify any possible instances of fraud and loss.	Through the year	Standard 3.2
TOTAL PLANNED DAYS		85	

Hold to Account

	TASK/OBJECTIVE	QUARTER PLANNED	FRAUD STANDARD LINK
41	The correct use of the FIRST system in line with NHS Protect instructions to record and progress all cases expeditiously and to undertake criminal investigations in full accordance with procedural legislation.	Ongoing	Standard 4.1
42	Undertaking investigative work to the highest professional standards and adhering to the policy document 'The Ethical Framework, Principles of Good Practice'.	Ongoing	Standard 4.1, 4.5, 4.6
43	An appropriate and correct interaction with NHS Protect regarding the conduct and progression of an investigation.	Ongoing	Standard 4.1
44	Assist the NHS CFS with information as required for any regional or national fraud cases. Ensure comprehensive information to enable risk exercises to be carried out effectively is submitted in a timely manner.	Ongoing	Standard 4.1, 4.4
45	Undertake review of information held, stored and processed in relation to case files and evidence store.	2	Standard 1.6
46	Provision of information via FIRST and secure information exchange channels to enhance national intelligence sharing.	Ongoing	Standard 4.1, 4.2
47	The application of sanctions in line with legislation and the policy statement 'Applying Appropriate Sanctions Consistently'.	To be considered on case by case basis	Standard 4.3, 4.4
48	Maintain records of time spent on each investigation so that this can be included in any compensation claims or criminal proceedings costs from the HB Counter Fraud activity.	Ongoing	Standard 4.5
49	Identify and maintain a record of the actual proven amount of loss to the Health Board so that appropriate recovery procedures can be actioned.	Ongoing	Standard 4.1, 4.2, 4.5
TOTAL PLANNED DAYS		200	



Investigations

Cases carried forward to 2019/20

A number of the cases identified below are currently being investigated by the LCFS. These will be proceeded upon as per the relevant guidance, dependant on the potential sanctions applicable. Regular reporting of outcomes will be presented to the Director of Finance and Audit & Risk Assurance Committee for information.

Case Ref	Fraud Area	Fraud Offence
WARO/20/00019	Employee	Overpayment of Salary
WARO/20/00002	Patient	False Representation
WARO/19/00129	Employee	False Invoicing
WARO/19/00116	Patient	Overseas Visitor
WARO/19/00096	Employee	Overpayment of Salary
WARO/19/00060	Contractor	False Invoicing
WARO/19/00058	Employee	False Representation

Conclusion

Key areas of work for this year will be a focus on inform and involve and awareness raising to further embed the culture fostered over preceding years. Following a year of targeted face to face interaction this generalised approach should reach more staff having a direct impact on the culture towards fraud, bribery and corruption within the Health Board.

Prevent and deter work whilst not a focus for this year will not be neglected with specific exercises planned around both local and national fraud risks. This includes conclusion of a national exercise around procurement and a local exercise around recruitment.

Overall, this work plan has been developed in response to identified fraud risks and in line with the Health Boards obligations derived from the Welsh Government Directions on Counter Fraud Measures and the NHS Counter Fraud Authority's Counter Fraud Standards for NHS Bodies (Wales). The actions contained therein are aimed at reducing fraud, bribery and corruption within the Health Board to an absolute minimum and embedding an anti-fraud culture.

It is recommended that the Committee **approve** the work plan as presented.

Huw Thomas
Director of Finance

Matthew Evans
Lead Local Counter Fraud Specialist