

Counter Fraud Functional Standard Return (2021/2022)

**CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH
BOARD**

Your Overall Rating is:

N/A

Submitted By:

Organisational information

Name of the organisation	CWM TAF MORGANNWG UNIVERSITY LOCAL HEALTH BOARD
Annual budget of the organisation	Over £ 1 billion
Staff headcount at the organisation including contracted employees	Over 10,000
Organisation code	7A5
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	Sally May
Name of the Local Counter Fraud Specialist	Matthew Evans
Email of the Local Counter Fraud Specialist	matthew.evans20@wales.nhs.uk
Name of the counter fraud provider organisation (including in-house)	Other Swansea Bay UHB via SLA
Counter fraud provider type	Wales
Name of the Chair of the Audit Committee / equivalent body	Patsy Roseblade
Email of the Chair of Audit Committee / equivalent body	patsy.roseblade@wales.nhs.uk

Costs and days information

Pro-active days used (Maximum 3 digits)	274
Reactive days used (Maximum 3 digits)	317
Total days used for counter fraud work	591
Cost of counter fraud staffing per financial year - Pro-active	70253.00
Cost of counter fraud staffing per financial year - Reactive	81020.00
Total costs for counter fraud work	151273

Reactive information

Number of referrals received during the most recent financial year	17
Number of cases opened during the most recent financial year	17
Number of cases closed during the most recent financial year	20
Number of cases open as at 31/03/2022	10
Amount of fraud losses identified during the most recent financial year	14555.36
Amount of fraud losses recovered during the most recent financial year	14555.36
Amount of fraud losses prevented from reactive work during the most recent financial year	0.00
Number of criminal sanctions applied during the year	1
Number of civil sanctions applied during the year	6
Number of disciplinary sanctions applied during the year	0

Proactive information

Number of proactive exercises conducted during the most recent financial year	2
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 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 who agrees the annual Self Review Tool (SRT) submission and Work Plan prior to approval by the Audit Committee. All economic crime matters, including progress against the Plan are discussed/reviewed during DoF meetings. Where action is required, this is followed up at subsequent meetings. The DoF proactively links with other Executive Directors where issues cross corporate portfolios, in order to ensure that appropriate action is taken. NHSCFA QA reports are shared with both the DoF and Audit Committee. All nominations to NHSCFA for appropriate representatives are kept up to date and authorised by 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:

The Audit Committee (AC) is responsible for reviewing the adequacy and effectiveness of policies and procedures for work related to counter fraud. This includes the Policy & Response Plan. The annual work plan, and so resource invested, is agreed and monitored by the DoF and AC. The Health Board produces an annual report on counter fraud work undertaken, in line with NHS Counter Fraud Authority (CFA) guidance. This report is reviewed by both the Director of Finance and Audit Committee, before submission to the Board. The LCFS regularly attends the AC, with all counter fraud reports being signed off by the DoF. If further action is required, this is recorded in minutes and/or Action Log and followed up at subsequent meetings. NHSCFA QA reports and SRT are shared with both the DoF and AC.

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 Health Board has a Counter Fraud Policy & Response Plan (CFP&RP) 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 nationally and locally identified risks. The resource within the annual work plan is proportionally allocated according to need in the context of 4 strategic areas of counter fraud work. The CFP&RP and work plan are reviewed and agreed by DoF and Audit Committee – the work plan annually and CFP&RP within the policy review cycle.

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:

Comprehensive risk assessments are carried out in line with the methodology contained within the Health Board's Risk Management Policy. The annual counter fraud work is informed by these risk assessments. The work plan is reviewed and agreed by the DoF and Audit Committee (AC), who monitor progress and receive updates. The level of pro-active resource committed and approved by the DoF and AC, is broadly in line with guidance previously provided by NHS CFA. This demonstrates HB commitment and support at a senior level to counter fraud work. Actions to improve rating are planned in next review cycle. These include: NHSCFA is to develop and release a national fraud risk directory for use at a local level to undertake assessments on an increased basis. Assessed risks will be included on the Finance Risk Register and an organisational fraud risk profile will be developed. Actions and recommendations arising from risk assessment will be fed back to Audit Committee within the Action Log.

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 Health Board has a Counter Fraud Policy & Response Plan (CFP&RP) in place, which prominently promotes the NHSCFA Fraud and Corruption Reporting Line and online reporting tool. The CFP&RP is regularly updated and publicised via the HB Intranet site. Executive approval of the document is received via the Audit Committee. Issues relating to bribery and fraud are also referenced within the Standards of Behaviour Policy. Staff awareness of these key policy documents is measured using questionnaires and a survey.

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:

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 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. Progress against this work plan is monitored and evaluated through out the year with regular meetings with DoF and regular reporting to Audit Committee. Objectives and activity are planned around milestones in year to allow progress to be monitored effectively and achievements met.

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:

All Wales Performance statistics are collated on a quarterly basis and shared between Health Boards and Welsh Government. Statistics are utilised to examine performance between NHS Wales organisations. Benchmarking undertaken on an organisational level against previous years and against other NHS Wales Organisations. Reports on performance and benchmarking are shared with the Audit Committee to scrutinise. Clue3, the new case management system, includes recording and reporting mechanisms for proactive and reactive outcomes of counter fraud work. The system is now fully utilised by the Health Board.

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 Health Board has well documented reporting routes for any party to report incidents of fraud, bribery and corruption. Reporting routes are formalised in the Counter Fraud Policy & Response Plan and Bribery Policy. This includes NHSCFA Fraud and Corruption 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 counter fraud awareness programme for the Health Board. The effectiveness is evaluated by use of statistical referral data and this is reported to DoF and Audit Committee regularly. Staff awareness is measured via survey.

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 Health Board fully utilises the Clue case management system this includes investigation materials relating to enquiries undertaken. Reviews of the investigations contained on the case management system are regularly reviewed by the Head of Counter Fraud and sanitised reports are produced using that information for presentation at Audit Committee. The Health Board utilises the case management system to record and track work on local proactive exercises and associated risks to feed into National Intelligence work. Statistics are collated using the information contained on the case management system which captures operational KPI information to inform and guide local counter fraud work.

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:

Since April 2019, local counter fraud services for CTMUHB have been provided by Swansea Bay UHB under a Service Level Agreement. The service is delivered by qualified, nominated and accredited LCFS, who conduct the full range of anti-fraud, bribery and corruption work on behalf of the organisation. The LCFS attend all necessary training and continuous professional development events as required to appropriately fulfil their role on an ongoing basis. Practical application of skills is demonstrable. Interviews under caution are conducted in line with all applicable legislation and best practice. The Health Board uses the Interview Under Caution Review Template in order to evaluate the interviews taken, and to improve this work. Witness statements are completed in line with best practice and national guidelines, covering processes, incidents and exhibits as appropriate. The Health Board uses the Witness Statement Review Template in order to evaluate the statements taken.

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:

LCFS review Final Internal and External Audit reports, and meet with the Head of IA to share details on identified risk. This would include instances where data mining or sampling has highlighted outliers or concerns. A PPV programme is undertaken in respect of GPs, Opticians and Pharmacies, with final reports received by the LCFS. Meetings are held with the PPV Manager. Checks on payroll returns are undertaken following payroll runs. These include net pay increases and amendments to permanent data files. The HB also participates in the NFI process. The organisation circulates and/or implements all relevant guidance, intelligence bulletins and alerts. The organisation also issues local anti-fraud, bribery and corruption warnings and alerts to all relevant staff. Work is currently underway to develop mechanisms to measure compliance with, and the impact of the revised policy. Actions aimed at increasing rating in this area have been included in workplan and approved by Audit Committee

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 an ongoing programme of work to raise awareness of economic crime issues amongst all staff, using a range of methods to ensure the widest possible audience. Chief amongst these are our virtually delivered presentations and e-learning package, supported by newsletters and intranet pages, all of which highlight NHSCFA reporting line and online reporting tool, the Health Board's counter fraud strategy and the role of the LCFS. Payslip messages and posters are also utilised to raise awareness. With the exception of payslip messages, all of the foregoing covers primary care contractors as well as HB sites. Success is measured using operational statistical data, questionnaires and a survey. The Health Board includes Counter Fraud information as part of its induction programme. Further development work around the programme of awareness is included in the 2022/23 workplan as a result of evaluation findings.

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 in place, which has incorporated declarations of interest, gifts, hospitality and sponsorship. The Policy also includes reference to fraud, bribery and corruption and the requirements of the Bribery Act 2010, and is available to all staff via the intranet. It is also promoted during fraud awareness presentations. Staff awareness of the document is measured during questionnaires and surveys

ACC Declaration

DOF - CFO Declaration

Declaration