



On behalf of
ANEURIN BEVAN UNIVERSITY HEALTH BOARD

COUNTER FRAUD BRIBERY & CORRUPTION REPORT

1st April 2022 to 31st March 2023

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1. Management Summary

- 1.1. The annual report for the period 1st April 2022 to 31st of March 2023 has been written in accordance with the provisions of the WG Directions on Counter Fraud Measures (WHC 095 of 2005) which require Local Counter Fraud Specialists (LCFS) to provide a written report, at least annually, to the LHB on Counter Fraud work. The report content and style used complies with the model prescribed by the NHS Counter Fraud Authority (NHSCFA).
- 1.2. Effective from April 2010, following the reorganisation of the NHS in Wales, Martyn Edwards was appointed as Head of Counter Fraud for Aneurin Bevan LHB and assumed the role of Lead LCFS assisted by support LCFS.
- 1.3. In relation to the current support LCFS, Louisa STEELE was appointed in August 2022 and Sara MORRIS was appointed in October 2022.
- 1.4. Martyn Edwards completed his Counter Fraud training in February 2009 and was accredited in March 2009. Louisa STEELE completed her Counter Fraud training in 2020 and became accredited the following year. As a replacement team member, Sara MORRIS was appointed on the above stated date and is scheduled to undertake National Counter Fraud Foundation Training in May 2023. The successor Head of Counter Fraud, Michelle MORRIS, was appointed on 1st March 2023, and has held Counter Fraud Specialist accreditation since October 2017. These accreditations gain University recognition, as a Counter Fraud Specialist, with the Professional Accreditation Board. Subsequent to this, nomination was gained as a Counter Fraud Specialist with the NHSCFA. These credentials are mandatory requirements for the professional role.
- 1.5. In total, 480 Counter Fraud days were provided for Aneurin Bevan University Health Board during 2022/23. This breaks down across the standards key framework as follows: strategic = 174 days, proactive counter fraud engagement = 150 days, reactive counter fraud engagement = 156 days.
- 1.6. The aforementioned provision of counter fraud days was devoted to a workplan which contained 535 days spread across the key framework, which was provided by 2.8 WTE LCFS's, as defined in the corporate structure outline. Therefore the actual number of days provided by the LCFS for 2022/23 underachieved the expectation of the workplan by 55-days. The reason for this deficit was due to the unexpected departure of 2 x LCFS's for reasons of promotion/retirement. Consequently, the Fraud Team was reduced to one-third capacity for half of the financial year. The workplan itself was approved by the DoF in accordance with the legal directions and the NHS counter fraud manual and the workplan was ratified by Audit Committee.
- 1.7. During the period 1st April 2022 to 31st March 2023, Aneurin Bevan University Health Board Counter Fraud team handled **thirty-five (35)** investigations into potential fraudulent or corrupt activity, which included cases brought forward from 2021/22. These cases are listed at **Appendix 2** (index of investigations).
- 1.8. **Thirty-one (31)** of those cases involved instances of staff related issues, which for the most part, the main categories were working whilst on sick leave, falsification of timesheets/expenses and dishonest retention of erroneous salary overpayments. The remainder of the cases involved alleged fraud on the part NHS primary care contractors and members of the public.
- 1.9. The aforementioned investigation's have resulted in **four (4)** files of evidence being forwarded to the Crown Prosecution Service for charging decisions. The LCFS investigations have also resulted in **six (6)** disciplinary sanctions during

2022/23, predominately resulting in employer derived sanctions by ABUHB and/or sanctions by a professional body.

- 1.10. Furthermore, investigation number **(10)** is an impending criminal prosecution, whereas investigation's number **(4)** & **(21)** resulted in a non-court based criminal sanction.
- 1.11. Financial recoveries stemming from LCFS investigations during 2022/23 stand at **£121,728.21**, plus a potential fraud prevention saving amounting to £9.8 million from a spurious supplier invoice, which is dealt with in greater detail, later in this report.
- 1.12. Appendix 2 (schedule of investigations) depicts that, similar to previous years, overpayment of salaries for personnel who have terminated employment with the organisation (which have potential implications for criminal proceedings) remains at a low level. This report incorporates a total of six such investigations of that nature. It was deemed that audio recorded interviews under caution were necessary on two of those six instances, one of which, investigation number **(6)** resulted in a criminal conviction. This may possibly be viewed as assurance, insomuch as despite overpayments occurring in high volume for existing staff, long term salary overpayments for terminated staff remain low. As in previous years, the LCFS has continued to work in close liaison with NWSSP Payroll Services, NWSSP Accounts Payable staff and ABUHB Accounts Receivable Staff from Corporate Finance. Guidance is repeatedly reiterated to managers to remedy this, emphasising the crucial requirement for timely and accurate staff termination forms and staff changes forms to be disseminated to Payroll Services for actioning. One such example of a reminder to this effect was to all staff members on payslip messages via ESR, in November 2022 & March 2023. These messages highlighted the requirement on staff to immediately report any overpayment of salary. The implementation of the ABUHB Recovery of Overpayments Policy is promoted by Corporate Finance and the LCFS alike and is rigidly adhered to. All high value overpayments, regardless of origin, are notified to the LCFS by Corporate Finance/Payroll Services/Accounts Receivable staff. The ABUHB Recovery of Overpayments Policy is up-to-date and fit for purpose. This Policy, in conjunction with the Counter Fraud, Bribery & Corruption Policy, acts as a sanction and redress policy on behalf of the organisation. Counter Fraud guidance features throughout the Recovery of Overpayments Policy and in the action flowchart which is incorporated within the policy.
- 1.13. the LCFS has considered the implementation of a speculative alert on ESR to electronically highlight staff payslips which go unopened on the system for a prolonged period of time. The purpose of such an alert is it could be an indicator that the staff member no longer works for the organisation yet is still being paid due to a failure in submission of a termination form to Payroll Services. ESR Support advise that this may not be an accurate outlier due to the sheer volume of staff who customarily, do not review their payslips on ESR. This option will be subject of periodical review and consideration.
- 1.14. The mix of cases investigated to date are summarised in **Appendix 1** and a full index of cases reported/referred to the LCFS' are listed in **Appendix 2**.
- 1.15. During year 2022/23, the ABUHB LCFS conducted **two (2)** tape recorded interviews under caution with **two (2)** alleged offenders. This number of interviews is reduced from previous years as a by-product of Covid and the effect the pandemic had on the number of fraud referrals.

2. Strategic Governance

- 2.1 The NHS Counter Fraud Authority developed standards for NHS Bodies (Wales) for fraud, bribery and corruption which were implemented in 2013/14. This was created in accordance with Minister for Health and Social Service Directions and the service agreement between the Welsh Government (WG) and the NHS Counter Fraud Service under S.83 of the Government of Wales Act 2006.

As of April 2021, the Government Functional Standard for Counter Fraud (GovS 013) replaced the previous NHS specific Standards for Fraud, Bribery and Corruption. Together with stakeholders the NHSCFA have developed new NHS Requirements to meet the Government Functional Standards. These changes are reflected in the ABUHB Counter Fraud Bribery & Corruption Workplan for 2023/24.

The Government Functional standard essentially comprises of the following 12 components:

Component 1: Accountable individual

This component is split into two Requirements.

(NHS Requirement 1A) This relates to the role of the accountable board member and their responsibility for the strategic management of, and support for, counter fraud, bribery and corruption work, including timely reporting and accurate notification of nominations to the NHSCFA.

(NHS Requirement 1B) This relates to the work of the organisations board / governing body in gaining assurance and evaluating the counter fraud work undertaken during the year. This requirement also covers the role of the Counter Fraud Champion.

Component 2: Counter fraud bribery and corruption strategy

This Component relates to the organisations over-arching counter fraud, bribery and corruption strategy, and how the counter fraud work plan and resource allocation is aligned to the objectives of the strategy and locally identified risks.

Component 3: Fraud bribery and corruption risk assessment

This Component relates to the local risk assessments undertaken in line with Government Counter Fraud Profession methodology to identify fraud, bribery and corruption risks, and how the organisations counter fraud, bribery and corruption provision is proportionate to the level of risk identified.

Component 4: Policy and response plan

This Component relates to the organisations counter fraud, bribery and corruption policy and response plan and its alignment to the NHSCFA strategic guidance.

Component 5: Annual Action Plan

This Component relates to the development and management of the organisation's annual counter fraud work plan. This plan should be informed by national and local fraud, bribery and corruption risk assessments.

Component 6: Outcome-based metrics

This Component relates to how the organisation identifies and reports on annual outcome-based metrics with objectives to evidence improvement in performance.

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

This Component relates to the reporting routes in place at the organisations to report suspicions of fraud, bribery and corruption and a mechanism for recording these referrals and allegations on the approved NHS fraud case management system.

Component 8: Report identified loss

This Component relates to the organisations use of the approved NHS fraud case management system to record all allegation and investigative activity. Including all outcomes, recoveries and system weaknesses identified during the course of investigations and/or proactive prevention and detection exercise.

Component 9: Access to trained investigators

This Component relates to the accredited Local Counter Fraud Specialist (LCFS) at the organisation, and details of the continuous professional development undertaken. All LCFS undertaking counter fraud activity at the organisation must be nominated with the NHSCFA.

Component 10: Undertake detection activity

This Component relates to the proactive work completed to detect fraud using relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption and the work undertaken in response.

Component 11: Access to and completion of training

This Component relates to the programme of work undertaken at the organisation to raise awareness of fraud, bribery and corruption and to create a counter fraud, bribery and corruption culture among all staff. The effectiveness of the awareness programme is measured.

Component 12: Policies and registers for gifts and hospitality and Conflicts of Interest

This Component requires the organisation to have in place policies and registers for gifts and hospitality and conflicts of interest that reference the requirements of the Bribery Act 2010 that are communicated to all staff. The effectiveness of which is regularly tested.

The components/requirements of the Government Functional Standard for Counter Fraud (GovS 013) direct that a legal declaration must be included in the Counter Fraud annual report as to the outcomes of the Health Board counter fraud self-assessment process and compliance with the aforementioned functional standard. As the Health Boards first Audit Committee meeting for the financial year takes place prior to completion of the self-assessment return, it is not possible to include the declaration in this report. The LCFS has sought dispensation from the Senior Quality and Compliance Inspector with NHSCFA that the declaration and outcomes can be incorporated in the second Audit Committee report of the financial year and this will be considered as compliance with that specific aspect of the components/requirements.

The NHSCFA initiated the replacement of the investigation management system formerly utilised by the LCFS changes to a system titled '*Clue-3*'. This is a restricted and confidential which has the capacity for integration with the Police and other domains of law enforcement. The ABUHB LCFS's have undergone training on the replacement system which was rolled out on 1st April 2021. Due to technical complications, existing active investigations on '*First*' have not been migrated over to '*Clue-3*' but both systems are being used in tandem until the cases on '*First*' reach their conclusion and are closed on that system. Legacy cases on '*First*' have been effectively managed and there are only 3 such cases

remaining on the system which are awaiting the outcome of sanctions from the regulatory bodies for the professions in question.

2.2 The LCFS has maintained an ongoing review of the following policies/protocols initially incepted in 2011, which are pertinent to Counter Fraud to ensure that they remain current, effective, up to date and fit for purpose.

- Counter Fraud Bribery & Corruption Policy
- Counter Fraud Communication Strategy
- Local Counter Fraud Specialist & Workforce & OD Joint Working Protocol
- Policy entitled Appearing in Court
- Counter Fraud protocol with Internal Audit

2.3 The Counter Fraud Bribery & Corruption Policy was extensively re-written in November 2022, in order to align to the Government Functional Standards for Counter Fraud. The policy was approved by the Executive Team on 5th November 2022 and ratified by Audit Committee on 2nd February 2023.

2.4 Furthermore, the LCFS has engaged with the Board Secretary regarding the ABUHB '*declaration of interest policy*' and the '*Policy for Standards of Business Conduct for employees*' incorporating declarations of interest. The LCFS reviewed these policies for compliance with Government Functional Standard for Counter Fraud (GovS 013) in December 2021. The organisation will ensure that there is evidence of compliance through outcomes. The effectiveness of the work will be evaluated as will the reduction of the risk. The awareness of the policy amongst staff has also been tested.

2.5 Since April 2011, the LCFS has acted in a consultation role to the Workforce and OD Policy Group and has received notification of all policies, terms of reference guidance notes that are subject of review by the group. This ensures that the policies are robust and 'Fraud Proofed' at concept or review stage. Further information is provided on this topic at paragraph 4.23 regarding the **twelve (12)** policies reviewed by the LCFS during 2022/23.

2.6 With reference to the aforementioned policy entitled 'Appearing in Court', although this policy is not owner by Counter Fraud, the ABUHB LCFS has maintained a rolling review of this document, due to the fact it is inextricably linked to the Counter Fraud provision. Tri-fold leaflets have been developed, based on the spirit of the policy, which can be provided to members of ABUHB staff should the event arise whereby they become a Crown witness in a prosecution case.

The information contained in the tri-fold leaflet has been promoted on Counter Fraud webpages.

A single point of contact within the organisation has been nominated to provide support and wellbeing service to such staff members, which could also include providing a chaperon to court.

Several of the LCFS investigations scheduled on **Appendix 2** involved instances whereby staff from both the Health Board itself and the Primary Care contractor domain demonstrated the resolve to stand up and be counted and do the right thing and become crown witnesses in those cases. This commendable conduct demonstrates support to protect the public purse and the economic interests of the NHS.

2.7 The Executives and Board of ABUHB has ensured that the resources invested into counter fraud work are maintained at appropriate levels to counter fraud,

bribery and corruption. The Counter Fraud staffing level has been increased from 2.8 WTE on the Corporate Structure to 3.0 WTE, which will have a marked impact on the Counter Fraud provision for 2023/24.

- 2.8 This is evidence that there is strong political and executive support for work to counter fraud, bribery and corruption and that the organisation is committed to making financial investment into counter fraud work to tackle fraud, bribery and corruption, on a level which is proportionate to the identified risks.
- 2.9 The budgetary provisions of ABUHB is contingent for the purchase of equipment necessary for the function of the Counter Fraud Team and for the purchase of promotional memorabilia. The team have been provided with widescreen monitors to support IT performance. The promotional products, which feature under the raising awareness strand of counter fraud work, include 'give away' products at presentations and events such as post-it pads, keyrings, pens etc, liveried with LCFS corporate identity and contact information. Distribution of such products serves to raise the awareness of the workforce, make them fraud savvy and encourage them to report suspicions of fraudulent activity.
- 2.10 To supplement previously purchased presentation display boards and the Fraud Criminal Law & Procedure Manual, these 'give away' products are duly replenished by ABUHB as required. This displays further evidence of financial investment on behalf of the ABUHB Board towards tackling fraud, bribery and corruption in the NHS. The LCFS has negotiated further replenishing of the products on a rolling basis.
- 2.11 This also demonstrates that the Board has a clear remit to reducing losses to fraud and corruption to an absolute minimum by the appropriate application of counter fraud resources. The new Counter Fraud staffing level of 3.0 WTE LCFS' is ingrained in the LHB formal organisational structure.
- 2.12 ABUHB has taken steps to ensure that the resources invested into Counter Fraud work are appropriate to counter fraud. The number of days invested to counter fraud work was based on the relevant NHSCFA template workplan but was also bespoke to the organisational needs. The LHB has taken steps to ensure there is a clear counter fraud strategy and remit present within the organisation.

A balanced and comprehensive workplan was agreed by the Director of Finance for the LHB. The plan was dynamic and reflective of the needs of the organisation.

The plan covered all the counter fraud bribery and corruption standards and relevant anti-fraud measures to ensure that a comprehensive service was provided. The plan also incorporated amendments made to the standards.

Tasks were allocated with consideration of local fraud risks and were flexible in order to accommodate changes.

The plan outlined a balance of both proactive and reactive work to address fraud issues. The workplan was approved by the Director of Finance and ratified by Audit Committee and progress against the plan is monitored accordingly.

- 2.13 On a reporting perspective, the LCFS has unrestricted access to the DoF and customarily has quarterly meetings scheduled to appraise and update on Counter Fraud work and identify and manage risk. The LCFS met with the DoF in this capacity on the following dates: 04/05/22, 20/07/22, 13/10/22, 17/01/23 & 08/03/23. These meetings were supplemented by telephone and

email contact maintained with the DoF, together with MS Teams collaboration on 15/12/22 & 24/01/23.

- 2.14 Furthermore, to consolidate the reporting process, the LCFS met with the Medical Director & the Director of W&OD on 15/12/22 & 24/01/23.
- 2.15 Considerations have also been made as to how identified or perceived risks are covered off and alerted organisation-wide and how this information is disseminated down through the structures within various divisions to reach staff of all grades. The aim is to establish mechanisms to cascade the information to a wider managerial audience and encourage more managers to become proactive in relation to recognising counter fraud risks. This will mitigate the risks even further.
- 2.16 The LCFS has achieved a more effective communication flow process via the Assistant Director of Finance (Financial Systems & Services) who, on behalf of the LCFS, highlights areas of concern at senior management financial team meetings, hosted by the DoF for cascade down through the organisations divisional financial structures. It was as a direct result of this process, that the LCFS has maintained engagement with the organisations Business Partner Accountants, particularly the AFD Hospital & Corporate.
- 2.17 Additionally, Counter Fraud reporting is a standing agenda item for the Audit Committee meetings. In compliance with legal requirements, the LCFS attended and delivered reports to 4 Audit Committees on 7th April 2022, 2nd August 2022, 1st December 2022 & 2nd February 2023.
- 2.18 All aspects of Counter Fraud strategic governance is incorporated in the Audit Committee Self-Assessment Checklist. There is a requirement that as part of compliance and professional probity, the LCFS has a right of direct access to the Audit Committee Chair and its Independent Members. This entails private, pre-Audit Committee meetings with said members. The LCFS held such meetings with IM's on 7th April 2022 & 1st December 2022, plus one-to-one meetings with the Audit Chair on 12th May 2022 & 6th March 2023 respectively.
- 2.19 With reference to further reporting, as part of quality assurance requirements, the LCFS submitted the self-review report based on the Government Functional Standard for Counter Fraud (GovS 013) to the NHSCFA by the deadline date of 31st May 2022. The submission was authorised by the DoF and ACC and a rating of green was recorded against all components/requirements.
- 2.20 In order to retain core skills and maintain best practice, the LCFS's have kept up to date on legislation and working practices through attendance at various training sessions. As part of continuing professional development, these inputs included training sessions from the NHSCFA. These sessions are more fully outlined in para 6.3, 6.5 & 6.6 of this report.

Additionally, on 13th February 2023, both ABUHB LCFS investigators were attendees of the Band 3-6 Development Programme Module 4 Presenting and Influencing.

Furthermore, the LCFS attended the All-Wales LCFS Forum on 22/11/2022, which was also attended by NHSCFA Senior Development and Quality & Compliance Managers, who incorporated training inputs.

3 Proactive Counter Fraud Bribery & Corruption Practices - Inform & Involve

3.1 The Health Board has worked with the LCFS and NHSCFA to promote an anti-fraud culture within the NHS. The LCFS's and Director of Finance (DoF), identified target audiences for fraud awareness activities, with the following objectives:

- To highlight the role of LHB staff/contractors in the tackling of fraud, bribery and corruption within the LHB/NHS.
- To deliver a key message that fraud within the NHS is unacceptable, indefensible and will not be tolerated.
- To deter attendees from committing fraud against the NHS.
- To encourage individuals to report any concerns of fraud.

3.2 The fraud awareness programme undertaken by the LCFS is reaching its target audience and all mediums are being exploited in order to actively promote & encourage fraud referrals.

In ABUHB, for PADR purposes, Counter Fraud awareness input at Corporate Induction remains a mandatory requirement.

Quarter 3 Counter Fraud Service performance report statistics for 2022/23, indicate that ABUHB continues to have a high staff uptake figure for Counter Fraud e-Learning with a culminative figure of 3,098 staff having completed the e-learning programme.

The year-end Counter Fraud Service performance report further illustrates that ABUHB is the national leader and has the highest number of fraud awareness presentation uptake figures to the Corporate Induction programme of all the Health Bodies in Wales with 1,669 members of staff completing the programme during 2022/23.

The face-to-face delivery of the Corporate Induction programme in ABUHB was suspended upon Covid lockdown in March 2020. There is currently no intention on behalf of the Health Board to resume face-to-face Corporate Induction sessions and virtual sessions will continue.

On the aspect of staff fraud awareness training, such training is a standing agenda item on every staff Corporate Induction in ABUHB. Whereas this training was normally delivered in person, to adapt during Covid restrictions, Counter Fraud have made a 20-minute video film of the training to provide virtual staff training until it is safe to resume conventional classroom training.

The video encompasses the film, 'taking the U out of fraud', it highlights NHS fraud risk areas, advises of the protection for staff under the Raising Concerns Policy with regard to whistleblowing and the video actively encourages the reporting of suspected fraud.

To comply with legal requirements, the video film is equipped with Welsh language sub-titles for viewers who wish to avail themselves of that facility. This fraud awareness video film went 'live' as part of the virtual Corporate Induction programme at the beginning of November 2020 and is still in place to-date. The staff uptake figures only identify staff numbers who complete the full Corporate Induction programme, not staff numbers who go through the programme, over a period of time, in a piecemeal fashion, making multiple logon sessions. During the 2022/23 timeframe, the LCFS received 24-fraud

referrals which is a further indication that the raising fraud awareness strand of LCFS work is reaching its target audience.

Furthermore, the LCFS has made a video film to Career Wales which is being used as a public awareness information film. This video film is unrelated and distinct from the aforementioned fraud awareness video film currently utilised by ABUHB on the mandatory Corporate Induction programme.

- 3.3 To promote fraud awareness, in addition to attending every Corporate Induction session, the LCFS's customarily attend major events such as the AGM, the annual HCA Conference and ABUHB careers fairs. In addition to this, Counter Fraud portable display stands are periodically sited at conspicuous locations in hospital environment's on a rotational basis. Covid lockdown curtailed these activities on the part of the LCFS, however; the activities have now fully resumed.

Ancillary to the above, the LCFS delivers 'live' fraud awareness presentations via Microsoft Teams and this has become a standing agenda item on the 'Taking the Lead' programme which is a forum for staff members who are aspiring Senior Managers within the NHS.

Examples of LCFS work carried out to develop and promote an anti-fraud culture includes the delivery of 'live' fraud awareness presentations to the following audiences consisting of 123 attendees:

- Managers Core Skills Module-7 Taking the Lead x 7
- Payroll Services x 2

- 3.4 During February & March 2023, a staff fraud awareness survey was published on the Health Board intranet via Microsoft Forms which was accessible to the entire workforce board-wide. The responses are attached to this report as **Appendix 3**. Following commencement of the survey, to support and promote its uptake by staff, a reminder from the Communications Team was broadcast to all Managers on this topic. Early indications from the survey are that the pandemic has not impeded staff from making fraud referrals should they have occasion or are mindful of doing so.

These very positive responses indicate a strong anti-fraud, bribery and corruption culture where fraudulent and corrupt activity is not tolerated and all staff are aware of their responsibility to safeguard the NHS from economic crime, as well as recognizing the correct reporting procedures. A strong counter fraud, bribery and corruption culture provides the organisation with assurance that fraud will be recognized and reported.

- 3.5 Further assurance that the fraud awareness programme undertaken by the LCFS is reaching its target audience is typified in the schedule of investigations in **Appendix 2** and the 'whistleblowing' attributed to the majority of these investigations. This displays support for the work of the LCFS and support of the anti-fraud culture promoted by the ABUHB organisation.

Examples of this are investigations listed as **(29)(31)(32)(33) & (34)** which stemmed from the 0800 National Fraud & Corruption Reporting Line. The remainder of the investigations on **Appendix 2**, are a combination of paper based anonymous fraud referrals using referral forms downloaded from the ABUHB Counter Fraud Team web-pages, or direct personal contact from whistleblowers. This is a clear indication that all mediums are being used by 'whistleblowers' to report suspicions of fraud. The NHSCFA on-line reporting tool is also promoted by the LCFS, but no referrals have ever been received via

this medium. Additionally, year beginning 2022, the Counter Fraud Service (Wales) received **(2)** fraud referrals via the 0800 National Fraud & Corruption Reporting Line which were attributable to the fraud awareness programme delivered by the ABUHB LCFS.

- 3.6 In addition to paragraph 3.5 above, the sheer volume of referrals received by the ABUHB LCFS is testament that the anti-fraud message is getting across and hitting the intended target audience.
- 3.7 The LCFS has actively promoted CFS Wales, NHSCFA and the 0800 National Fraud & Corruption Reporting Line and online reporting tool and this is prominent in the Counter Fraud Bribery & Corruption Policy, the Standards of Business conduct for Employees, the Fraud e-learning application and Corporate Finance budget e-learning application, in addition to presentation material.
- 3.8 On an all-Wales basis, ABUHB personnel have consistently rated as the top scoring of all NHS Health Boards in Wales for having completed the fraud awareness aspect of Corporate Induction on ESR. This is due to the fact that Corporate Induction is a mandatory prerequisite training dimension for all Health Board personnel. The LCFS is now endeavouring to consolidate this figure by initiating the all-Wales Counter Fraud e-learning training as a mandatory compliance dimension on ESR. An organisational consideration for this is that currently, new members of staff have to complete circa 19 mandatory dimensions on ESR, of which, circa 13 are renewable dimensions thereafter. The consideration is that personnel could become overwhelmed by mandatory training. The LCFS has met with the Assistant Director of W&OD to discuss this aspect. The Assistant Director of W&OD has confirmed that a Multi-Disciplinary Team will be assigned to be the gatekeepers for statutory and mandatory training. Although this has yet to be actioned, when the group convene, it will be tasked to consider Counter Fraud as part of the overhaul for mandatory training.
- 3.9 Fraud Awareness month (FAM) which was a national NHS initiative was customarily orchestrated/managed by NHSCFA. This initiative has been reinitiated by the NHS Counter Fraud Service, following several years absence due to funding restrictions. The initiative is now called fraud awareness week. This initiative not only serves to create an anti-fraud culture but heightens the awareness of a high footfall number of employees of all grades and the general public alike. The Health Board participated in FAW in November 2022, and it was promoted in the Health Boards Newsletter for that month. The Fraud Team set up display boards and attended hospital sites for this initiative, presenting week-long roadshows at the Royal Gwent, Nevill Hall and Grange University Hospitals. These roadshows incorporated providing information on fraud awareness to staff, distribution of fraud referral forms, promotional giveaways such as post-it pads, pens, key rings etc. which bear the corporate identity of the LCFS.

Aside of fraud awareness week, the LCFS intends to maintain this initiative on a rolling programme, potentially one or two days each month, presenting roadshows at all ABUHB sites, including smaller venues such as Chepstow, Monmouth, St Woolos and County Hospitals.

- 3.10 Fraud information has been updated on the Aneurin Bevan University Health Board intranet website, which has advertised the outcomes of investigations and guidelines to staff for reporting fraud in addition to fraud notices. The ABUHB website was regularly updated and the LCFS web-pages and ancillary platforms received 377 'hits' during 2022/23. Articles placed on the

organisation's intranet site front page comprised of national press releases, local sanctions and general fraud awareness messages from the LCFS. The LCFS has maintained the implementation on the ABUHB website the video entitled 'Taking the U out of Fraud' on the aforementioned web-pages. The format of the web-pages has been amended to meet corporate design.

- 3.11 In addition to the Counter Fraud's own section of the website, there are a number of link tabs available on the ABUHB intranet site which provides direct access to the Counter Fraud referral form. This is with a view to encouraging users of the intranet to make Counter Fraud referrals.

There is a further link on this site for the Counter Fraud Bribery & Corruption Policy to heighten the awareness of the workforce in this realm.

- 3.12 A Counter Fraud newsletter was distributed to Health Board Primary Care Contractors during 2022/23 with various counter fraud articles and successful NHS fraud cases. In total there are 383 Primary Care Contractors that provide NHS services to ABUHB which consist of GP's, Optometrists, Dentists and Pharmacists. The newsletter promotes the NHS Fraud and Corruption Reporting Line and LCFS contact details. The newsletter is bespoke and topical for primary care contractors.

- 3.13 Three staff orientated Counter Fraud Newsletters/bulletins were also publicised on the ABUHB intranet during 2022/23 and was accessible to the entire workforce.

- 3.14 The corporate identity and contact details of the LCFS is also incorporated in the Local Intelligence Network (LIN) newsletter which is accessible to the workforce of ABUHB and which is disseminated to all GP Practices and Community Pharmacies within the LHB.

- 3.15 The LCFS has set up a network of contacts throughout Aneurin Bevan University Health Board to enable an effective counter fraud programme. This includes Workforce & OD, Internal Audit, Procurement and Security and the PPV, Payroll and Primary Care Service Contracts Teams of NWSSP.

- 3.16 The LCFS has also established contacts and working relationships with the Department of Works and Pensions Regional Fraud Team, Council Fraud Team and the Police.

- 3.17 The LCFS has established a direct contact within the UK Borders Agency & H.M. Passport Office. This relationship has involved the sharing of information to progress investigations undertaken by both organisations.

Additionally, the LCFS has formulated links between UKBA and ABUHB Medical Recruitment to enhance the collaboration as to the employment and residency status of overseas visitors and identity checks.

- 3.18 Further evidence of partnership working is case **(1)** on **Appendix 2** which resulted in a gateway taxation request being made by the LCFS to HMR&C and case **(10)** which involved passport data from HMPO.

- 3.19 The LCFS initiated Counter Fraud awareness messages to be sent to every member of staff employed by the LHB by placing an entry on all employees' payslips highlighting the criminal liability of the willful retention of a salary overpayment and promoting an encouragement to report any fraud concerns.

- 3.20 In addition to the above, the LCFS has provided Payroll Services with a list of ten Counter Fraud awareness messages which are published on staff payslips on a rolling programme as and when free space allows.

For the most-part, such messages generally contain an encouragement theme to report fraud, for example 'Spot it – Stop it'. Two other recurring payslip messages warn against working elsewhere whilst on sick leave and the dishonest retention of erroneous salary overpayments.

4 Proactive Counter Fraud Bribery & Corruption Practices - Prevent & Deter

- 4.1 The LCFS is responsible for taking steps to prevent fraud against the LHB by eliminating system weaknesses to reduce the risk of fraud.

- 4.2 In order to ensure that they remain current, effective and up-to-date, the LCFS has a rolling-programme for reviewing the following policies/protocols which were initially created in 2011. These policies were extensively revamped again during 2014/15. This is necessary in order to reinforce the infrastructure of directives and the framework of organisation guidelines necessary to support the Counter Fraud provision. The Counter Fraud Bribery & Corruption Policy is up-to-date and fit for purpose having been extensively re-written in November 2022. Similarly, the Communication Strategy was updated in March 2021 and Counter Fraud and Workforce & OD Protocol and the Internal Audit & Local Counter Fraud Services Joint Working Protocol were updated in October 2021. All policies received Executive approval and Workforce & OD Policy Group input where necessary. These policies continue to be reviewed in compliance with target dates to ensure they are maintained up-to-date and fit for purpose. The Appearing in Court Policy, in respect of which, the Legal Services Directorate has ownership, is also current.

- Counter Fraud Bribery & Corruption Policy
- Counter Fraud Communication Strategy
- LCFS & Workforce & OD Joint Working Protocol
- Policy entitled Appearing in Court
- Counter Fraud Protocol with Internal Audit

- 4.3 The LCFS has worked proactively with the NHS Wales Shared Services Partnership-Primary Care Services GOS Payments Officers and the Ophthalmic Adviser. All General Ophthalmic Service payments made to Contractors are monitored and the LCFS is provided with quarterly GOS trend data for all ABUHB GOS contractors. This data is scrutinized for abnormalities in claiming patterns.

In addition to the above, on a contractor-by-contractor basis, the LCFS receives every GMS and GOS visit report which incorporates recoveries made.

- 4.4 The LCFS is linked to the Audit Committee via the DoF. The Audit Committee reviews the adequacy of the structures, processes and responsibilities for identifying and managing key financial risks facing the LHB.

The LCFS attends Audit Committees to highlight fraud risks and to appraise the Committee of current work undertaken by the Counter Fraud Team. The Counter Fraud update report and LCFS attendance at the Audit Committee is a standing agenda item on Audit Committee agendas.

- 4.5 The LCFS has developed relationships with individuals whose role within the LHB has an impact on counter fraud work to identify local areas of risk. The LCFS also meets regularly with External Organisations such as the Police,

NWSSP-Primary Care Services, UK Borders Agency and the Department for Work and Pensions (DWP) to gather intelligence and identify Local and National risks. The LCFS also engages with HMR&C in this capacity and also engages with the Counter Fraud Operations Team of the H.M. Passport Office.

- 4.6 As part of working in partnership with the Police, the ABUHB LCFS has provided criminal intelligence reports to them, whereby the information would be deemed to be of value to law enforcement. In addition to this, the LCFS has also provided witness statements and documentary evidence to Gwent Police for use in an impending criminal prosecution. Furthermore, the LCFS routinely provides NHS Drug Alerts to the Gwent Police Controlled Drugs Liaison Officer and works in close collaboration with the CDLO. Conversely, this information sharing practice has resulted in the LCFS being afforded access to Police held intelligence which was pertinent to the NHS.

Further evidence of partnership working with the Police are investigations **(10) & (12)** on **Appendix 2**, which are collaborative investigations.

- 4.7 The LCFS also liaises regularly with the PPV Team and all PPV reports which form part of the standing agenda item at Audit Committee are disseminated to the LCFS. Any concerns of fraud highlighted at a PPV visit are discussed immediately with the LCFS and the appropriate action is agreed. The PPV team reports their findings directly to the DoF. The LCFS has input to a current project conducted by NWSSP-PCS PPV in relation to data set trend analysis in the General Ophthalmic Services domain designed to identify inappropriate claiming in that primary care arena. The ABUHB LCFS attends quarterly all-Wales Fraud Team meetings with the PPV Senior Managers. Such meetings were attended on 25/05/22, 09/09/22, 08/12/22 & 07/03/23.

- 4.8 NWSSP-Primary Care Services is responsible for registering all new patients at GP Practices in Wales. Any patients that register with another practice will automatically be removed from the patient list of their previous practice. If a person fraudulently attempts to register at a practice temporarily to obtain prescription medication or controlled drugs an alert is sent out to all GP practices in the area. The LCFS receives every drug alert that is circulated and these alerts customarily highlight prescription fraud and cases of multiple fraudulent patient registration at GP Practices.

- 4.9 Routinely, the ABUHB LCFS has utilized the NWSSP-PCS Contracts Team drug alert system to generate the LCFS's own drug alerts which contain information and intelligence which has come to the attention of the LCFS via a variety of sources. These drug alerts can be circulated throughout an individual Health Board or clustered to a number of Health Boards or throughout all HB's in Wales if deemed necessary. The alerts are disseminated to prescribers, or dispensers or both if required.

On **two (2)** occasions during 2022/23 the LCFS has utilized ABUHB Primary Care Team resources to alert all Gwent GP Practices/pharmacies of impending fraud threats which targeted the primary care GMS/pharmacy dispensing domains.

- 4.10 Fraud prevention notices can be issued by NHSCFA under the WG directions for Countering Fraud. Any such circulars include the request for specific action to highlight and minimise any known fraud risk. These fraud prevention instructions referred to as FPN's emanate from the Central Intelligence Unit (CIU) of NHSCFA. During 2022/23 the LCFS has actioned **ten (10)** such circulars, which are outlined in further detail later in this report.

4.11 Additionally, the ABUHB LCFS generated a further **five (5)** self-generated alerts on banking mandate fraud throughout the Corporate Finance and Procurement communities.

4.12 Current indicators from the WG, the Government Counter Fraud Function and the NHS Counter Fraud Authority is that fraud risks remain high and economic attack against the NHS and other public sector bodies will continue.

The principal threat remains at Procurement level, i.e. banking mandate fraud, invoice fraud and the offer of goods or services which do not exist. Internal financial controls have been effective and have prevented these aspects to date.

Due to the threat level, the ABUHB LCFS has continued to focus on banking mandate and invoice fraud in the Procurement Services domain. During 2022/23, nationally within the NHS, banking mandate fraud has remained a high-risk fraud threat and ABUHB has been subject to attack from this type of high risk/high value fraud.

This fraud occurs when fraudsters implement changes to the banking mandate details of legitimate external suppliers/service providers, on Oracle via NHS Procurement Services (Accounts Payable) to that of the fraudsters own bank accounts. Outgoing payments are then hijacked into the fraudsters' bank accounts.

The ABUHB LCFS has maintained ongoing collaboration with NWSSP Procurement Services on preventative measures focussing on banking mandate fraud, which had been implemented a number of years previously.

The following directives were reinforced to mitigate this area of fraud:

- No banking mandate changes will be implemented, on the basis of an incoming telephone call or the receipt of an email or letter alone.
- To confirm the authenticity of the banking mandate request, the requesting supplier/service provider should be contacted (not on the contact reference on the letter but on the verified and established contact details NHS have held for them historically on file).
- A contact who is known to the NHS from within the company (with whom NHS have engaged previously) should be spoken with to and confirm the authenticity of the banking mandate request.
- To mitigate the insider threat, the NWSSP staff member who implements banking mandate changes should not be authorised to process payments on Oracle etc. This means that it would require two members of staff to collude or conspire together to transfer payments to a fraudulent bank account.

The threat to the NHS is ever present from this type of fraud and there is a real need for continued and heightened vigilance on the part of Procurement Services and Corporate Finance staff alike. The LCFS also emphasised with Senior Management of Procurement Services the need for continuous training and guidance for newly appointed members of staff on this topic, as inexperienced novice staff, agile working from home, without supervision or support, can unwittingly present a risk in their own right. It was this combination that caused the loss of £80k to banking mandate fraud for a neighbouring Health Board during the Covid pandemic.

4.13 Following consultation with the Head of Procurement Services the LCFS has verified that best practice is being adopted in relation to single tender wavers and a one-page Declaration of Interest section constitutes one part of the full form.

4.14 An area of managed risk within Procurement Services follows arrangements to support supplier businesses during Covid which was highlighted by the Cabinet Office in March 2020. NHS Wales moved to support businesses during Covid with the aim of paying suppliers more speedily, improving their cash flow. This was the catalyst to a variation in the 3-tier procurement protocol for the payment of invoices under £500.00 in value. These type of invoices are of low individual value but extremely high in volume.

In its simplest form, the 3-tier system is:

- 1) ORDER.
- 2) INVOICE.
- 3) CONFIRM RECEIPT OF GOODS.

Then payment is made.

The change in protocol was that receipted verification would be undertaken retrospectively following payment.

Potential risks associated with the change of protocol are:

Being invoiced for goods/services not supplied.

The potential for invoice splitting by supplier on higher value transactions to keep invoice values below the £500.00 threshold.

The LCFS has confirmed that retrospective receipted verification has been carried out and that spot checks have been done on samples of invoices which have been paid without being receipted and very few issues or areas of concern have been identified. This arrangement remains in place moving forward for the future and is subject of ongoing review.

4.15 As with every NHS Healthcare organisation, ABUHB remains under sustained attack from cyber fraud. This predominately relates to attempts of banking mandate fraud, contractor invoice fraud and attempts to illicit same day electronic money transfers.

All preventative measures and internal financial controls have defeated these attempts at fraud and remain effective. The fraudsters have become increasingly accomplished at cloning e-mail addresses of ABUHB personnel which are regularly utilized in their fraudulent efforts.

The LCFS has continued working in conjunction with DHCW Digital Health & Care Wales – Cyber Security Team, who have applied system filters with a view to intercepting these cyber fraud attacks prior to them reaching their intended targets. This includes the blacklisting of identified I.P. addresses used by the fraudsters.

4.16 In an effort to raise workforce awareness on these fraud threats, the LCFS uses permutations of intranet news items, staff newsletters and via the ABUHB intranet carousel.

4.17 The LCFS has worked in collaboration with Procurement Services and the wider NHS finance community as part of local proactive exercises stemming from fraud prevention guidance generated by the NHSCFA during 2022/23.

Fraud Prevention Guidance

The FPN's are as follows:

- NHS CV fraud
- Mandate fraud – hacking of NHS mail accounts
- Fake supplier invoice fraud
- Cyber enabled mandate fraud x 3
- Payment usage mandate fraud
- Bogus Consultant
- Salary diversion fraud
- Payment terminal fraud

The aforementioned FPN's have been actioned as Local Proactive Exercises on the *Clue-3* system.

4.18 The Government Functional Standard for Counter Fraud (GovS 013) is heavily focussed on Local Proactive Exercises (LPE's) and risk assessments. Consequently, in addition to the aforementioned LPE's, the LCFS has conducted further risk assessments as follows:

1. Service specification review for Community Pharmacists – Pharmacy Independent Prescriber Service claims (PIPS).
2. Security, governance and control of hospital controlled drugs and WP10HP medical prescription forms.
3. Cyber enabled mandate fraud.

RISK ASSESSMENT 1 – PHARMACY INDEPENDENT PRESCRIBER SERVICE CLAIMS

The LCFS has engaged with the Community Pharmacy Advisor to review general financial governance vulnerabilities with the PIPS service specification and perceived difficulty for the NHS in the verification & reconciliation of pharmacy contractor claims.

PIPS took effect in April 2022, as a WG promoted service, which enables community pharmacies to prescribe medicines on occasions when there is an Independent Prescriber in situ on the premises. There is a sliding scale of standing payments to pharmacies, dependent on the number of hours that the Independent Prescriber is on site, to a maximum of £3.2k per month for 150 hours Independent Prescriber attendance. This figure is then enhanced with prescribing activity payments.

Difficulties were initially encountered on the launch of the service as the prescription pads were not available for use for several months. It was identified that at least one ABUHB pharmacy contractor claimed the maximum standing payment for that initial period, despite being unable to provide the service due to the absence of prescription pads. Following collaboration between the LCFS and Primary Care Pharmacy Lead, agreement was reached that this fell outside of the spirit of the service specification and in excess of £10k was recovered from that contractor, by installment, over a 3-month timeframe.

Circa one third of ABUHB Pharmacies have currently taken up on this service provision and it is anticipated that this number will increase to in excess of 100, by year end 2023.

Potential financial risk surrounding the service, is difficulty in verification of standing payment claims with the reconciliation of the number of hours an

Independent Prescriber was in attendance on the premises. Further vulnerability is the potential for a contractor, who has more than one pharmacy, in close proximity, to claim standing payments for both pharmacies, when there was an Independent Prescriber at one premises only. This again, would fall outside the spirit of the service specification.

These risks have been highlighted to the Community Pharmacy Advisor and will be subject to on-going scrutiny and review.

A recommended verification control is the reconciliation of claims under this service against the daily pharmacy responsible pharmacist duty record (held at the pharmacy) and confirmation that the responsible pharmacist details tally, followed by confirmation that the duty responsible pharmacist holds Independent Prescriber status/credentials.

Additionally, the LCFS has raised these vulnerabilities, with PPV Leads, at the all-Wales Counter Fraud & PPV meeting, with the suggestion that PIPS should be considered as part of the PPV service provision.

RISK ASSESSMENT 2 – SECURITY OF HOSPITAL CONTROLLED DRUGS AND MEDICAL PRESCRIPTION FORMS

Following repeated incidents of reported theft, relating to the security, handling & governance of controlled drugs and medical prescription forms at the Grange University Hospital, the LCFS carried out a risk assessment in collaboration with the Urgent Care Divisional Pharmacist. This assessment included Omnicell vending cabinets, which are used for the secure storage of drugs and medical prescription pads alike. The review additionally incorporated ward practices and use of controlled drug cabinets and controlled drug registers. Security of patients own drugs (brought in on admission) was also subject of review.

The following areas of weaknesses were identified:

- CD medicines stored in patient lockers and not in Omnicell/CD cabinets
- Same drug cabinet access code used on a number of wards
- Access code not changed frequently or following Datix incident, which highlighted that the access code had potentially been compromised
- Drug cabinet doors left open as staff unaware of access code
- Patient lockers and medical cupboards all using the same access code
- Access code written on stickers and placed on outside of drug cabinets for ease of access by staff
- Prescription pad removed from Omnicell cabinet and left on table, close to patient occupied area
- Potentially dangerous drugs left in unlocked cupboard (potassium)
- Drugs requisitioned from pharmacy left on unmanned desk in open plastic envelope carrier, not placed in Omnicell cabinet
- Unused medicines left on desks/work stations etc.
- Bag of patient medicine left in carrier bag on unmanned workstation

The LCFS has liaised with the Head of Internal Audit in respect of these findings and also the Clinical Director of Pharmacy who has delegated the Divisional Nurse to take ownership of and manage said risks.

RISK ASSESSMENT 3 – CYBER ENABLED MANDATE FRAUD

A risk assessment was initiated as a consequence of a fraud prevention notice distributed by NHSCFA. The contents and recommendations of the FPN were endorsed and is supported by the Department of Health and Social Care Anti-

Fraud Unit, NHS Counter Fraud Authority, NHS England and NHS Digital. The NHSCFA was alerted to several breaches to the NHS email system which revealed that cyber criminals had gained access to NHS email accounts which the criminals then monitored to gather information for the purposes of committing fraud against the NHS. The cyber criminals were attempting to divert high value payments by assuming the identity of legitimate suppliers/NHS personnel and then inserting themselves within existing email chains between NHS organisations and their suppliers. Email flow rules were changed by the cyber criminals in order that they would be copied into all future emails that were sent between NHS organisations and their suppliers. This was initially achieved by cloning a legitimate email address and creating a very similar one with a subtle difference which was very difficult to spot. As a consequence, high value payments were diverted into bank accounts controlled by the cyber criminals and NHS funds were successfully stolen.

The LCFS has complied with all the recommended actions attached to this FPN. The notice has been distributed to all divisions of the finance community and the NHS Cyber Security teams alerting greater vigilance to this type of fraudulent attack. The LCFS has actioned the FPN on 'Clue' case management system.

The LCFS will also maintain an ongoing collaboration with the NHS Cyber Security Team to assess the robustness of existing cyber security tools and consider adopting such tools recommended by the NHSCFA. To date, there has been no successful attack of this nature in NHS Wales.

PROACTIVE DETECTION ACTIVITY – OVERPAYMENTS OF SALARY

Currently, overpayments of salary arguably account for the highest percentage of invoices raised by the Corporate Finance Team.

As reported in the previous year, the conclusion of the exercise continues to indicate that the primary contributing factor for such overpayments is an ongoing failure on the part of NHS Managers to action staff termination and staff change forms in a prompt and expeditious manner. This has resulted in events such as salary overpayments on inaccurate pay banding supplements and overpayments to former employees who were no longer employed by ABUHB.

The LCFS has continued to work in close liaison with the Accounts Receivable Team of Corporate Finance who inform the LCFS of every significant overpayment. The LCFS is selective and identifies any suspected criminal conduct attached to the overpayments. If criminal conduct is suspected, then a criminal investigation is incepted by the LCFS. If not, and the overpayment bears all the hallmarks of a civil debt, then the Accounts Receivable Team seek to recover the debt by an alternative civil legal process.

The ABUHB LCFS also notifies their NWSSP counterpart of overpayments of salary, particularly when Payroll Services have failed to action notifications of staff changes/termination. In turn, the NWSSP LCFS reports these incidents to the DoF and Audit Committee of NWSSP with a view to improving operating systems and strengthening internal financial controls within Payroll Services.

As a remedial measure, the LCFS has incorporated payslip messages to all ABUHB staff on two occasions during 2022/23, reminding the workforce of their obligation to immediately report any salary errors.

Additionally, case listed as investigation **six (6)** on Appendix 2, was referred to the LCFS, via the protocol with Accounts Receivable, as described previously in

this section. This is evidence of positive collaborative working, which subsequently resulted in a criminal conviction at court.

It is worthy of note that Counter Fraud have two separate work streams relating to overpayments of salary, undertaken in line with the Counter Fraud Standards. Firstly a requirement to investigate potential fraud offences within the NHS and secondly to undertake detection activity and reduce the risk of fraud losses. It was considered that there was a divergence in the approach to the risk and detection element between the Health Board's Counter Fraud Teams in relation to the parameters for highlighting individual instances of overpayment of salary.

To consolidate local protocols, the Lead LCFS's for the Health Boards in Wales, collaborated and guidance has been presented, as a proposal, to NWSSP Payroll Services, as an all-Wales recommended standardised best practice. The guidance is as follows:

- The overpayment relates to a staff member whose employment has been terminated;
- The overpayment persisted for a period of 3-months or more and/or is of a value of £5k or more following termination;
- Payroll have received no contact regarding the overpayment of salary from the terminated staff member, hence there has been no effort by the staff member to remedy the situation;

To satisfy the detection activity and risk element, data that reflects individual overpayment details should be provided, to enable Counter Fraud to assess potential criminal activity. This data should be provided to Local Counter Fraud Teams, on a monthly basis. This would streamline such referrals and alleviate the need for Payroll Services to refer the majority of overpayments to Counter Fraud individually.

This overpayment problem is not unique to ABUHB. From collaboration with counterparts in other Welsh Health Boards, it is evident to the LCFS that this is a national issue for NHS Wales.

PROACTIVE DETECTION ACTIVITY – PROCUREMENT INVOICE FRAUD

Evidence of the success of the collaborative working between Counter Fraud and Procurement Services (as highlighted previously at paragraph 4.12 of this report) is borne out by the interception of a fraudulent invoice which claimed payment for the purported the delivery of 1,400 ITU beds at a cost of £9.8 million. This enquiry involved ABUHB Procurement Services and the National Administration Team of NHS Supply Chain. The conclusion was the invoice originated from one company in the guise of a different company which ended their NHS agreement from when the new framework was launched. This activity was alerted to NHSCFA Central Intelligence Unit for national circulation and payment of the invoice was declined. The wider NHS finance community was also alerted to this activity.

- 4.19 The LCFS has engaged with the Medical Director with a view to establishing directives regarding the appropriateness of displacement of job plan contracted SPA sessions by Consultant Doctors in order to uptake additional productivity sessions elsewhere, such as NFI/backfill sessions. This is subject to ongoing review.
- 4.20 The LCFS is a permanent attendee of the Gwent Local Intelligence Network (LIN). The Medical Director is the Accountable Officer for the LIN which has Police representation, representation from neighboring county LIN's and also representation from HoPMM, Pharmacy, GPhC, Health Inspectorate Wales, Care

& Social Services Inspectorate Wales and this allows for exchanges of information. A primary function of the LIN relates to the security of and addressing risk factors attributed to controlled drugs (CD's).

The LCFS attend all LIN meetings during year 2022/23, which took place on 10/05/22, 01/08/2022, 25/10/2022 & 24/01/23 respectively.

As a by-product of the LIN, the LCFS is named (with contact details) on the LIN Newsletters and this serves to promote the identity of the LCFS and highlight their presence to the workforce and all GP's and Community Pharmacists within the LHB.

4.21 Additionally, the LCFS was a fully appointed member of the NHS Prescription and Forms Group (Wales). This group had the capacity to implement changes to prescription forms and NHS forms in Wales. Security issues relating to NHS forms and prescription form handling were addressed by the Group which also has Welsh Government (WG) representation. The group has been dissolved however, the LCFS still continues to be consulted prior to any major changes in prescription and NHS forms in Wales and can ensure that fraud proofing measures are considered.

4.22 The LCFS monitors the pharmacy reward scheme within the LHB and is the sole countersignatory to authorise payments under the scheme. The LCFS liaises with Pharmacist and G.P. primary care contractors to ensure the guidelines are adhered to and that prescription fraud is reported appropriately.

The LCFS has also provided these contractors with written literature relating to the pharmacy reward rules to heighten their awareness to prescription fraud.

These rules have previously been distributed to all 131 Pharmacies in the LHB. During year 2022/23, ABUHB has made payment on **five (5)** Pharmacy Reward Scheme claims.

4.23 Since April 2011, the LCFS has acted in a consultancy role to the Workforce & OD Policy Group and has received notification of all policies, terms of reference guidance notes that are subject of review by the group. This ensures that all policies are robust and 'Fraud Proofed' at concept or update stage.

The LCFS has reviewed and has initiated inclusions on **twelve (12)** documents which have been implemented by ABUHB during 2022/23. These policies are:-

- Annual Leave & Statutory Holidays Policy
- Annual Leave Policy for Consultants & Senior Medical & Dental Staff
- Employer Pension Contributions - Alternative Payment Policy
- Paternity Leave Policy
- Home Working Policy & Guidelines
- Trade Union Recognition & Partnership Agreement Policy
- Adverse Weather Conditions Policy
- Accessing NHS Pension & Re-Engagement Guidelines
- Counter Fraud, Bribery & Corruption Policy
- Health & Care Professional Council - Registration & Checking Policy
- Long Service Award Policy
- Rebanding Policy

4.24 A frequent concern raised by NHSCFA is the upholding of pre-employment checks and maintaining NHS employment standards, inasmuch as any relaxation in pre-employment checks, may result in the NHS employing staff,

who have dubious or spurious credentials, or whose identity may not be verified as rigorously as usual. Pre-employment checks need to remain robust in this domain and the LCFS is monitoring this area both within Health Board processes and on the National Fraud Initiative. An example of this is case **(10)** on **Appendix 2** which pertains to a person who gained employment as a HCSW and who had been previously imprisoned for drug trafficking offences.

- 4.25 As required, the ABUHB LCFS engages with the Head of Engagement and Support for NWSSP on the aspect of monitoring and sharing of PPV audit data pertaining to claims by General Ophthalmic Service contractors.

Consequently, the LCFS has access to GOS trend data which allows for proactive monitoring of claiming patterns and for any abnormal claiming activity on the part of Health Board GOS contractors.

- 4.26 The LCFS frequently reports system weaknesses on the investigation management system *Clue-3* to allow for remedial national NHS system strengthening measures to be applied if considered necessary. This was the case in respect of the aforementioned risk assessments/LPE's.

- 4.27 The ABUHB LCFS remains committed to implementing changes to the return-to-work interview form in so much as it is strongly recommended that a question is included in the document which asks the member of staff if they have worked elsewhere during their period of paid sickness absence. This is to supplement information in the NHS Wales Managing Attendance at Work Policy which advises workforce of the potential disciplinary and criminal liability of this conduct. This request has been pursued with NWSSP.

- 4.28 In order to maximise the deterrence of fraud, the LCFS has promoted successful Local and National cases to LHB staff and Contractors at every given opportunity.

- 4.29 A range of communication tools have been utilised to deter staff and contractors from committing fraud, including: fraud awareness presentations, newsletters, leaflets/posters, payslip messages and Counter Fraud web pages and ABUHB intranet site & ESR homepage.

- 4.30 During year 2022/23, where legally permissible, the LCFS has continued with the practice of publicizing national media reports of individuals who have been convicted at Court of defrauding the NHS. This positive counter fraud reporting is with a view to maximizing the deterrent impact of such cases.

- 4.31 The Counter Fraud Communication Strategy Policy developed for Aneurin Bevan University Health Board, outlines the communication methods that are utilized to promote fraud awareness.

- 4.32 The LCFS has continued to provide guidance to ABUHB Head of Communications which includes the work of the NHS Counter Fraud Service (NHSCFA) Deterrence and Engagement Unit Media Team and the Advance Warning System adopted by that organisation. The DEU is able to support the LHB with media handling of cases that attract the attention of the press. The Head of Communications is customarily given advance notification of cases prior to their arraignment at court.

- 4.33 The Counter Fraud newsletters and circulars that were circulated during 2022/23, highlighted local and national cases of fraud against the NHS that have been successful in court. These sources of information also provided details on the correct way to report fraud and all the relevant Counter Fraud

contact details. The communiqués sent out a clear deterrent message to readers that fraud in the NHS is unacceptable, indefensible and will not be tolerated and that action will be taken against any known perpetrators.

- 4.34 The LCFS promotes the ABUHB Whistleblowing Policy in every instance at fraud awareness presentations and roadshows.

Feedback questionnaires are customarily distributed at face-to-face presentations and the results of these questionnaires are retained and analysed by the LCFS. Any areas of perceived deficiency are addressed.

- 4.35 The proactive fraud detection exercise which was incepted by the LCFS in 2011 which centered on the audit of expenditure reports at ABUHB hospital Prescription Handling Directorates is still an ongoing rolling programme. This continuing audit of hospital prescription forms not only acts as a preventative measure but also acts as a deterrent because the LCFS publicizes the fact to prescribers that this scrutiny is taking place.

- 4.36 NHSCFA fraud prevention media titled, *'Who pays for fraud in the NHS – we all do'*, features on the ABUHB intranet site. This media encompasses current NHSCFA fraud prevention leaflets.

- 4.37 In order to ensure the effectiveness and staff awareness of the Standards of Business Conduct for Employees Policy, the Board Secretary continues to pursue the submission of declaration of interest forms or a nil return, whichever applies. Furthermore, the LCFS has access to DOI data for the purposes of investigating data matches on the National Fraud Initiative (NFI).

In order to reinforce the obligation for staff to submit declarations of interest, the aspect is included on ESR as part of PADR (staff appraisal) core documents. By this means, the topic potentially reaches the largest audience of staff members. A question on this document asks whether the postholder has a declaration of interest and if the answer is 'yes', a second question asks whether the appropriate form has been sent to the Board Secretary. The document also contains a link to guidance on DOI.

5 Reactive Counter Fraud Bribery & Corruption Practices - Hold to Account

- 5.1 The LCFS has highlighted that a proactive review programme helps to develop the cultural change necessary to allow the Counter Fraud Strategy to be effective.

- 5.2 The Audit Commission is responsible for running the National Fraud Initiative (NFI). This commenced in 1996 and runs every two years. The NFI is an exercise that matches electronic data both within and between some 1,200 public sector bodies and participating private sector bodies to prevent and detect fraud. This includes the NHS, DWP, HMR&C, Police Authorities, Local Probation Boards, Fire and Rescue Authorities as well as Local Councils and number of private sector bodies. Cumulative detected and prevented savings identified from NFI data matching since 1996 are cited to exceed £2 billion across the UK and £49.4 million in Wales. The NFI data collection operated in 2022/23. By the deadline date of October 2022, the LCFS facilitated the downloading of the Trade Creditors payment history and Trade Creditors standing data to the Wales Audit Office in compliance with the NFI mandate.

NHS Pension and workforce Payroll Data was also downloaded by the deadline date. This included the incorporation of fair processing notices to the workforce on the ESR homepage carousel.

The payroll data matches were received by ABUHB on 27th January 2023, whereas trade creditor data matches were received on 6th February 2023. The matches total 7,441 in number, of which, 6,916 relate to trade creditors standing data.

The ABUHB LCFS continues work on these NFI data matches and outcomes will be reported back to the Cabinet Office by the deadline date. The work into trade creditors standing data matches, is undertaken by NWSSP Procurement Services Account Payable Section. Payroll to payroll and kindred matches are investigated by the LCFS.

- 5.3 The LCFS has maintained the following proactive investigation exercises:
- Monitoring of GOS trend data pertaining to claims by GOS Contractors.
 - Data mining for outliers and abnormal claiming patterns for common ailment scheme claims by Community Pharmacies.
 - Rolling programme of monitoring the medication prescribed on Hospital Directorate medical prescription forms.
- 5.4 The Counter Fraud team investigates all referrals of alleged fraud, bribery and/or corruption in accordance with Welsh Government Directions and the NHS counter fraud bribery & corruption manual. The LCFS provides the DoF and the NHS Counter Fraud Service (Wales) with a concluding report on each investigation.
- 5.5 Investigations are anonymised in reports to the Audit Committee. Internal Audit and External Audit receive copies of the LCFS report to the Audit Committee and vice versa. Incorporated in **Appendix 2** are details of the LCFS counter fraud investigations conducted between 1st April 2022 and 31st of March 2023.
- 5.6 CFS Wales carry out high value complex investigations. If an investigation is linked with the area in which the LCFS operates they may be required to assist the CFS Wales by taking witness statements, assisting in the search of a premises or carrying out interview of witnesses and suspects.
- 5.7 The LCFS has liaised with the Information Governance Manager who is aware of the work of the LCFS. The LCFS has confirmed that ABUHB is compliant with registration on the ICO Data Protection Register. The LHB has an extensive and up-to-date information asset register.
- 5.8 The LCFS actively promotes working in partnership through collaboration and interaction with other agencies. A demonstration of this are cases listed as **(10)(12) & (21)** on **Appendix 2**, which in this instance pertains to Police collaborative investigations.
- 5.9 On the aforementioned cases, information sharing occurred between the LCFS and Police. The LCFS provided a witness statements and documentary evidence to support a joint LCFS/Police prosecution in case **(12)**. Additionally, the LCFS provided statements of evidence to HR to support the disciplinary process in relation to investigations **(1)(3) & (6)** on **Appendix 2**.

- 5.10 Additionally, on investigations **(1)(2) & (3)** on **Appendix 2** the LCFS provided evidential support to the professional bodies and actually provided witness statements to the NMC & GMC in these instances.
- 5.11 The LCFS is committed to pursuing every line of enquiry during an investigation and this includes employing every available investigative technique and resource. A further demonstration that the LCFS utilizes the full range of investigative resources, applies to investigation **(30)** on **Appendix 2**. This case demanded a financial investigation under the Proceeds of Crime Act 2002, which was undertaken by an Accredited Financial Investigator attached to Counter Fraud Service (Wales). Additionally, as part of the investigation, for evidential purposes, it was necessary to identify the level of funds held in a bank account.
- 5.12 On four occasions historically, ABUHB has provided expenditure for handwriting forensic analysis, to progress LCFS investigations and this is yet further evidence that there is strong political and executive support for work to counter fraud, bribery and corruption. It is apparent that the ABUHB organisation is committed to making financial investments in work to tackle fraud, bribery and corruption which is proportionate to identified risks.
- 5.13 During 2022/23 the ABUHB LCFS disseminated **five (5)** Data Protection requests to external bodies i.e. Police, DWP & UKBA etc., whereby information was sought by the LCFS to progress investigations.

Similarly, **ten (10)** Data Protection requests were received by the LCFS from the Police and other agencies, whereby information was sought by law enforcement. This resulted in the release of information by the LCFS and from probity and information governance best practice, the Head of Information Governance was party to all the disclosure.

- 5.14 Liaison was effected with HMR&C on investigations **(1)** on **Appendix 2** and a gateway authority was utilised to obtain taxation records as part of this LCFS investigation.
- 5.15 Automated number plate recognition evidence (ANPR) was requested from Heddlu Gwent Police on **two (2)** occasions in relation to investigations **(1) & (20)** on **Appendix 2**.

In addition to this, as a stopgap, the LCFS collaborated with Gwent Police to facilitate PNC checks on persons & vehicles following the protracted loss of this resource by the NHSCFA. This facility was restored to NHSCFA in February 2023 and is now fully functional and available to the LCFS.

- 5.16 During 2022/23, the LCFS conducted **two (2)** interviews under caution with **two (2)** alleged offenders.
- 5.17 In the event that the LHB has a case of proven fraud, the next step will be to seek to apply an appropriate sanction. There are three different types of sanctions which can be followed parallel to each other. The sanctions are as follows:
- LHB Disciplinary Procedure: Applicable to NHS staff only. Contractors can be referred to the relevant professional body.
 - Civil law Procedures: Applicable where the LHB needs to recover monies lost to fraud that cannot be sought through voluntary payments or the Criminal Courts.
 - Criminal law Procedures: to apply an appropriate criminal penalty.

- 5.18 **Four (4)** investigations on **Appendix 2** have resulted in prosecution files of evidence being submitted to the Crown Prosecution Service (Paragraph 1.9 above refers).
- 5.19 **Four (4)** of those cases **(4)(6)(12) & (21)** on **Appendix 2** have resulted in criminal convictions/sanctions.
- 5.20 **Six (6)** cases **(3)(14)(9)(15)(18) & (19)** on **Appendix 2** have resulted in disciplinary action. These generally pertain to dismissal from employment for gross misconduct but include formal written warnings or where staff members have resigned prior to the conclusion of the disciplinary process. Case **(21)** is an ongoing disciplinary matter.
- 5.21 Investigations **(1)(3)(4)(6) & (13)** on **Appendix 2** are ongoing matters with the GMC & NMC which have potential impending sanctions from professional bodies.
- 5.22 Case **(2)** on **Appendix 2** has received a professional sanction from the professional body the GMC.
- 5.23 The LCFS has sought to maximise the deterrent value of criminal sanctions by publicising them and exploiting media coverage of cases. Case **(6)** on **Appendix 2** received extensive regional media reporting following conviction at Court. Additionally, case **(13)** also received regional media attention during its hearing at the NMC. This media coverage amplified the deterrent message to any would-be NHS fraudsters.
- 5.24 It is important that sanctions are applied in a consistent manner according to the seriousness of the fraud, which is believed to be present. All sanctions are carried out in accordance with the NHS policy publication entitled 'Applying Appropriate Sanctions Consistently'. Full compliance is also made to Legal Directions and the NHS counter fraud manual.
- 5.25 The protocol between the Counter Fraud Specialist and Workforce & OD (referred to previously at paragraph 2.2 above) outlines the procedure that should be followed if a staff member is being investigated for fraud. The protocol ensures that both parties work together to ensure that any disciplinary action does not affect any criminal investigation. The implementation of the protocol by the LHB ensures consistency in working practices and will be supportive of the Counter Fraud provision and the LCFS. Consideration in this domain is also given to the NHSCFA policies on Parallel Criminal and Disciplinary Investigations.
- 5.26 The Covid lockdown essentially brought the Criminal Justice court process to a standstill and impending prosecutions were severely delayed with the closure of law courts. Additionally, under the Crown Prosecutors Code, it is evident that the emphasis in relation to public interest considerations were affected in the decision-making process applied by the CPS.

Under the Crown Prosecutors Code, each case under consideration must pass two individual tests before it can proceed to court, firstly the evidential test and secondly the public interest test. If a case fails the evidential test, then no consideration should be given to public interest factors irrespective of how serious a case may be.

Investigations listed as case numbers **(1) & (2)** on **Appendix (1)** received declined charging decisions by the CPS under public interest considerations.

Pre-Covid, such cases would have undoubtedly resulted in criminal court proceedings. Following meetings between the Manager for Counter Fraud Service (Wales) and the Head of the CPS Specialist Fraud Division, the balance has been restored and the successful prosecution of case number **(6)** is testament to this.

The Audit Committee tasked the LCFS to establish if this was exclusive to ABUHB cases. It has been confirmed that this was an emerging pattern across Wales and was not unique to ABUHB. Information on all rejected cases across Wales was collated and the Manager of Counter Fraud Service (Wales) who is the liaison point with the CPS, met with the Head of the CPS Specialist Fraud Division to discuss concerns. Consequently, the balance has been restored and the successful prosecution of case number **(6)** is testament to this.

- 5.27 The criminal investigations conducted by the LCFS are continuing unhindered throughout their evidential gathering phases, following emergence from the Covid pandemic. Towards the conclusion of any such investigations, following the evidence gathering stages, if areas of concern are found to be prevalent, there is the requirement to conduct an audio recorded interview under caution, with the defendant, in the presence of their Solicitor. Such interviews are now progressing as normal following emergence from the pandemic.
- 5.28 Fraud whistleblowing referrals have continued to be received by the LCFS but the dynamic for raising fraud concerns has favoured the 0800 NHS National Fraud & Corruption Reporting Line. The previous most common method of this type of referral was by means of the fraud referral form downloaded from the Counter Fraud web-pages on the ABUHB intranet site.
- 5.29 In all cases, the LCFS, in agreement with the DoF, seeks to recover monies lost to the Health Board as a result of fraud and corruption. Recoveries totalling **£121,727.21** were made against investigations listed as numbers **(5) (6)(11)(16)(24)(28) & (30)** on **Appendix 2** of this report. Additionally, the NHSCFA are currently driven to fraud prevention savings as a result of counter fraud intervention and such savings are arguable as outlined in paragraph 4.18 of this report. The LCFS also seeks to maximise possible sanctions against the perpetrator. Effective recovery can benefit from other work performed by the LCFS to professionally investigate, to seek to apply sanctions and develop an anti-fraud culture.
- 5.30 The LCFS keeps a record of the outcome of all investigations including details of recoveries being sought. The LHB has procedures in place for recovering money lost to fraud and the recoveries policy is enforced and adhered to rigidly.

6 Counter Fraud Arrangements

- 6.1 CFS (Wales) the regional arm of NHSCFA, hold All-Wales bi-annual summits at which all LCFS's who work within the NHS in Wales are required to attend.
- 6.2 The meetings give the LCFS an opportunity to share best practice with other Counter Fraud Specialists and to receive training and updates on legislation relating to criminal investigations.
- 6.3 During 2022/23, an all-Wales LCFS meeting was held on 22nd November 2022, which was preceded by an LCFS Leads meeting on 9th September 2022. These meetings were attended by Senior NHSCFA Q.A. Managers. Additionally, the Lead LCFS met with Senior NHSCFA Q.A. Managers on 11th October 2022, in relation to quality and assurance and local proactive exercises on behalf of ABUHB.

6.4 The Lead LCFS has regularly met/liased with the DoF during 2022/23 to monitor the progress against the Counter Fraud workplan. The LCFS has regular interaction with the DoF relating to fraud investigations, to highlight potential fraud risks and to circulate fraud notices. These meetings are customarily scheduled on a bi-monthly basis.

On behalf of ABUHB, the DoF is also the authority for prosecution. These meetings are scheduled at paragraph 2.13 of this report.

6.5 The Counter Fraud team consistently takes action to develop new skills for Counter Fraud, and where necessary attends the relevant training courses and workshops. In addition to the all-Wales forums referred to at paragraph 6.3 above, the LCFS attended training sessions delivered by NHSCFA Q.A. on 25/26th January 2023 & 29th March 2023.

6.6 Further to the above, the ABUHB LCFS undertook the following training sessions during 2022/23:

- NHSCFA training - CPIA, AG guidelines 2022 updates, CLUE-3 training
- NHSCFA training - Disclosure, AG guidelines 2022 updates, CLUE-3 training
- NHSCFA forum training - AG guidelines/new bail changes
- NHSCFA Webinar - mid-year performance review
- RL Datix Cloud IQ incident review training x 2
- Women in leadership workshop
- Learning & development platform & competency training
- AB pulse training
- Creating video links on pulse
- Roster training
- Menopause awareness training
- Band 3-6 Development module 4 - Testing & influencing
- Employee investigation - Looking after process & people
- Difficult conversations workshop
- Influencing skills workshop

6.7 The Lead LCFS has ongoing liaison throughout the financial year with CFS (Wales) with regards to ongoing liaison measures that the Counter Fraud Team has to adhere to. During 2022/23 the Counter Fraud Team has submitted quarterly statistics to CFS (Wales) which included Counter Fraud work and risks identified. This data was presented to the Counter Fraud Steering Group and contributed to the all-Wales Counter Fraud Performance Report. The LCFS presented the 2022/23 performance report to Audit Committee.

6.8 The Lead LCFS presented the Counter Fraud workplan for 2022/23 which was duly agreed by the DoF and Audit Committee. The LCFS identified areas of greatest risk that needed addressing. The workplan is a dynamic document and is regularly updated to ensure that it is reflective of the LHB's needs.

6.9 By the submission deadline date of 30th April 2023, ABUHB Counter Fraud will submit a standards self-assessment review to NHSCFS, Quality Assurance. This review is based on Government Functional Standard for Counter Fraud (GovS 013) and will reflect the ABUHB Counter Fraud provision for 2022/23. The NHSCFA Quality Assurance Team scrutinise the counter fraud provision and assess for embedded counter fraud arrangements and evidence of qualitative outcomes. The resulting report will be presented to Audit Committee for its recommendations to be implemented accordingly.

6.10 Counter Fraud work is a standing item on the Aneurin Bevan University Health Board's Audit Committee meeting agenda. During 2022/23, the LHB Lead LCFS was required to attend and report at **four (4)** such Audit Committee meetings

for the LHB i.e. 7th April 2022, 2nd August 2022, 1st December 2022 & 2nd February 2023. Additionally, the LCFS met privately with Independent Members on 7th April 2022 & 1st December 2022. The LCFS also held one to one meetings with the Audit Committee Chair on 12th May 2022 & 6th March 2023 respectively.

- 6.11 Historically the LCFS referred primary care general dental service and general ophthalmic service cases to the Counter Fraud Service (Wales) for investigation, in relation to potential fraud in those domains.

1. Reporting lines

Chief Executive	Mrs. Nicola PRYGODZICZ Aneurin Bevan University Health Board H.Q. St Cadocs Hospital Lodge Road Caerleon Newport NP18 3XQ Email: nicola.prygodzicz@wales.nhs.uk
Director of Finance	Mr. Robert HOLCOMBE Aneurin Bevan University Health Board H.Q. St Cadocs Hospital Lodge Road Caerleon Newport NP18 3XQ Email: robert.holcombe@wales.nhs.uk
Head of Counter Fraud	Martyn EDWARDS Counter Fraud, Corporate Finance Aneurin Bevan University Health Board 2 nd Floor, Block C, Mamhilad House Mamhilad Park Estate Pontypool NP4 0YP Email: martyn.edwards3@wales.nhs.uk
Succession Head of Counter Fraud	Michelle MORRIS Counter Fraud, Corporate Finance Aneurin Bevan University Health Board 2 nd Floor, Block C, Mamhilad House Mamhilad Park Estate Pontypool NP4 0YP Email: michelle.morris9@wales.nhs.uk
Local Counter Fraud Specialist	Louisa STEELE Counter Fraud, Corporate Finance Aneurin Bevan University Health Board 2 nd Floor, Block C, Mamhilad House Mamhilad Park Estate Pontypool NP4 0YP Email: louisa.steele@wales.nhs.uk
Local Counter Fraud Specialist	Sara MORRIS Counter Fraud, Corporate Finance Aneurin Bevan University Health Board 2 nd Floor, Block C, Mamhilad House Mamhilad Park Estate Pontypool NP4 0YP Email: sara.morris5@wales.nhs.uk

2. Further Information\Mix of cases

Number of cases as at 31st of March 2023, including those brought forward from previous year:

Area (based on Initial reported category)	Number of Cases	Closed	Ongoing
Contractor – GP (Falsify application for performers list)	1	1	0
Member of public – (Compensation fraud)	1	0	1
Member of public – (Prescription fraud)	1	1	0
Member of public – (Illegal distribution prescription meds)	1	0	1
Staff – Doctors (Private work in NHS time/WLI)	1	0	1
Staff – (Falsify CV to obtain post)	1	0	1
Staff – (Falsify hospital appointments)	1	1	0
Staff – (Working on sick leave)	7	3	4
Staff – (Dishonest retention of salary overpayments)	8	5	3
Staff – (Falsified expenses/timesheets)	7	1	6
Staff – (Overtime fraud)	3	3	0
Staff – (Theft of NHS property)	1	0	1
Staff – (Theft of prescription medication)	2	0	2
Totals	35	15	20

3. NHS Counter Fraud Authority Website

Information about NHS Counter Fraud Authority and the NHS Counter Fraud Strategy can be found at <https://cfa.nhs.uk/>

INDEX OF LCFS INVESTIGATIONS AS AT 31st March 2023

Case	FIRST Ref	Health Body	Area	Subject	Status
1.	WARO/19/00145	ABUHB	NHS Staff	Falsify WLI claims.	CPS declined charging decision, NFA criminal aspect. Civil recovery and GMC action impending.
2.	WARO/19/00122	ABUHB	General Practitioner	Falsify information on application for Welsh G.P. performers list.	Subject was interviewed under caution. CPS declined to charge, NFA on criminal aspect. On 03/03/2023, GMC tribunal found that the Defendant's fitness to practise was impaired. Subject struck off medical register & will not be able to work as a Doctor in the UK for a minimum of five years. Sanction effective from 10/04/2023. Case closed 07/03/2023.
3.	WARO/20/00020	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	NFA on criminal aspect. Dismissed from employment on 21/10/2020 following disciplinary action. NMC sanction impending.
4.	WARO/21/00003	ABUHB	NHS Staff	Theft of medication.	Dismissed for gross misconduct on 10/08/2021 following disciplinary action. Police sanction Women's pathway. NMC sanction impending.
5.	INV/21/00267	ABUHB	NHS staff	Dishonest retention of salary overpayment.	NFA on criminal aspect. Subject no longer employed by ABUHB. Civil recovery of £33,920.00 implemented. Case closed 12/08/2022.
6.	INV/21/00276	ABUHB	NHS staff	Dishonest retention of salary overpayment.	At Merthyr Tydfil Crown Court on 6th September 2022, the defendant was sentenced to 8-months imprisonment, suspended for 12-months, was ordered to pay £1,124.69 investigation costs, pay £156.00 victim surcharge

INDEX OF LCFS INVESTIGATIONS AS AT 31st March 2023

Case	FIRST Ref	Health Body	Area	Subject	Status
					and perform 100 hours of unpaid work. (The defendant had already repaid ABUHB in advance of the court hearing on 25th August 2022, against a fraud loss value of £21,389.69. NMC sanction impending.
7.	INV/21/00294	ABUHB	NHS Staff	Falsification of hospital appointments.	NFA on criminal aspect. Disciplinary action not pursued. Case closed 22/11/2022.
8.	INV/22/00060	ABUHB	Member of public	NHS compensation claim.	Investigation ongoing.
9.	INV/22/00110	ABUHB	NHS staff	Timesheet fraud.	NFA on criminal aspect. Written warning on fast track disciplinary on 01/12/2022 and restricted from bank duties. Case closed 01/12/2022.
10.	INV/22/00123	ABUHB	NHS staff	False declaration on job application form.	Investigation ongoing in joint venture with Gwent Police. Criminal prosecution impending.
11.	INV/22/00388	ABUHB	NHS staff	Dishonest retention of salary overpayment.	NFA on criminal & disciplinary aspect. Recovery of £3,567.81 implemented. Case closed 30/11/2022.
12.	INV/22/00529	ABUHB	Member of public	Illegal supply of prescription drugs.	Joint investigation with Police. Defendant convicted at Newport Crown Court on 28/10/2022. 6 x firearms offences & 1 x possession controlled drugs offence. Sentencing hearing impending.
13.	INV/22/00690	ABUHB	NHS staff	Working elsewhere whilst on sick leave.	NFA on criminal aspect. NMC imposed 18-month interim order on 27/05/2022. Restricted to work in Private Nursing

INDEX OF LCFS INVESTIGATIONS AS AT 31st March 2023

Case	FIRST Ref	Health Body	Area	Subject	Status
					Home in Tredegar. NMC action continuing.
14.	INV/22/00691	ABUHB	NHS staff	Working elsewhere whilst on sick leave.	NFA on criminal & disciplinary aspect. Case closed 27/03/2023.
15.	INV/22/00692	ABUHB	NHS staff	Working elsewhere whilst on sick leave.	NFA on criminal aspect. Fast track disciplinary on 21/12/2022, written warning. Case closed on 22/12/2022.
16.	INV/22/00693	ABUHB	NHS staff	Dishonest retention of salary overpayment.	NFA on criminal aspect. No disciplinary issues identified. Financial recovery of £28,328.68 implemented. Case closed 01/08/2022.
17.	INV/22/00899	ABUHB	NHS staff	Working elsewhere whilst on sick leave.	Investigation ongoing.
18.	INV/22/00925	ABUHB	NHS staff	Overtime fraud.	NFA on criminal aspect. Informal resolution disciplinary sanction. Case closed 08/03/2023.
19.	INV/22/00926	ABUHB	NHS staff	Overtime fraud.	NFA on criminal aspect. Informal resolution disciplinary sanction. Case closed 08/03/2023.
20.	INV/22/01183	ABUHB	NHS staff	Timesheet fraud.	Investigation ongoing.
21.	INV/22/01195	ABUHB	NHS staff	Theft of hospital prescription medication.	Police caution on 14/01/2023 as criminal sanction. Disciplinary action impending.
22.	INV/22/01184	ABUHB	NHS staff	Timesheet fraud.	Subject interviewed under caution. Financial recovery impending.
23.	INV/22/01201	ABUHB	NHS staff	Timesheet fraud.	Investigation ongoing.

INDEX OF LCFS INVESTIGATIONS AS AT 31st March 2023

Case	FIRST Ref	Health Body	Area	Subject	Status
24.	INV/22/01391	ABUHB	NHS staff	Dishonest retention of salary overpayment.	Subject interviewed under caution. NFA on criminal & disciplinary aspect. Recovery of £24,000.00 implemented.
25.	INV/22/01353	ABUHB	Member of public	Prescription fraud.	NFA on criminal aspect. Case closed 07/11/2022.
26.	INV/22/01702	ABUHB	NHS staff	Working elsewhere whilst on sick leave.	NFA on criminal aspect & disciplinary aspect. Case closed 23/11/2022.
27.	INV/22/01354	ABUHB	NHS Staff	Working elsewhere whilst on sick leave.	NFA on criminal & disciplinary aspect. Case closed 23/11/2022.
28.	INV/22/01389	ABUHB	NHS Staff	Dishonest retention of salary overpayment.	NFA on criminal & disciplinary aspect. Recovery of £5,357.34 implemented. Case closed 04/01/2023.
29.	INV/22/01522	ABUHB	NHS Staff	Overtime fraud.	NFA on criminal & disciplinary aspect. Case closed 30/11/2022.
30.	INV/23/00285	ABUHB	NHS Staff	Dishonest retention of salary overpayment.	NFA on criminal & disciplinary aspect. Recovery of £4,040.00 implemented. Case closed 22/02/2023.
31.	INV/23/00254	ABUHB	NHS Staff	Theft of NHS property.	NFA on criminal & disciplinary aspect. Case closed 27/03/2023.
32.	INV/23/00258	ABUHB	NHS Staff	Timesheet fraud.	Investigation ongoing.
33.	INV/23/00265	ABUHB	NHS Staff	Timesheet fraud.	Investigation ongoing.
34.	INV/23/00332	ABUHB	NHS Staff	Timesheet fraud.	Investigation ongoing.
35.	INV/22/01414	ABUHB	NHS Staff	Dishonest retention of salary overpayment.	Investigation ongoing.

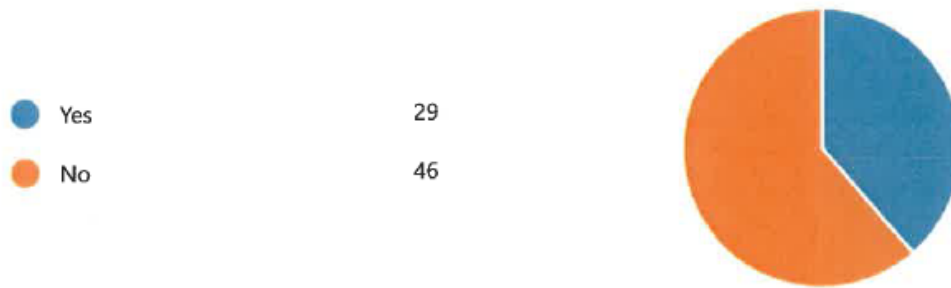
ABUHB Counter Fraud Staff Survey

75
Responses

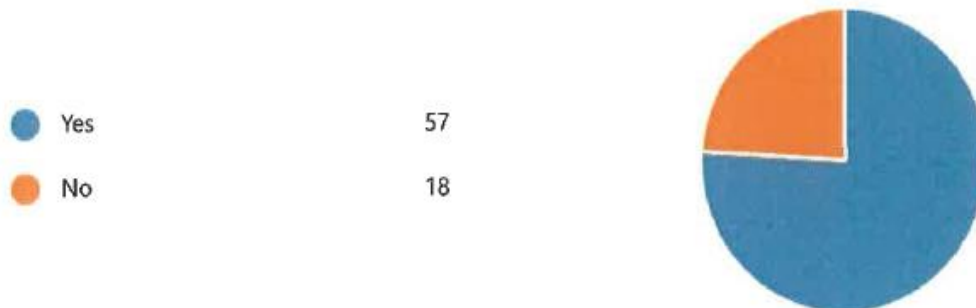
03:18
Average time to complete

Active
Status

1. Have you ever attended a NHS fraud awareness session?

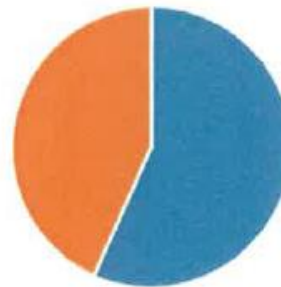


2. Would you be interested in a further fraud awareness session?



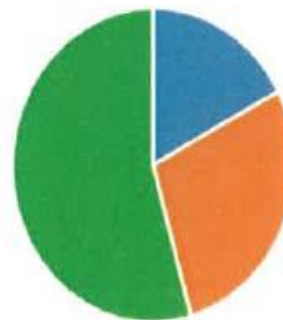
3. Have you completed the 'On-line' Fraud Awareness Training Module linked to your PADR compliance?

● Yes	42
● No	32



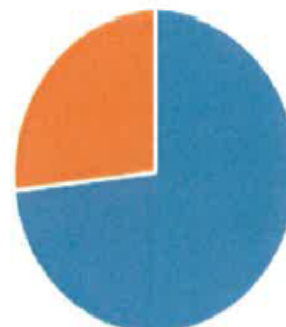
4. When did you complete this on-line module?

● In the last 6 months	8
● In the last 12 months	13
● Longer than 12 months ago	25



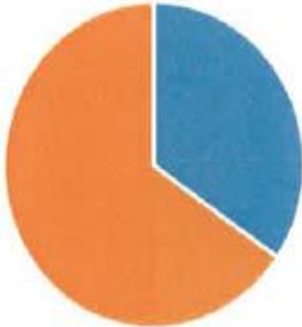
5. Are you aware that there is a *Fraud, Bribery and Corruption Policy*?

● Yes	55
● No	20



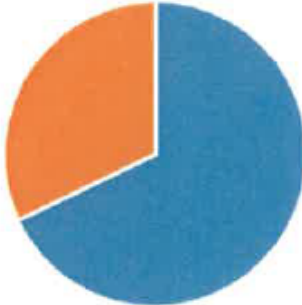
6. Have you read the policy?

● Yes	26
● No	49



7. Are you aware of the Health Board's *Standards of Business Conduct Policy* and behaviours expected of all Health Board Employees?

● Yes	51
● No	24



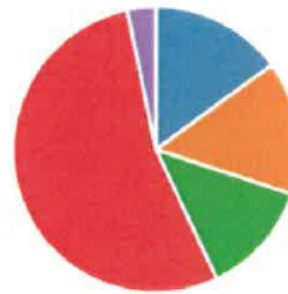
8. Have you read the policy?

● Yes	21
● No	53



9. What Counter Fraud Awareness publicity material have you seen? (PLEASE TICK ALL THAT ARE APPLICABLE)

● Counter Fraud Newsletter	14
● Counter Fraud Specialist Posters	14
● Counter Fraud Leaflets	12
● Bulletins & Videos our Health B...	50
● Other- Please add details in Q.10	3

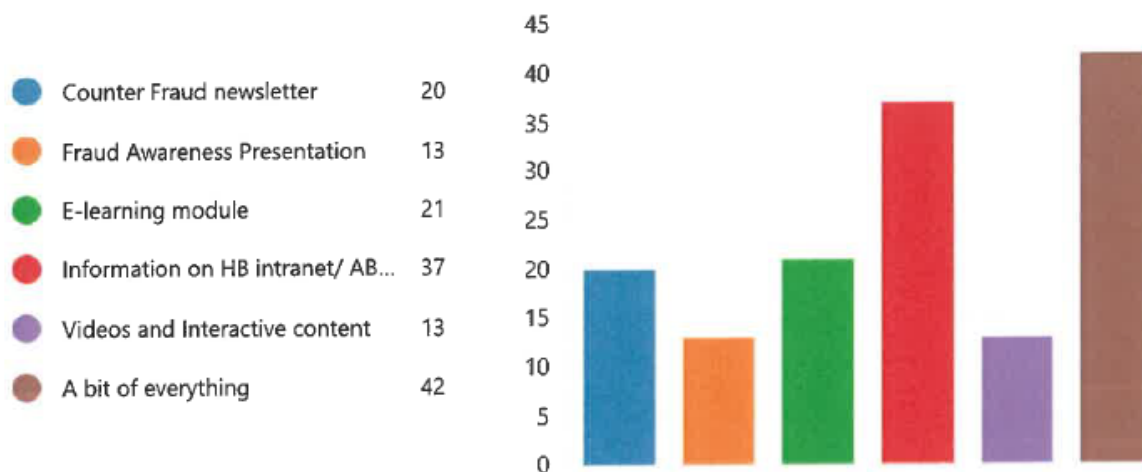


10. Other - Answer here to Q.9

5
Responses

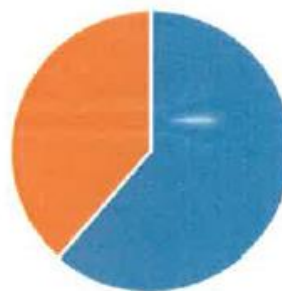
Latest Responses

11. How would you like to be informed of Counter Fraud work within the Health Board? (PLEASE TICK ALL THAT ARE APPLICABLE)



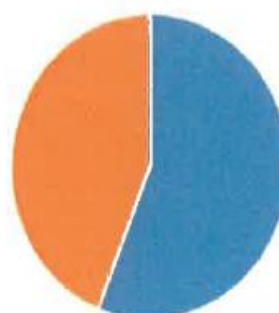
12. Are you aware there are nominated Local Counter Fraud Specialists (LCFS) who deal with fraud, bribery and corruption within ABUHB?

● Yes 46
● No 29



13. Do you know how to report a suspicion of fraud?

● Yes 42
● No 33



14. Have you had concerns around fraud, bribery and/or corruption in your Team or Department in the last 12 months?

● Yes 6
● No 68



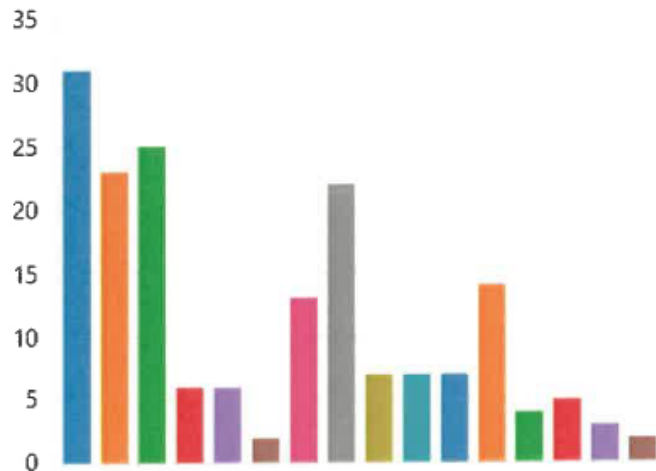
15. Do you feel that your Team/ Department is at risk of fraud?

● Yes 16
● No 58



16. From the list below, please specify what you believe to be the top three types of frauds your department is most at risk of? (You can select more than 1 answer)

● Timesheet fraud	31
● Working elsewhere whilst on sick	23
● False expenses	25
● False employment history	6
● False qualifications	6
● Falsely inflating costs	2
● NHS Equipment	13
● Supplies for personal use	22
● Private work in NHS time	7
● False/duplicating invoicing	7
● False prescriptions	7
● Abuse of Position	14
● Overseas visitors giving false inf...	4
● Bribery or corruption	5
● Other - Please add details to Q.17	3
● Other	2



17. Other - Answer here to Q.16

5
Responses

Latest Responses

18. To ensure we provide appropriate training to the right audience, please provide your Primary area of work. (For example: Primary Care, Clinical Support, Estates & Facilities etc.)

45
Responses

Latest Responses

"Finance"

"Corporate"

"Unsheduled care"