

Standards for providers 2017-18

Fraud, bribery and corruption

Standards for providers 2017-18: Fraud, bribery and corruption

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Quick links to standards in Chapter 5

Please click on the links below to go to the detailed explanation for each standard.

Strategic Governance	Key Principle 1 Inform and Involve	Key Principle 2 Prevent and Deter	Key Principle 3 Hold to Account
Standard 1.1	Standard 2.1	Standard 3.1	Standard 4.1
Standard 1.2	Standard 2.2	Standard 3.2	Standard 4.2
Standard 1.3	Standard 2.3	Standard 3.3	Standard 4.3
Standard 1.4	Standard 2.4	Standard 3.4	Standard 4.4
Standard 1.5		Standard 3.5	Standard 4.5
Standard 1.6		Standard 3.6	Standard 4.6
Standard 1.7			Standard 4.7

1 Introduction

- 1.1 This document aims to provide information to providers of NHS services on the anti-fraud and security management clauses in the NHS Standard Contract 2017/18 and 2018/19, and explain what providers need to do to comply with them. While the NHS Standard Contract is being issued as a two-year contract, these standards will be updated again for 2018-19.
- 1.2 NHS Protect leads on work to identify and tackle crime across the health service. The aim is to protect NHS staff and resources from activities that would otherwise undermine their effectiveness and their ability to meet the needs of patients and professionals. Ultimately, this helps to ensure the proper use of valuable NHS resources and a safer, more secure environment in which to deliver and receive care.
- 1.3 NHS Protect has five high-level organisational aims. These are:
 - To provide national leadership for all NHS anti-crime work by applying an approach that is strategic, co-ordinated, intelligence-led and evidence based.
 - To work in partnership with the Department of Health, commissioners and providers, as well as our key stakeholders, such as the police, CPS and local authorities to coordinate the delivery of our work and to take action against those who commit offences against the NHS.
 - To establish a safe and secure physical environment that has systems and policies in place to protect NHS staff from violence, harassment and abuse; safeguard NHS property and assets from theft, misappropriation, or criminal damage; and protect resources from fraud, bribery and corruption.
 - To lead, within a clear professional and ethical framework, investigations into serious, organised and/or complex financial irregularities and losses which give rise to suspicions of fraud, bribery or corruption.
 - To quality assure the delivery of anti-crime work with stakeholders to ensure the highest standard is consistently applied.
- 1.4 The NHS Standard Contract includes mandatory clauses that require providers of NHS services to put in place and maintain appropriate counter fraud and security management arrangements.
- 1.5 A summary of the standards is provided in chapter 3.
- 1.6 Chapter 4 provides an overview of the quality assurance programme.
- 1.7 Finally, Chapter 5 provides a more detailed explanation for each of the standards, giving an indication of what the organisation needs to do to comply with the standard.

2 The NHS Standard Contract

- 2.1 The NHS Standard Contract is published by NHS England. The 2017/18 and 2018/19 version is available from <http://www.england.nhs.uk/nhs-standard-contract>. The contract should be used by clinical commissioning groups (CCGs) and NHS England when commissioning NHS funded services including acute, ambulance, care home, community-based, high secure and mental health and learning disability services. CCGs must also use the NHS Standard Contract for all community-based services provided by GPs, pharmacies and optometrists that have been previously commissioned as Local Enhanced Services.
- 2.2 The counter fraud and security management clauses are set out in Service Condition 24 and place the following obligations on providers of NHS services:
- Service Condition 24.1 requires all providers to put in place and maintain appropriate counter fraud and security management arrangements, having regard to NHS Protect's standards.
 - Service Condition 24.2 requires those providers which are licensed¹ by Monitor², and NHS Trusts, to take the necessary action to meet the standards set by NHS Protect.
 - Service Condition 24.3 requires the provider to allow, if requested by the co-ordinating commissioner or NHS Protect, a person duly authorised to act on behalf of NHS Protect or on behalf of any commissioner to review, in line with the appropriate standards, security management and counter fraud arrangements put in place by the provider.
 - Service Condition 24.4 requires the provider to implement any modifications to its counter fraud and security management arrangements required by a person referred to in Service Condition 24.3 within such
- timescales as that person may reasonably require.
- Service Condition 24.5 requires the provider to report any suspected fraud or corruption involving a service user or NHS funds to the LCFS of the relevant NHS body and NHS Protect. Any suspected security incident or breach involving staff who deliver NHS funded services or involving NHS resources must be reported to the LSMS of the relevant NHS body, to NHS Protect and to the LSMS of the Co-ordinating Commissioner.
 - Service Condition 24.6 requires the provider, on the request of the Department of Health, NHS England, NHS Protect or the co-ordinating commissioner to ensure that NHS Protect or any LCFS or LSMS appointed by a commissioner is given access within five operational days to property, premises, information and staff for the purpose of detecting and investigating cases of fraud and corruption and security incidents and breaches
- 2.3 The standards referenced in Service Condition 24.2 are explained in chapters 3 and 5.

¹ A license granted by Monitor under section 87 of the Health and Social Care Act 2012.

² Monitor is a corporate body provided by section 61 of the Health and Social Care Act 2012. NHS Improvement has brought together two distinct legal entities: Monitor, a non-departmental public body and the NHS Trust Development Authority, a special health authority, under a single leadership and operating model. Both organisations continue to maintain their current legal underpinnings as two separate bodies.

3 Overview of the standards

Introduction

- 3.1 NHS Protect is committed to ensuring NHS resources are appropriately protected from fraud, bribery and corruption and has developed a national strategy and a series of standards for providers of NHS services.
- 3.2 Providers should ensure that NHS funds and resources are safeguarded against those minded to commit fraud, bribery or corruption. Failure to do so impacts on a provider's ability to deliver services and treatment, as NHS funds and resources are wrongfully diverted from patient care.

Standards for fraud, bribery and corruption

- 3.3 The standards in this document have been developed to support NHS providers in implementing appropriate measures to counter fraud, bribery and corruption. Having appropriate measures in place helps to protect NHS resources against crime and ensures they are used for their intended purpose, the delivery of patient care. It is the responsibility of the organisation as a whole to ensure it meets the required standards. However, one or more departments or individuals may be responsible for implementing a specific standard. The key departments or individuals likely to be involved in helping the organisation meet the fraud, bribery and corruption standards are finance, internal and external audit, risk, communications and human resources.
- 3.4 The fraud, bribery and corruption standards are set out in detail in chapter 5 of this document and there are four key sections that follow NHS Protect's strategy:

Strategic Governance. This section sets out the standards in relation to the organisation's strategic governance arrangements. The aim is to ensure that anti-crime measures are embedded at all levels across the organisation.

Inform and Involve. This section sets out the requirements in relation to raising awareness of crime risks against the NHS and working with NHS staff, stakeholders and the public to highlight the risks and consequences of crime against the NHS.

Prevent and Deter. This section sets out the requirements in relation to discouraging individuals who may be tempted to commit crimes against the NHS and ensuring that opportunities for crime to occur are minimised.

Hold to Account. This section sets out the requirements in relation to detecting and investigating economic crime, obtaining sanctions and seeking redress.

Strategic Governance

- 1.1 A member of the executive board or equivalent body is responsible for overseeing and providing strategic management and support for all anti-fraud, bribery and corruption work within the organisation.
- 1.2 The organisation's non-executive directors and board level senior management provide clear and demonstrable support and strategic direction for anti-fraud, bribery and corruption work. Evidence of proactive management, control and evaluation of anti-fraud, bribery and corruption work is present. If NHS Protect has carried out a quality assessment, the non-executive directors and board level senior management ensure recommendations made are fully actioned.
- 1.3 The organisation employs or contracts in an accredited, nominated person (or persons) to undertake the full range of anti-fraud, bribery and corruption work, including proactive work to prevent and deter fraud, bribery and corruption and reactive work to hold those who commit fraud, bribery or corruption to account.
- 1.4 The organisation has carried out risk assessments to identify fraud, bribery and corruption risks, and has anti-fraud, bribery and corruption provision that is proportionate to the level of risk identified. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee.
- 1.5 The organisation reports annually on how it has met the standards set by NHS Protect in relation to anti-fraud, bribery and corruption work, and details corrective action where standards have not been met.
- 1.6 The organisation ensures that those carrying out anti-fraud, bribery and corruption work have all the necessary tools and resources to enable them to carry out their role efficiently, effectively and promptly. This includes (but is not limited to) access to IT systems and access to secure storage.
- 1.7 The organisation ensures that there are effective lines of communication between those responsible for anti-fraud, bribery and corruption work and other key staff groups and managers within the organisation, including (but not limited to) audit, risk, finance, communications and human resources. There is evidence of positive outcomes as a result of this liaison.

Key Principle 1: Inform and Involve

- 2.1 The organisation has an ongoing programme of work to raise awareness of fraud, bribery and corruption and to create an anti-fraud, bribery and corruption culture among all staff, across all sites, using all available media. This should cover NHS Protect's Fraud and Corruption Reporting Line and online fraud reporting tool, and the role of the accredited counter fraud specialist. Content may be delivered through presentations, newsletters, leaflets, posters, intranet pages, induction materials for new staff, emails and other media, making use of NHS Protect's crime awareness toolkit as appropriate. The effectiveness of the awareness programme is measured.
- 2.2 The organisation has an anti-fraud, bribery and corruption policy that follows NHS Protect's strategic guidance, publicises NHS Protect's Fraud and Corruption Reporting Line and online reporting tool, and has been approved by the executive body or senior management team. The policy is reviewed, evaluated and updated as required, and levels of staff awareness are measured.
- 2.3 The organisation liaises proactively with other organisations and agencies (including local police, the Home Office, local authorities, regulatory and professional bodies) to assist in countering fraud, bribery and corruption. All liaison complies with relevant legislation, such as the Data Protection Act 1998, and with relevant organisational policies. The organisation can demonstrate improved investigative and operational effectiveness as a result of the liaison.
- 2.4 The organisation has a fully implemented code of conduct that includes reference to fraud, bribery and corruption and the requirements of the Bribery Act 2010. Staff awareness of the requirements of the code of conduct is regularly tested.

Key Principle 2: Prevent and Deter

- 3.1 The organisation reviews new and existing relevant policies and procedures, using audit reports, investigation closure reports and NHS Protect guidance, to ensure that appropriate anti-fraud, bribery and corruption measures are included. This includes (but is not limited to) policies and procedures in human resources, standing orders, standing financial instructions and other finance policies. The organisation evaluates the success of the measures in reducing fraud, bribery and corruption, where risks have been identified.
- 3.2 The organisation uses all available information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption and takes the appropriate action to address them. Relevant information and intelligence may include (but is not limited to) internal and external audit reports, information on outliers, recommendations in investigation reports and information from payroll. The findings are acted upon promptly.
- 3.3 The organisation issues, implements and complies with all appropriate fraud, bribery and corruption intelligence bulletins, prevention guidance and alerts issued by NHS Protect. In addition, the organisation issues local anti-fraud, bribery and corruption warnings and alerts to all relevant staff following guidance in NHS Protect's 'Intelligence Alerts, Bulletins and Local Warnings Guidance'. The organisation has an established system of follow up reviews to ensure that it remains vigilant and that all appropriate action has been taken.
- 3.4 The organisation ensures that all new staff are subject to the appropriate level of pre-employment checks, as set out in General Condition 5.9 of the NHS Standard Contract. Assurance is sought from any employment agencies used that the staff they provide have been subject to adequate vetting checks, in line with guidance from NHS Protect and NHS Employers.
- 3.5 The organisation has proportionate processes in place for preventing, deterring and detecting fraud, bribery and corruption in procurement.
- 3.6 The organisation has proportionate processes in place for preventing, deterring and detecting invoice fraud, bribery and corruption, including reconciliation, segregation of duties, processes for changing supplier bank details and checking of deliveries.

Key Principle 3: Hold to Account

- 4.1 The organisation ensures that FIRST is used to record all reports of suspected fraud, bribery and corruption, to inform national intelligence. FIRST is also used to record all system weaknesses identified as a result of investigations and/or proactive prevention and detection exercises.
- 4.2 The organisation uses FIRST to support and progress the investigation of fraud, bribery and corruption allegations, in line with NHS Protect guidance.
- 4.3 The organisation supports the investigation of all allegations of fraud, bribery and corruption, and ensures that all the requirements of relevant legislation, as set out in NHS Protect's Investigation Case File Toolkit and the NHS anti-fraud manual, are adhered to.
- 4.4 The organisation shows a commitment to pursuing, and/or supporting NHS Protect in pursuing, the full range of available sanctions (criminal, civil and disciplinary) against those found to have committed fraud, bribery and corruption, as detailed in NHS Protect's guidance.
- 4.5 The organisation completes witness statements that follow best practice and comply with national guidelines.
- 4.6 Interviews under caution are conducted in line with the National Occupational Standards (CJ201.2) and the Police and Criminal Evidence Act 1984.

4.7 The organisation seeks to recover, and/or supports NHS Protect in seeking to recover, NHS funds that have been lost or diverted through fraud, bribery and corruption, following an assessment of the likelihood and financial viability of recovery. The organisation publicises cases that have led to successful recovery of NHS funds.

4 The quality assurance programme

Overview

- 4.1 NHS Protect provides national leadership for all NHS anti-crime work and is responsible for strategic and operational matters in relation to anti-fraud work and security management in the NHS. A key part of this function and one of NHS Protect's five strategic aims is to quality assure the delivery of anti-crime work with stakeholders to ensure that the highest standards are consistently applied.
- 4.2 The aim of the NHS anti-crime quality assurance programme is to ensure that quality requirements are fulfilled. This will be done through systematic measurement, comparison with standards, monitoring of processes and a continuous loop of feedback.
- 4.3 Using the anti-fraud, bribery and corruption standards set out in this document, NHS Protect will support organisations through regular benchmarking, compliance testing, evaluation of effectiveness and value for money indicators. The quality assurance programme also enables the analysis of trends and patterns in performance in relation to each standard for each organisation type. This will assist in providing comprehensive and focused support to organisations.
- 4.4 Additionally, NHS Protect will provide robust assurance to stakeholders, including participating organisations, NHS England and the Department of Health (DH). Using our strong links with regulators such as the Care Quality Commission (CQC) and Monitor, we will share information about the standards of anti-crime work to eliminate duplication of effort for providers.
- 4.5 Quality assurance of anti-crime work has been shown to drive up standards and NHS Protect has developed a flexible, responsive and transparent process which will be provided through monitored action plans. This will ensure that the anti-crime work conducted mitigates both national and local identified risks.
- 4.6 This section provides guidance on the quality assurance programme and should be used in conjunction with other relevant instructions and guidance that have been issued to support anti-crime work.

These documents include:

- The NHS Standard Contract
- NHS Protect standards for providers - fraud, bribery and corruption (as outlined in chapters 3 and 5)
- NHS Anti-fraud manual
- CIPFA, Managing the Risk of Fraud.

- 4.7 This list is not exhaustive and additional guidance can always be sought from NHS Protect if required.

Anti-fraud, bribery and corruption quality assurance programme

- 4.8 The NHS Protect quality assurance programme comprises two main processes: assurance and assessment. Both are closely linked to the anti-fraud, bribery and corruption standards set out in this document.
- 4.9 The quality assurance process includes an annual self review against the standards, which is conducted by organisations and submitted to NHS Protect. The assessment process is conducted by NHS Protect's Quality and Compliance team in partnership with the organisation.

Annual report

- 4.10 NHS Protect requires organisations to provide an annual statement of assurance against the anti-fraud standards. This statement of assurance is provided through completion of the annual report and the Self Review Tool.
- 4.11 Standard 1.5 (see chapter 5 below for more details) requires organisations to produce an annual report. To assist organisations with this, a template has been produced, which is available at <http://www.nhsbsa.nhs.uk/3577.aspx>. The template is not intended to stipulate either the format that should be used or specific text describing anti-fraud, bribery and corruption activities. However, the following items must be included in the annual report:
 - the completed self review tool (SRT)
 - a signed declaration using the wording as indicated in the annual report template

- the days used to deliver anti-fraud, bribery and corruption work
- the cost of anti-fraud, bribery and corruption work carried out during the year

There is no requirement to send the annual report to NHS Protect's Quality and Compliance team, unless the organisation is selected for assessment and the annual report is requested as part of the evidence submitted.

- 4.12 Although the annual report may usually be completed by the nominated anti-fraud, bribery and corruption specialist, it is crucial that sign-off is provided by an executive representative of the organisation to provide stakeholders with the correct level of assurance. The member of the executive board responsible for overseeing anti-fraud, bribery and corruption work should sign off the annual report by completing and signing it as indicated on the guidance template. This will provide participating organisations, NHS England and DH with assurance that the organisation complies with anti-fraud, bribery and corruption standards in line with its contractual obligations.
- 4.13 The Quality and Compliance team will select the organisations to be assessed along with the type of assessment that will be undertaken. While we cannot carry out assessments of all organisations every year, we will endeavour to cover organisations regularly. Under-representation in any of the groups relating to sector or type will need to be addressed to ensure that the fullest picture of the delivery of anti-fraud, bribery and corruption work is obtained. Although we seek to provide organisations with some certainty about whether or not they will be assessed, sometimes new information is received which results in a triggered assessment (see paras. 4.26-4.30 below for more details). However, we will give ample notice of any assessment we undertake.

Self review tool

- 4.14 The self review tool (SRT) enables the organisation to produce a summary of the anti-fraud, bribery and corruption work conducted over the previous twelve months. Organisations are required to complete the SRT annually and return it to NHS Protect by a specified deadline. The SRT also covers the key areas of activity outlined in the standards.
- 4.15 Upon completion, the SRT provides a red, amber or green (RAG) rating for each of the key areas and an overall RAG rating. Further details

of the red, amber and green ratings are outlined in paragraph 4.40 onwards.

- 4.16 Organisations should use the SRT in conjunction with their work planning. They can use it to review the progress made against the work plan developed at the beginning of the year. The SRT can also assist them in identifying risk areas and formulating objectives and tasks as they develop the work plan for the following financial year. Organisations can also use the SRT to monitor their compliance with the requirements of the standards throughout the year.

Assessment

- 4.17 The assessment process is a means of evaluating an organisation's effectiveness in dealing with the fraud, bribery and corruption risks it faces. The process covers all activity conducted in the two years before the date of the assessment. The process is designed to be flexible, transparent and responsive to locally and nationally identified fraud, bribery and corruption risks. Where required we shall provide organisations with recommendations to support them in mitigating their risks.
- 4.18 If an organisation, in the judgement of the Quality and Compliance team, requires an assessment, one of four types of assessment will be conducted: full, focused, thematic or triggered.

Full assessment

- 4.19 A full assessment would normally be used when an organisation's anti-fraud arrangements are identified as at significant risk. Such an organisation may demonstrate some or all of the following areas of concern (the list is not exhaustive):
- The red, amber or green rating provided in the SRT is not supported by the annual report or any comments made in the SRT.
 - Anti-fraud, bribery and corruption provision is lacking or inadequate.
 - There are recommendations from previous assessments that have not been addressed.
 - There is no evidence of a risk-based approach to anti-fraud, bribery and corruption work.
 - The organisation is new or has started to provide significant additional services, and no previous history of effective anti-fraud, bribery or corruption work exists.

- There are significant gaps in NHS Protect required activity across key areas of activity or NHS Protect priority areas.
- Significant concerns are raised by another part of NHS Protect.
- The member of the executive board responsible for overseeing anti-fraud, bribery and corruption work raises concerns regarding the quality of the local anti-fraud, bribery and corruption service received.
- A regulator such as Monitor or CQC raises concerns regarding the quality of the service received.

4.20 A full assessment is conducted on all the NHS Protect key areas of activity as outlined in the standards.

Focused assessment

4.21 A focused assessment is undertaken in cases where an organisation either demonstrates a risk in a specific area of anti-fraud, bribery or corruption activity or has demonstrated effective practice in one or more areas. A focused assessment is conducted on one or at most two of the key areas of activity, for example Strategic Governance or Inform and Involve.

4.22 A focused assessment might be conducted with organisations demonstrating some or all of the following characteristics:

- The red, amber or green rating provided in the SRT is not supported by the annual report or any comments made in the relevant section of the SRT.
- There is a lack of evidence of measurable outcomes from the work conducted to mitigate risk.
- Significant concerns are raised by another part of NHS Protect.
- There are gaps in one or two of the key areas of activity, for example Hold to Account.

Thematic assessment

4.23 A thematic assessment applies to a number of organisations and may be conducted regionally or across organisations of a similar type.

4.24 Driven primarily by NHS Protect and DH priority areas, thematic assessments focus on compliance and the identification of effective practice, or on areas of concern identified by the

Quality and Compliance team. New NHS Protect guidance, after a reasonable period given for it to be embedded in organisations, may be followed up by a thematic assessment.

4.25 Thematic assessments are likely to focus on a fairly specific part of the standards, possibly only one standard rather than the whole of a key area.

Triggered assessments

4.26 Some organisations will not be selected for a full, focused or thematic assessment when the annual assurance is received. However, at any stage during the year organisations may be selected for a triggered assessment. Triggered assessments are driven by emerging risks, normally of a serious nature, which may have come to the attention of the Quality and Compliance team through Senior Quality and Compliance Inspector (SQCI) liaison with other parts of NHS Protect. Reasons for a triggered assessment may include, but are not limited to, the following:

- a significant and adverse change in anti-fraud, bribery and corruption specialist provision
- a significant ongoing failure to manage organisational anti-fraud, bribery and corruption risks
- an ongoing lack of engagement with NHS Protect's anti-crime strategy
- a lack of positive and proactive engagement with NHS Protect staff over a significant period, with a failure to improve after this has been highlighted
- an ongoing failure to action recommendations from NHS Protect assessments, in spite of support and assistance offered

4.27 If the organisation is selected for a triggered assessment, this can be a focused or full assessment.

4.28 Following a full or focused assessment, whether triggered or not, the organisation is provided with a written report which provides advice and guidance on driving up the quality and value for money of its anti-fraud, bribery and corruption work. The intended outcome is improved standards, measured by future self review and annual reports and assessments.

4.29 Other quality assurance and compliance

activities, in addition to assessments, may also take place to support and develop anti-fraud, bribery and corruption work within the organisation. These could include one-to-one meetings with key personnel, and meetings with audit committees.

- 4.30 The purpose of the anti-fraud, bribery and corruption quality assurance programme is to be constructive and supportive. The assurance and assessment processes do not focus solely on non-compliance with the standards: they also highlight compliance and outcomes achieved. Where standards are not being met, NHS Protect will provide advice, support and assistance to organisations in order to help them improve performance.

Assessment process

- 4.31 If an organisation is selected for assessment, at least four weeks' notice will be given of any site visit. The SQCI conducting the assessment will notify the organisation of the dates for the assessment and will indicate the type of assessment and the areas that will be reviewed. The organisation will be asked to name a specific contact to make the arrangements for the site visit.
- 4.32 At this stage it is likely that the SQCI will request information from the organisation in relation to the areas that will be reviewed. This information enables the SQCI to formulate relevant questions before the assessment meeting and it helps in the review of evidence collected during the site visit. It is essential that any information requested is received by the SQCI within the deadline given. Failure to provide this information or the provision of late information is likely to extend the site visit and may have an impact on organisational compliance with standard 1.2.
- 4.33 During the site visit, the SQCI will wish to speak to the nominated anti-fraud, bribery and corruption specialist about the anti-fraud, bribery and corruption work carried out at the organisation. Depending on the area of enquiry and the type of assessment conducted, the SQCI may also wish to speak to the member of the executive board responsible for overseeing anti-fraud, bribery and corruption work and other key staff. The organisation will be informed of this and given timely notice to make arrangements for these interviews to take place.
- 4.34 Following the interviews and any additional request for materials, the SQCI will produce a series of recommendations for the organisation

to action. The ratings and recommendations will be discussed at a closing meeting, which ideally will be on the same day as the assessment visit or very shortly afterwards. It is expected that the ratings and recommendations can be agreed at this stage.

- 4.35 A finalised report will follow the site visit within four weeks. The report will outline the findings of the site visit in full and will include the ratings and recommendations discussed at the closing meeting. Within another four weeks the organisation will be expected to complete an action plan for the recommendations and return it to the SQCI.
- 4.36 Following this, the organisation will be expected to comply with NHS Protect's review process. This will involve sending progress reports and audit committee minutes to NHS Protect to demonstrate progress against the recommendations made in the final report. The organisation will be advised of requirements in relation to the review process at the closing meeting and in writing.
- 4.37 Some organisations may have a review assessment site visit between nine and twelve months following the original assessment process. Review assessment site visits will take place when, in the opinion of the SQCI, one is necessary based on information received. The review assessment site visit should only focus on progress against the recommendations made at the previous assessment, unless there are significant matters that have arisen in the meantime.
- 4.38 As indicated above, discussion and liaison are an essential part of the assessment process. Organisations and staff members have a number of opportunities to discuss the assessment process and the recommendations, including during the assessment itself, at the closing meeting and as part of ongoing liaison. For this reason, there is no formal appeal procedure. However, if the organisation is dissatisfied with any aspect of the quality assurance programme, the matter may be raised in the first instance with the Quality and Compliance Lead (Anti-Fraud).

Performance ratings

- 4.39 As a result of both assurance and assessment processes, organisations will be rated as being at red, amber or green depending on how well they have performed against NHS Protect requirements.

The benefits of this for organisations include:

- a clear snapshot of organisational progress against each of the standards
- an overall rating which will assist with benchmarking against other organisations in similar groups or sectors
- the ability to monitor and measure ongoing improvement
- a means of assurance for DH and NHS England

4.40 The definitions for each performance level are listed below.

NON-COMPLIANCE with the standard: **RED**.

A risk has been identified but no action has been taken to mitigate it, or the action taken is insufficient in scope.

PARTIAL COMPLIANCE with the standard but little or no impact of work undertaken: **AMBER**.

A risk has been identified and action has been taken to mitigate it. There is evidence of compliance through outputs. However, the effectiveness of work undertaken has not yet been evaluated or there is no reduction of the risk. There is therefore little or no evidence of outcomes.

FULL COMPLIANCE demonstrating impact of work undertaken: **GREEN**.

A risk has been identified, work has been carried out and the effectiveness of this work has been measured. The risk has been mitigated or significant progress has been made in mitigating the risk. Outcomes are therefore present.

4.41 Organisations which fulfil the requirements of a standard and can provide evidence of this through evaluation can determine performance to be green for that standard. Organisations which can provide evidence of activity carried out, but cannot yet demonstrate that the activity has been assessed for effectiveness will determine performance to be amber for that standard. Organisations which have carried out no activity or do not have evidence of sufficient activity will need to determine performance at the red rating. The rating reached for each standard contributes to an overall rating for the relevant key area of activity as well as an organisational rating for achievement against all of the standards.

4.42 Standards 4.5 and 4.6 relate to the taking

of witness statements and the conduct of interviews under caution (IUCs). NHS Protect acknowledges that, during the two year time period for assessment, investigations conducted may not have progressed to the point where such actions are appropriate. In these circumstances, a neutral performance rating can be assigned for these two standards to indicate where the organisation has been unable to comply with their requirements. This performance rating is not weighted and, where given, it does not contribute to overall rating for the Hold to Account area of work or the overall SRT rating. However, during any assessment, if in the judgement of the SQCI and based on the evidence presented witness statements or IUCs should have been taken/conducted and were not, the performance rating awarded will be red.

Identifying and mitigating risks

4.43 Organisations should adopt a risk-based approach when determining the amount of resources required to achieve the highest performance level for each standard. Organisations vary in size and needs and a risk-based approach ensures that appropriate resources are mobilised to identify and address the anti-fraud, bribery and corruption needs of the organisation.

4.44 Organisations should analyse each standard, consider what action is required and employ appropriate resources to ensure that the standard is met. By applying this method, organisations should end up with a series of tasks which enable the development of a work plan.

4.45 The process that organisations should adopt in identifying and mitigating risks is as follows:

Risk

4.46 The organisation should identify and assess the fraud, bribery and corruption risks it faces and put in place measures to address them. Nominated anti-fraud, bribery and corruption specialists should be working in areas where risk is present in order to maximise effectiveness. Working in areas where there are no fraud, bribery or corruption risks is not an appropriate use of resources.

Objective

4.47 Once areas of risk have been identified and assessed, the organisation and the nominated anti-fraud, bribery and corruption specialist should be very clear about their objectives,

or what they want to achieve in relation to mitigating or addressing the risk. Objectives should be clearly formulated (for example, percentage reductions or increases), as this helps with measuring and demonstrating outcomes.

Task

- 4.48 The organisation, probably through the nominated anti-fraud, bribery and corruption specialist, should then carry out the appropriate tasks to meet the defined objectives.

Outputs

- 4.49 These are the products of the tasks performed to meet objectives. Outputs provide evidence that the task has been carried out but generally do not, on their own, provide evidence of outcomes. Outputs may include presentation materials, policies and procedures or terms of reference.

Outcomes

- 4.50 These are the pieces of evidence that demonstrate the effective addressing of identified risks and the fulfilment of defined objectives. Outcomes may include, among other things: staff survey results, case closure reports, evidence demonstrating awareness and understanding of policies among staff, and procedures to reduce risk.
- 4.51 Following this methodology is not compulsory, although organisations will be assessed on the evidence of outputs and outcomes.

Weightings

- 4.52 Some standards are weighted to reflect their overall importance in anti-fraud, bribery and corruption work, and to reflect areas where specific improvement is required nationally or where action is particularly required to mitigate organisational risk. The weightings reflect NHS Protect priorities and are subject to ongoing review.
- 4.53 Weightings may be changed to reflect new and emerging risks addressed in the standards, or removed because the majority of organisations are controlling a particular risk well. If an organisation does not conduct activity against a weighted standard, the overall RAG rating, either for the relevant key area of activity or for the self review as a whole is affected. Further information on weightings can be shared with providers, and any queries may be directed to fraudqa@nhsprotect.gsi.gov.uk.

Reasonable expectations

- 4.54 In order to make the working relationship between organisations and the Quality and Compliance team as effective as possible, we have outlined what organisations can reasonably expect from us and what we can reasonably expect from organisations. Understanding these reasonable expectations (which are set out in Appendix 1) will help both parties make the most of working together.

Feedback

- 4.55 Your opinion counts and as part of our commitment to continuous improvement, we encourage feedback from stakeholders on the quality assurance programme. You can send your comments by email to fraudqa@nhsprotect.gsi.gov.uk.

5 Detailed explanation of the standards

Strategic Governance

A **red** rating means non-compliance with the standard.

An **amber** rating means partial compliance with the standard. While the organisation has done work to meet the standard, this work has not been evaluated or it has not had a demonstrable impact.

A **green** rating means full compliance with the standard. The organisation has not only done work to meet the standard, but it has also evaluated the outcome of this work or can demonstrate its impact.

Strategic Governance

Standard 1.1

A member of the executive board or equivalent body is responsible for overseeing and providing strategic management and support for all anti-fraud, bribery and corruption work within the organisation.

Rationale

It is important that anti-fraud, bribery and corruption work has effective leadership and a high level of commitment from senior management within an organisation. Identifying an individual from the executive board or equivalent body to oversee this work can help the organisation to focus on its key strategic priorities in relation to anti-fraud, bribery and corruption work.

N.B. 'Equivalent body' may include, but is not limited to, the board of directors, the board of trustees or the governing body. Oversight of anti-fraud, bribery and corruption work should not be delegated to an individual below this level of seniority in the organisation.

Ratings

Organisation does not meet the standard

There is no member of the executive board, or equivalent body, who has a clearly defined responsibility for the strategic management of, and support for, anti-fraud, bribery and corruption work.

Where such a responsibility is defined, there is little or no evidence of strategic management of, or support for, anti-fraud, bribery and corruption work.

The member of the executive board or equivalent body has not ensured the provision of relevant and timely information regarding anti-fraud, bribery and corruption work to the coordinating commissioner upon request.

Organisation partially meets the standard

Not applicable to this standard.

Organisation meets the standard

There is a member of the executive board or equivalent body who has a clearly defined responsibility for the strategic management of, and support for, anti-fraud, bribery and corruption work.

There is evidence that this responsibility is discharged effectively. Anti-fraud, bribery and corruption objectives are discussed and reviewed at a strategic level within the organisation and this is documented.

The member of the executive board or equivalent body has ensured the provision of relevant and timely information regarding anti-fraud, bribery and corruption work to the coordinating commissioner upon request.

Where additional or corrective action is necessary, this is discussed and the appropriate actions taken and documented.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- Board meeting minutes
- Organisational anti-fraud, bribery and corruption work plan
- Annual report on anti-fraud, bribery and corruption work
- Progress reports to the audit committee, board or executive level managers
- Minutes of relevant meetings, action points and records of their execution
- Audit committee minutes
- Standing Orders/Standing Financial Instructions
- Evidence of the supply of anti-fraud, bribery and corruption information to coordinating commissioners. This may include, but is not limited to, the self review tool, the annual report of anti-fraud work and the anti-fraud workplan.

Strategic Governance

Standard 1.2

The organisation's non-executive directors and board level senior management provide clear and demonstrable support and strategic direction for anti-fraud, bribery and corruption work. Evidence of proactive management, control and evaluation of anti-fraud, bribery and corruption work is present. If NHS Protect has carried out a quality assessment, the non-executive directors and board level senior management ensure recommendations made are fully actioned.

Rationale

In order for the organisation to adequately counter fraud, bribery and corruption, there must be proactive support for NHS Protect's strategy at senior management level. This will ensure that anti-fraud, bribery and corruption work meets organisational and NHS Protect requirements and that there is sufficient buy-in for it at senior level. This will mitigate fraud, bribery and corruption risks, protect public money and ensure that NHS funds are used appropriately.

N.B. References to **board level senior management** includes, but is not limited to, the board of directors, the board of trustees or the governing body.

Ratings

Organisation does not meet the standard

There is no evidence of proactive support for anti-fraud, bribery and corruption work from senior management.

Senior management demonstrates a lack of awareness of its responsibilities in relation to anti-fraud, bribery and corruption work and organisational objectives in this area.

Senior management do not ensure that action plan recommendations are implemented following any NHS Protect quality assessment and there is no evidence of demonstrable outcomes. Updates on the implementation of action plan recommendations are not provided to NHS Protect upon request.

Where there is an awareness of responsibilities, there is little or no evidence that senior management has discharged them effectively.

Organisation partially meets the standard

There is evidence of proactive support for anti-fraud, bribery and corruption work from senior management at the organisation. Support for the trained and nominated person carrying out anti-fraud, bribery and corruption work on the part of the organisation is present and evident.

There is evidence that senior management recognises its responsibilities in relation to anti-fraud, bribery and corruption work.

Senior management ensures compliance with the requirements of NHS Protect's quality assurance programme. This includes ensuring that action plan recommendations are implemented following any NHS Protect quality assessment.

However, there is little or no evidence to indicate that this work has been assessed for effectiveness by the organisation.

Organisation meets the standard

Senior management ensures that action plan recommendations are implemented following any NHS Protect quality assessment and there is evidence of demonstrable outcomes. Updates on the implementation of action plan recommendations are provided to NHS Protect upon request, in line with NHS Protect's review process.

Any corrective or preventative actions identified as a result of evaluation are implemented to ensure that anti-fraud, bribery and corruption work continues to address organisational risks.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect strategy document 'Tackling crime against the NHS: a strategic approach'.
- Meeting minutes, decisions, action points and records of their execution, particularly for decisions taken at board level
- Audit committee minutes
- Anti-fraud, bribery and corruption work plan
- Communications to staff directly attributed to the chief executive and/or board members, particularly communications to all staff
- Staff surveys
- Other evaluation materials such as reports on proactive exercises
- Documentation arising from NHS Protect's quality assurance programme
- Evidence of the implementation of any recommendations made, including those made by NHS Protect as part of the quality assurance programme
- NHS Audit Committee Handbook (relevant sections)

Strategic Governance

Standard 1.3

The organisation employs or contracts in an accredited, nominated person (or persons) to undertake the full range of anti-fraud, bribery and corruption work, including proactive work to prevent and deter fraud, bribery and corruption and reactive work to hold those who commit fraud, bribery or corruption to account.

Rationale

Those undertaking anti-fraud, bribery and corruption work must have the necessary training, skills and expertise to perform their role professionally and carry out criminal investigations in compliance with all relevant legislation. They should be nominated by the organisation to NHS Protect, and attend specialist training that has been accredited by the Counter Fraud Professional Accreditation Board.

Ratings

Organisation does not meet the standard

There is no accredited person (or persons) employed or contracted in to carry out the full range of anti-fraud, bribery and corruption work on behalf of the organisation.

The accredited person (or persons) has not attended specialist training that has been accredited by the Counter Fraud Professional Accreditation Board, or they have not been nominated by the organisation.

The person (or persons) does not appropriately update their skills in line with NHS Protect and/or legislative requirements.

Organisation partially meets the standard

Not applicable to this standard.

Organisation meets the standard

There is an accredited, nominated and appropriately trained person(s) who is employed or contracted in to conduct the full range of anti-fraud, bribery and corruption work on behalf of the organisation.

The nominated person(s) attends training and undertakes continuing professional development, as required to appropriately fulfil their role, on an ongoing basis.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- Training records held by NHS Protect
- Accreditation records held by NHS Protect
- Nomination records held by NHS Protect
- Evidence of continuing professional development

Strategic Governance

Standard 1.4

The organisation has carried out risk assessments to identify fraud, bribery and corruption risks, and has anti-fraud, bribery and corruption provision that is proportionate to the level of risk identified. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee.

Rationale

An effective risk management programme and risk based work plan enables the organisation to target NHS funded resources at the areas of greatest risk, and will assist it in prioritising its anti-fraud, bribery and corruption activities.

Ratings

Organisation does not meet the standard

There is no evidence of any risk assessments carried out to identify fraud, bribery and corruption risks at the organisation.

Where risk assessments have been carried out, no adequate resources have been allocated to mitigate the risks identified and an organisational work plan has not been developed.

Where an organisational work plan has been developed, it is not fit for purpose. For example, the work plan may not cover the required key areas of anti-fraud, bribery and corruption activity as outlined in NHS Protect's national strategy. Resources may be inadequate to perform identified tasks and/or organisational risks may be insufficiently addressed.

The objectives in the work plan are not measurable.

Organisation partially meets the standard

Risk assessments have been carried out to identify fraud, bribery and corruption risks at the organisation.

Actions to mitigate/reduce risks have been appropriately prioritised and documented in a work plan which covers the required NHS Protect areas of activity.

Adequate resources have been assigned to specific areas of work.

The objectives in the work plan are measurable, however there is no evidence that the effectiveness of activities carried out under it has been measured.

Organisation meets the standard

Resources to carry out the work are realistically assessed and suitable for addressing the risk identified within a reasonable timescale.

Risk based work plan objectives are demonstrably achieved.

Where necessary, additional resources are allocated during the year to address emerging risks.

Progress is continuously monitored at a senior level to ensure that risks are mitigated and that resources remain suitable for this purpose.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect strategy document 'Tackling crime against the NHS: a strategic approach'
- Risk assessment materials
- Evidence of liaison with risk management staff within the organisation
- Evidence of risk monitoring being done at a senior level
- Relevant meeting minutes, action points and records of their execution
- Audit committee minutes
- Anti-fraud, bribery and corruption work plan
- Progress reports
- Organisational risk register

Strategic Governance

Standard 1.5

The organisation reports annually on how it has met the standards set by NHS Protect in relation to anti-fraud, bribery and corruption work, and details corrective action where standards have not been met.

Rationale

An annual report is the main way for the organisation to report on performance against its anti-fraud, bribery and corruption objectives, both internally and externally. Reviewing its success or otherwise in achieving objectives will assist the organisation in planning ahead, driving up performance and verifying that it has the appropriate level of assurance in this area.

Ratings

Organisation does not meet the standard

There is no evidence that the organisation has completed an annual report demonstrating progress against anti-fraud, bribery and corruption objectives.

Where an annual report has been completed, it does not cover all key areas of anti-fraud, bribery and corruption activity as outlined in NHS Protect's strategy. The report does not provide a full update on actions taken to counter fraud, bribery and corruption as outlined in the work plan for that year. Where an NHS Protect quality assessment has been conducted, there is no update on the progress made against the action plan.

The annual report does not contain a fully completed self review against the standards or a statement of assurance.

There is no evidence that the annual report has been reviewed or signed off by the organisation.

Organisation partially meets the standard

Not applicable to this standard.

Organisation meets the standard

The annual report on anti-fraud, bribery and corruption work complies with NHS Protect's guidance in relation to content, referring to all applicable standards for fraud, bribery and corruption appropriately, and providing a clear update on progress against work plan objectives.

An appropriately signed statement of assurance is included in the annual report. A fully completed self review tool is included with the annual report.

Where standards have not been met, the reasons for this are documented and corrective action is suggested for the following year.

The annual report also provides an update on progress made with any action points set out as part of the quality assurance process.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect strategy document 'Tackling crime against the NHS: a strategic approach'
- Annual report on anti-fraud, bribery and corruption work
- Fully completed self review tool
- Relevant meeting minutes, action points and records of their execution
- Action plan made as part of the quality assurance process

Strategic Governance

Standard 1.6

The organisation ensures that those carrying out anti-fraud, bribery and corruption work have all the necessary tools and resources to enable them to carry out their role efficiently, effectively and promptly. This includes (but is not limited to) access to IT systems and access to secure storage.

Rationale

The nominated person carrying out anti-fraud, bribery and corruption work should be able to maintain the appropriate standards of confidentiality and security and have access to the tools and resources necessary to professionally carry out their role and comply with legal requirements. They should have access to a confidential workspace in order to be able to carry out the requirements of the role.

Ratings

Organisation does not meet the standard

The organisation does not ensure that the necessary tools and resources are available for the conduct of anti-fraud, bribery and corruption work.

The organisation does not ensure that those carrying out anti-fraud, bribery and corruption work can maintain the appropriate standards of confidentiality.

The organisation has made attempts to provide support but this is insufficient and does not meet the practical or legislative requirements for the role.

Organisation partially meets the standard

Not applicable to this standard.

Organisation meets the standard

The organisation ensures that those carrying out anti-fraud, bribery and corruption work on behalf of the organisation have all the necessary tools and resources to enable them to carry out their role efficiently, effectively and promptly.

The organisation ensures that the confidentiality of the role is maintained, for example in relation to the secure storage of evidence.

Access to the relevant IT systems is promptly granted and maintained, including access to an nhs.net email address.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- Assessment documentation following a quality assurance site visit
- Use of an nhs.net email address
- Records of the allocation of confidential facilities - these may include lockable and private office space and lockable, robust, adequate and secure cabinets
- Access to a confidential workspace so that the necessary confidentiality of the role can be maintained

Strategic Governance

Standard 1.7

The organisation ensures that there are effective lines of communication between those responsible for anti-fraud, bribery and corruption work and other key staff groups and managers within the organisation, including (but not limited to) audit, risk, finance, communications and human resources. There is evidence of positive outcomes as a result of this liaison.

Rationale

The appropriate management of anti-fraud, bribery and corruption work involves close liaison between different departments and business units. Effective communication between staff groups is critical to achieving the organisation's anti-fraud, bribery and corruption objectives in a coordinated and effective manner.

Ratings

Organisation does not meet the standard

Those undertaking anti-fraud, bribery and corruption work do not liaise with, or have not been granted appropriate access to, other key staff groups and managers within the organisation.

There may be liaison between those undertaking anti-fraud, bribery and corruption work and other key staff groups and managers. However, the liaison is insufficient, limited and uncoordinated and there is no evidence that it is effective.

Organisation partially meets the standard

Not applicable to this standard.

Organisation meets the standard

There are effective lines of communication between those responsible for anti-fraud, bribery and corruption work and other key staff groups and managers within the organisation.

Information on fraud, bribery and corruption issues is regularly exchanged and key issues are discussed. There is evidence of positive outcomes from liaison with key staff groups and managers.

Access to key staff groups and the audit committee is proactively managed by the organisation. Any concerns are promptly dealt with.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect document 'Parallel Criminal and Disciplinary Investigations: Policy Statement'
- NHS Protect document 'Parallel Criminal and Disciplinary Investigations: Guidance for Local Counter Fraud Specialists'
- Evidence of referrals
- Demonstrable liaison through meeting minutes, action points and records of their execution
- Identification of risk areas and proactive preventative and detection exercises
- Evidence of joint working
- Protocols and service level agreements between those carrying out anti-fraud, bribery and corruption work and key staff groups or sections
- Audit committee meeting minutes, action points and records of their execution
- Records of meetings with key personnel, including evidence that requests have been promptly acted upon

Key Principle 1: Inform and Involve

A **red** rating means non-compliance with the standard.

An **amber** rating means partial compliance with the standard. While the organisation has done work to meet the standard, this work has not been evaluated or it has not had a demonstrable impact.

A **green** rating means full compliance with the standard. The organisation has not only done work to meet the standard, but it has also evaluated the outcome of this work or can demonstrate its impact.

Inform and Involve

Standard 2.1

The organisation has an ongoing programme of work to raise awareness of fraud, bribery and corruption and to create an anti-fraud, bribery and corruption culture among all staff, across all sites, using all available media. This should cover NHS Protect's Fraud and Corruption Reporting Line and online fraud reporting tool, and the role of the accredited counter fraud specialist. Content may be delivered through presentations, newsletters, leaflets, posters, intranet pages, induction materials for new staff, emails and other media, making use of NHS Protect's crime awareness toolkit as appropriate. The effectiveness of the awareness programme is measured.

Rationale

Raising awareness of fraud, bribery and corruption among staff is a key part of creating a strong anti-fraud, bribery and corruption culture where fraudulent and corrupt activity is not tolerated and all staff and contractors are aware of their responsibility to protect NHS funds, as well as the correct reporting procedures. A strong anti-fraud, bribery and corruption culture provides the organisation with assurance that fraud is recognised and reported.

An independent national fraud and corruption reporting line (operated by Crimestoppers) and an online reporting tool are available to report NHS fraud. These channels enable NHS employees, patients and third parties to report allegations of fraud and corruption directly to NHS Protect.

Ratings

Organisation does not meet the standard

The organisation has not raised awareness of fraud, bribery and corruption issues among staff and has not attempted to create an anti-fraud, bribery and corruption culture.

Where some work to raise awareness of fraud, bribery and corruption issues has taken place, it is extremely limited in scope and reach.

The awareness work carried out does not take identified organisational risks into account.

The awareness work carried out is not fully in line with NHS Protect's strategy.

Organisation partially meets the standard

The organisation has an ongoing programme of work to raise awareness of fraud, bribery and corruption issues among all staff using a range of methods. This may include induction, presentations, newsletters, posters and other awareness materials.

The awareness work carried out is in line with NHS Protect's strategy.

The correct channels for reporting suspicions of fraud, bribery and corruption are publicised.

(continues on next page)

>> Appropriate case examples are used in awareness materials.

Advice is taken from the organisation's communications team, and where appropriate from the Deterrence and Engagement team at NHS Protect.

The organisation's media policy is adhered to at all times, with due regard to media handling guidance from NHS Protect.

There is limited or no evaluation of awareness work carried out or, where evaluation has been done, this is not recent or there is no meaningful demonstration of impact.

There is limited or no evaluation of awareness work carried out or, where evaluation has been done, it is not recent or there is no meaningful demonstration of impact.

Organisation meets the standard

The organisation has an ongoing programme of work to raise awareness of fraud, bribery and corruption issues among all staff, using a range of methods that are appropriate to different staff groups. There is evidence that presentations and other awareness materials are targeted to specific staff groups.

The organisation meaningfully evaluates the success of the programme and measures levels of awareness.

The results of the evaluation inform future work planning and, specifically, future awareness work.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect strategy document 'Tackling crime against the NHS: a strategic approach'
- Links to NHS Protect's online fraud reporting tool <https://www.reportnhsfraud.nhs.uk/>
- Presentations
- Intranet materials
- Organisation newsletters and team briefs
- Induction materials
- Leaflets and posters
- Presentation evaluations
- Evidence of where awareness work has been evaluated and changed to maximise its impact
- Learning aims and outcomes
- Staff surveys
- Work plans
- Organisational risk assessments
- Meeting minutes, action points and records of their execution
- Materials in NHS Protect's crime awareness toolkit. This is available at <http://www.nhsbsa.nhs.uk/3643.aspx>

Inform and Involve

Standard 2.2

The organisation has an anti-fraud, bribery and corruption policy that follows NHS Protect's strategic guidance, publicises NHS Protect's Fraud and Corruption Reporting Line and online reporting tool, and has been approved by the executive body or senior management team. The policy is reviewed, evaluated and updated as required, and levels of staff awareness are measured.

Rationale

The aim of an anti-fraud, bribery and corruption policy is to ensure that staff are aware of the correct reporting requirements in this area and of the action the organisation will take to counter fraud, bribery and corruption. Fraud, bribery and corruption is more readily recognised and reported by staff, patients and contractors who are aware of their responsibility to safeguard NHS funds.

An independent national fraud and corruption reporting line (operated by Crimestoppers) and an online reporting tool are available to report NHS fraud. These channels enable NHS employees, patients and third parties to report allegations of fraud and corruption directly to NHS Protect.

Ratings

Organisation does not meet the standard

The organisation does not have an anti-fraud, bribery and corruption policy, or where one exists, it is not publicised or it is out of date.

The organisation's anti-fraud, bribery and corruption policy does not meet NHS Protect requirements in relation to channels for reporting suspicions of fraud, bribery and corruption, and it is not in line with NHS Protect's strategy.

The policy has not been approved by the organisation at senior management or executive level.

Organisation partially meets the standard

The organisation's anti-fraud, bribery and corruption policy is in line with NHS Protect's strategy, and it has been approved at senior management or executive level, implemented and communicated across the organisation.

The policy sets out how suspicions of fraud, bribery and corruption should be reported, including details of NHS Protect's Fraud and Corruption Reporting Line and online reporting tool.

There is little or no evidence of the organisation assessing staff awareness and understanding of the requirements and responsibilities set out by the policy.

Organisation meets the standard

The impact of the organisation's anti-fraud, bribery and corruption policy has been evaluated, and the policy has been updated as required as a result.

There are significant levels of staff knowledge and awareness of the existence of the policy and the correct channels for reporting suspicions of fraud. Levels of awareness are routinely measured and any resulting corrective or preventative action is implemented and evaluated.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect document 'Template Local Counter Fraud and Corruption Policy'
- Links to NHS Protect's online fraud reporting tool <https://www.reportnhsfraud.nhs.uk/>
- NHS Protect strategy document 'Tackling crime against the NHS: a strategic approach'
- The organisation's anti-fraud, bribery and corruption policy
- Relevant meeting minutes, action points and records of their execution
- Materials and supporting evidence to show that the policy has been communicated across the organisation
- Evaluation measures such as staff surveys or sample checks
- Evidence of the review of the policy and subsequent amendments to it where appropriate

Inform and Involve

Standard 2.3

The organisation liaises proactively with other organisations and agencies (including local police, the Home Office, local authorities, regulatory and professional bodies) to assist in countering fraud, bribery and corruption. All liaison complies with relevant legislation, such as the Data Protection Act 1998, and with relevant organisational policies. The organisation can demonstrate improved investigative and operational effectiveness as a result of the liaison.

Rationale

Proactive liaison with other organisations and agencies enables the organisation to obtain advice, support and assistance to prevent, deter and detect fraud, bribery and corruption. Liaison also permits the appropriate exchange of information and intelligence to protect public funds.

Ratings

Organisation does not meet the standard

There is little or no evidence of liaison with other organisations and agencies to assist in countering fraud, bribery and corruption.

The organisation liaises with other organisations and agencies but the liaison is insufficient, limited and uncoordinated. Arrangements are not in line with national agreements and/or do not meet relevant legislative requirements.

Organisation partially meets the standard

The organisation can demonstrate some evidence of liaison with relevant organisations to facilitate the exchange of information. This complies with relevant legislation and policies.

Organisation meets the standard

Evidence exists to demonstrate that liaison with other organisations and agencies to assist in countering fraud, bribery and corruption has produced beneficial investigative outcomes for the organisation and improved operational effectiveness.

The liaison arrangements and any supporting protocols are regularly reviewed and evaluated, and where appropriate they are developed and refined to improve operational effectiveness.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- Investigation reports
- Evidence of joint working such as meeting minutes, action points and records of their execution
- Investigation statistics, which may demonstrate improvements in a given area linked to the initiation of, or increase in, liaison for a given area
- Correspondence relating to joint working
- Copies of supporting protocols where necessary
- Evidence derived from participation in the National Fraud Initiative (if appropriate)

Inform and Involve

Standard 2.4

The organisation has a fully implemented code of conduct that includes reference to fraud, bribery and corruption and the requirements of the Bribery Act 2010. Staff awareness of the requirements of the code of conduct is regularly tested.

Rationale

There are legislative requirements in relation to bribery with which the organisation must comply. A clear, robust and widely publicised code of conduct sets out acceptable standards for staff and ensures that potential conflicts of interest are declared and that any appropriate action is taken. The code of conduct may be made up of one document or several documents.

The Bribery Act 2010 came into effect on 1 July 2011 and makes it a criminal offence to give, promise or offer a bribe, and to request, agree to receive or accept a bribe, either at home or abroad. It also includes bribing a foreign official. The maximum penalty for bribery has increased to 10 years' imprisonment, with an unlimited fine.

In addition, the act introduced a corporate offence of failing to prevent bribery by the organisation not having adequate preventative procedures in place (the 'section 7 offence'). An organisation may avoid conviction if it can show that it had procedures and protocols in place to prevent bribery. The corporate offence is not a standalone offence, but always follows from a bribery and/or corruption offence committed by an individual associated with the company or organisation in question.

Ratings

Organisation does not meet the standard

The organisation does not have a code of conduct, or does not publicise it where one exists.

The organisation may have a code of conduct but it does not include reference to fraud, bribery and corruption or the requirements of the Bribery Act 2010.

There is little or no evidence that the code of conduct is fully implemented. For example, any required declarations are missing or incomplete.

Organisation partially meets the standard

The organisation has a code of conduct that is available to all staff and includes the appropriate references to fraud, bribery and corruption and the requirements of the Bribery Act 2010.

There is little or no evidence of the organisation measuring awareness or knowledge of the requirements of the code of conduct among staff.

Organisation meets the standard

The organisation has a code of conduct that is proactively communicated to all staff.

The code of conduct is fully implemented and is demonstrably effective.

The organisation measures levels of awareness of the code of conduct among staff. The results are used to determine where further awareness raising needs to be undertaken.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- Bribery Act 2010
- NHS Protect Bribery Act Guidance
- NHS Protect Bribery Act Explanatory Notes
- NHS Protect Bribery Act induction presentation
- NHS Protect Bribery Act information slides
- NHS Protect Bribery Act awareness session handout
- NHS Protect Bribery Act leaflet
- NHS Protect Bribery Act FAQs
- Organisational code of conduct
- Gifts and hospitality policy and declarations
- Constitution (for NHS foundation trusts)
- Staff surveys
- Code of conduct declarations
- Standards of business conduct policy and declarations
- Relevant clauses in staff contracts of employment
- Publicity in relation to the code of conduct
- Evidence of measures to evaluate awareness of the code of conduct among staff, and of changes made to increase it
- NHS Standard Contract General Condition 27 - Conflicts of Interest and Transparency on Gifts and Hospitality
- Ethical Standards for Providers of Public Services <https://www.gov.uk/government/collections/ethical-standards-for-providers-of-public-services>

Key Principle 2: Prevent and Deter

A **red** rating means non-compliance with the standard.

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A **green** rating means full compliance with the standard. The organisation has not only done work to meet the standard, but it has also evaluated the outcome of this work or can demonstrate its impact.

Prevent and Deter

Standard 3.1

The organisation reviews new and existing relevant policies and procedures, using audit reports, investigation closure reports and NHS Protect guidance, to ensure that appropriate anti-fraud, bribery and corruption measures are included. This includes (but is not limited to) policies and procedures in human resources, standing orders, standing financial instructions and other finance policies. The organisation evaluates the success of the measures in reducing fraud, bribery and corruption, where risks have been identified.

Rationale

Clear and robust policies and procedures are an essential part of a successful prevention strategy. All relevant policies and procedures should be regularly checked and updated to ensure that they remain suitable for preventing loss to the public purse and that emerging fraud, bribery and corruption risks and any system weaknesses are addressed. Preventative work also increases the likelihood of successful prosecutions if fraud, bribery or corruption does occur.

Ratings

Organisation does not meet the standard

The organisation does not seek to design fraud, bribery and corruption out of policies and procedures.

Measures to address locally and nationally identified risks are not included in the relevant policies and procedures.

There is no mechanism by which the person(s) nominated and trained to carry out anti-fraud, bribery and corruption work on behalf of the organisation can make those responsible for policies and procedures aware of necessary changes.

Organisation partially meets the standard

New and existing policies and procedures are reviewed to identify fraud, bribery and corruption risks, and appropriate counter measures are included within the policies and procedures.

There is little or no evidence to indicate that staff are aware of changes and amendments made to policies and procedures as a result of anti-fraud work or that they are aware of any new responsibilities as a result of such changes.

The success of measures designed to reduce fraud, bribery and corruption risks has not been evaluated by the organisation.

Organisation meets the standard

New and existing policies and procedures are reviewed and the impact of anti-fraud, bribery and corruption measures developed as a result is evaluated, to determine their success in reducing identified risks. Where appropriate, evaluation results feed into improvements of the process for reviewing policies and procedures.

Staff demonstrate full understanding of any requirements introduced as a result of a review of policies and procedures.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect document 'Fraud proofing local policies: a guide for Local Counter Fraud Specialists'
- Ratified policies and procedures
- Minutes from any policy working groups
- Internal audit reports
- Investigation closure reports outlining system weaknesses
- Organisational risk assessments
- Staff surveys
- A measured reduction in risk or expenditure
- Increased compliance with policies and procedures
- Examples of where findings have been suggested for policy development
- Examples of where findings have influenced policy development

Prevent and Deter

Standard 3.2

The organisation uses all available information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption and takes the appropriate action to address them. Relevant information and intelligence may include (but is not limited to) internal and external audit reports, information on outliers, recommendations in investigation reports and information from payroll. The findings are acted upon promptly.

Rationale

The organisation should use all available sources of information and intelligence to identify local anomalies that may be indicative of fraud, bribery or corruption. Following the identification of anomalies that may be indicative of fraud, bribery or corruption, the organisation should conduct proactive exercises to assist in preventing and detecting fraud. This enables the organisation to take the necessary corrective action and investigate concerns at the earliest possible opportunity. This ensures that NHS funds can be used to deliver NHS services as intended.

Ratings

Organisation does not meet the standard

There is no evidence that the organisation uses all available information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption.

There is no evidence to indicate that where anomalies are identified, proactive exercises are conducted to assist in the mitigation of fraud, bribery and corruption risks.

Organisation partially meets the standard

The organisation can demonstrate that it uses all available information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption.

There is evidence to indicate that, where anomalies are identified, proactive exercises are carried out to assist in the prevention and detection of fraud, bribery and corruption. Any fraud detected as a result of these exercises is investigated appropriately.

There is little or no evidence of the effectiveness of actions taken to reduce fraud, bribery and corruption as a result of anomalies being identified.

Organisation meets the standard

Where anomalies are identified which may be indicative of fraud, bribery and corruption, the organisation carries out proactive exercises to address them. Resulting recommendations are actioned.

The results of these exercises are evaluated and, where appropriate, fed into improvements in the processes for detecting anomalies.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect strategy document 'Tackling crime against the NHS: a strategic approach'
- Results from evaluation activities, for example a measured reduction in risk
- Evidence of liaison with internal audit
- Evidence of liaison with finance and payroll staff
- Minutes of relevant meetings, action points and records of their execution
- Information from NHS Protect's Information and Intelligence Unit
- Other records held by NHS Protect (e.g. on FIRST)
- Documents relating to the planning and preparation of proactive prevention and detection exercises, such as terms of reference
- Final reports from proactive exercises

Prevent and Deter

Standard 3.3

The organisation issues, implements and complies with all appropriate fraud, bribery and corruption intelligence bulletins, prevention guidance and alerts issued by NHS Protect. In addition, the organisation issues local anti-fraud, bribery and corruption warnings and alerts to all relevant staff following guidance in NHS Protect's 'Intelligence Alerts, Bulletins and Local Warnings Guidance'. The organisation has an established system of follow up reviews to ensure that it remains vigilant and that all appropriate action has been taken.

Rationale

NHS Protect issues intelligence bulletins, prevention guidance and alerts that aim to support organisations in preventing fraud, bribery and corruption involving NHS funds. It is important that organisations take the necessary action to implement the guidance and instructions contained within these documents, to ensure NHS funds are appropriately safeguarded. Organisations should evaluate the effectiveness of actions implemented. Where necessary, NHS Protect will also follow up on its guidance and instructions with thematic assessments, to evaluate organisations' compliance and the effectiveness of actions implemented. The distribution and circulation of warnings on immediate fraud, bribery and corruption risks must be carefully controlled.

Ratings

Organisation does not meet the standard

The organisation does not issue local anti-fraud, bribery and corruption bulletins and alerts to all relevant staff.

The organisation does not implement all appropriate fraud, bribery and corruption intelligence bulletins, prevention guidance and alerts issued by NHS Protect.

There is evidence of some activity in the issue of local anti-fraud, bribery and corruption warnings and alerts, but this does not follow NHS Protect's 'Intelligence Alerts, Bulletins and Local Warnings Guidance'.

There is little or no evidence to indicate the prompt implementation of national and local fraud, bribery and corruption intelligence bulletins, prevention guidance and alerts.

Organisation partially meets the standard

The organisation promptly implements all relevant fraud, bribery and corruption intelligence bulletins, prevention guidance and alerts issued by NHS Protect, and appropriate records are kept.

There is evidence that the organisation issues local anti-fraud, bribery and corruption warnings, prevention guidance and alerts to all relevant staff in a comprehensive, systematic and timely manner and that, where appropriate, necessary actions and/or instructions are carried out.

NHS Protect's 'Intelligence Alerts, Bulletins and Local Warnings Guidance' is fully adhered to.

There is no evidence that the work done to implement fraud, bribery and corruption intelligence bulletins, prevention guidance and alerts is having the desired preventative effects.

Organisation meets the standard

The organisation is able to demonstrate that it soundly evaluates the success of local anti-fraud, bribery and corruption warnings, preventative guidance and alerts to determine whether they have achieved the intended outcomes.

Where appropriate, evaluation results feed into improvements in the anti-fraud, bribery and corruption preventative work carried out at the organisation, including its anti-fraud, bribery and corruption alerts process.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect circulars
- NHS Protect's 'Intelligence Alerts, Bulletins and Local Warnings Guidance'
- Results of thematic assessments
- Responses to queries from NHS Protect
- Required NHS Protect compliance records
- Evidence of implementation of NHS Protect requirements
- Minutes of relevant meetings, action points and records of their execution
- Awareness materials
- Records of distribution of fraud, bribery and corruption alerts
- Evaluation of the success of preventative measures undertaken
- Improvements to preventative measures in response to the reviews
- Evidence of a systematic and comprehensive approach to dealing with alerts
- Evidence of a correlation between alerts and improvements in the area they cover
- An established and effective system of follow up reviews to analyse the impact of alerts

Prevent and Deter

Standard 3.4

The organisation ensures that all new staff are subject to the appropriate level of pre-employment checks, as set out in General Condition 5.9 of the NHS Standard Contract. Assurance is sought from any employment agencies used that the staff they provide have been subject to adequate vetting checks, in line with guidance from NHS Protect and NHS Employers.

Rationale

Individuals using false or forged identity, right to work and qualifications documentation could fraudulently gain employment in the NHS. It is important that organisations meet the requirements set out in General Condition 5.9 of the NHS Standard Contract, follow the NHS Employers guidance 'NHS Employment Check Standards' to reduce that risk, and ensure new employees are subject to the appropriate level of background checks before commencing employment. Staff responsible for carrying out employment checks should receive appropriate training so they are able to recognise false or forged documents.

Ratings

Organisation does not meet the standard

There is no assurance or process in place to ensure that new staff (both directly and agency employed) are subject to pre-employment checks in line with General Condition 5.9 of the NHS Standard Contract and guidance issued by NHS Employers and NHS Protect.

There may be evidence of some checks, but they are not systematically or comprehensively carried out following relevant guidance and/or suspicions arising from them are not being referred to the appropriate person, referred to in standard 1.3.

Organisation partially meets the standard

All staff (both directly and agency employed) are subject to comprehensive and systematic pre-employment checks in line with General Condition 5.9 of the NHS Standard Contract, and guidance issued by NHS Employers and NHS Protect.

The appropriate staff have been trained on how to verify documentation as part of pre-employment checks.

There are sound processes in place to ensure that the employment agencies providing staff to the organisation carry out the relevant checks to the required standard.

There is no evidence to indicate that the effectiveness of these measures has been tested.

Organisation meets the standard

Staff are subject to review to ensure their circumstances have not changed.

Suspicions of fraud, bribery and corruption are promptly referred to the appropriate person, as referred to in standard 1.3, allowing appropriate action to be taken.

The systems for pre-employment checks in use at the organisation and at relevant employment agencies are subject to regular and sound evaluation and, where appropriate, findings lead to improvements in the processes used.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- General Condition 5.9 of NHS Standard Contract 2017/18-2018/19
- NHS Employers guidance 'NHS Employment Check Standards'
- Care Quality Commission 'Guidance for providers on meeting the regulations'
- NHS Protect document 'Employment agency fraud: Guidance on reducing risk', http://www.nhsbsa.nhs.uk/i/SecurityManagement/Employment_agency_fraud_Guidance_on_reducing_risks_v1.pdf
- NHS Protect 'Fraud Prevention Instruction 3'
- Learning aims and outcomes of training on pre-employment checks
- Evidence that relevant staff have been trained and that training is kept up to date
- Meeting minutes, action points and records of their execution
- Evidence of the organisation checking external employment agencies' compliance with the guidance to the required standard
- Evidence that the appropriate processes have been followed (e.g. records of sample checks made by the organisation)
- Evidence of review of contracts
- Evidence of supplier framework audits
- Evidence of proactive work conducted in this area
- Examples of reviews and/or audits of pre-employment checking
- Examples of where the results of evaluation and/or audits have led to improvements to pre-employment checking

Prevent and Deter

Standard 3.5

The organisation has proportionate processes in place for preventing, deterring and detecting fraud, bribery and corruption in procurement.

Rationale

NHS Protect has produced the document 'Pre-contract procurement fraud and corruption: Guidance for prevention and detection'. This provides guidance for organisations detailing specific actions that should be carried out to prevent, deter and detect fraud, bribery and corruption in procurement.

Ratings

Organisation does not meet the standard

There is no evidence that the organisation has adequate and proportionate processes for the prevention, detection and deterrence of fraud, bribery and corruption in procurement.

Staff engaged in procuring goods and services are unaware of the associated fraud, bribery and corruption risks and of the deterrence, prevention and detection action required.

There may be some activity to tackle fraud, bribery and corruption in procurement but the organisation has not carried out an assessment of the risks described in the NHS Protect document 'Pre-contract procurement fraud and corruption: Guidance for prevention and detection'.

Organisation partially meets the standard

The organisation is able to demonstrate that it has adequate and proportionate processes for the prevention, detection and deterrence of fraud, bribery and corruption in procurement.

The organisation can provide evidence that it has taken the following action:

- Carried out a comprehensive and systematic risk assessment to consider the risks identified in the NHS Protect document 'Pre-contract procurement fraud and corruption: Guidance for prevention and detection' along with any other procurement risks identified by the organisation.
- Carried out preventative and detection work as described in sections 4 to 9 of the same document.
- Engaged with staff responsible for procuring goods and services to raise awareness of relevant fraud, bribery and corruption risks and disseminate the good practice identified in the document.

There is no evidence that the success of measures undertaken to address procurement fraud, bribery and corruption is evaluated.

Organisation meets the standard

There is evidence to indicate that measures to combat fraud, bribery and corruption in procurement, including staff awareness, are regularly and soundly evaluated and that, where appropriate, findings lead to improvements in the measures.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect document 'Pre-contract procurement fraud and corruption: Guidance for prevention and detection'
- Relevant risk assessments
- Evidence of the review of policy and procedures relating to procurement fraud, bribery and corruption
- Additions to risk matrices
- Risk management group minutes
- Records of prevention and detection work carried out in compliance with the NHS Protect document 'Pre-contract procurement fraud and corruption'
- Awareness materials for fraud, bribery and corruption risks in the area of procurement
- Training needs analysis
- Learning aims and outcomes of awareness initiatives
- Lesson plans, presentations and training materials produced for awareness initiatives
- Delegate feedback
- Training records
- Training evaluation
- Evidence of the evaluation of anti-fraud measures
- Meeting minutes, action points and records of their execution
- Examples of where the results of evaluation and/or audits have led to improvements to procurement processes

Prevent and Deter

Standard 3.6

The organisation has proportionate processes in place for preventing, deterring and detecting invoice fraud, bribery and corruption, including reconciliation, segregation of duties, processes for changing supplier bank details and checking of deliveries.

Rationale

NHS Protect has produced the document 'Invoice fraud: guidance for prevention and detection'. This provides guidance for organisations detailing specific actions that should be carried out to prevent, deter and detect invoice fraud, bribery and corruption.

Ratings

Organisation does not meet the standard

There is no evidence that the organisation has adequate and proportionate processes for the prevention, detection and deterrence of invoice fraud, bribery and corruption.

Staff engaged in invoicing processes are unaware of the associated fraud, bribery and corruption risks and of the preventative and detection action required.

There may be some activity to tackle invoice fraud, bribery and corruption but the organisation has not carried out an assessment of the risks identified in the NHS Protect document 'Invoice fraud: guidance for prevention and detection'.

Organisation partially meets the standard

The organisation is able to demonstrate that it has adequate and proportionate processes for the prevention, detection and deterrence of invoice fraud, bribery and corruption.

The organisation has taken the following action:

- Carried out a comprehensive and systematic risk assessment to consider the risks identified in the NHS Protect document 'Invoice fraud: guidance for prevention and detection', along with any other invoicing risks identified by the organisation.
- Carried out preventative and detection work as described in sections 3 to 6 of the same document.
- Engaged with staff responsible for invoicing processes to raise awareness of fraud, bribery and corruption risks and disseminate the good practice identified in the document.

There is no evidence that the success of measures undertaken to address invoice fraud, bribery and corruption is evaluated.

Organisation meets the standard

There is evidence to indicate that measures to combat invoice fraud, bribery and corruption are regularly and soundly evaluated and that, where appropriate, findings lead to improvements in the measures.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect document 'Invoice fraud: guidance for prevention and detection'
- NHS Protect 'Fraud Prevention Instruction 9'
- Evidence of the review of policies and procedures relating to invoice fraud
- Relevant risk assessments
- Additions to risk matrices
- Risk management group minutes
- Records of deterrence, prevention and detection work carried out in compliance with NHS Protect guidance
- Awareness materials on fraud, bribery and corruption risks in the area of invoicing
- Training needs analysis
- Learning aims and outcomes for awareness initiatives
- Lesson plans, presentations and training materials produced for awareness initiatives
- Delegate feedback
- Training records
- Training evaluation
- Evidence of the evaluation of anti-fraud measures
- Meeting minutes, action points and records of their execution
- Examples of where the results of evaluation and/or audits have led to improvements to invoicing processes

Key Principle 3: Hold to Account

A **red** rating means non-compliance with the standard.

An **amber** rating means partial compliance with the standard. While the organisation has done work to meet the standard, this work has not been evaluated or it has not had a demonstrable impact.

A **green** rating means full compliance with the standard. The organisation has not only done work to meet the standard, but it has also evaluated the outcome of this work or can demonstrate its impact.

Hold to Account

Standard 4.1

The organisation ensures that FIRST is used to record all reports of suspected fraud, bribery and corruption, to inform national intelligence.

FIRST is also used to record all system weaknesses identified as a result of investigations and/or proactive prevention and detection exercises.

Rationale

FIRST is an information gathering, intelligence disseminating, and case management tool designed and provided specifically for all NHS anti-fraud specialists by NHS Protect. FIRST data contributes to national intelligence. This is achieved by ensuring that it is completed with all the relevant information available and that it is uploaded and reviewed in a timely manner, in line with advice in the NHS anti-fraud manual and NHS Protect guidance.

Ratings

Organisation does not meet the standard

The organisation does not use FIRST to record all reports of suspected fraud, bribery and corruption or to contribute to national intelligence.

The organisation may be recording some reports of suspected fraud, bribery and corruption, as well as system weaknesses, on FIRST but this is not done in a comprehensive manner or within 10 working days, and/or it is not done in line with NHS Protect guidance

Organisation partially meets the standard

The organisation records all reports of suspected fraud, bribery and corruption, as well as system weaknesses, on FIRST and provides information to contribute to national intelligence. This is completed within 10 working days of receiving the allegation or information.

Organisation meets the standard

There is evidence to indicate that the completeness and timeliness of information recorded on FIRST is regularly and soundly reviewed and that, where appropriate, findings lead to improvements.

The provision of FIRST data to contribute to national intelligence is regularly and soundly reviewed and, where appropriate, findings lead to improvements.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect anti-fraud manual
- NHS Protect instructions and guidance on the use of FIRST
- FIRST case records
- FIRST system weakness records
- Investigation files

Hold to Account

Standard 4.2

The organisation uses FIRST to support and progress the investigation of fraud, bribery and corruption allegations, in line with NHS Protect guidance.

Rationale

FIRST is an information gathering, intelligence disseminating, and case management tool designed and provided specifically for all NHS anti-fraud specialists by NHS Protect. FIRST supports anti-fraud specialists with case preparation and a range of other investigative tasks and includes useful editing tools that help to keep information reports and cases up to date.

Ratings

Organisation does not meet the standard

The organisation does not use FIRST to support and progress fraud, bribery and corruption investigations.

The organisation sometimes uses FIRST to support and progress the investigation of some fraud, bribery and corruption allegations but this is not done in a comprehensive or timely manner and/or it is not done in line with NHS Protect guidance.

Guidance in the NHS anti-fraud manual is not adhered to.

Organisation partially meets the standard

The organisation is able to demonstrate that it uses FIRST to support and progress the investigation of fraud, bribery and corruption allegations in a comprehensive and timely manner.

The organisation follows NHS Protect guidance in relation to using FIRST.

Key data fields are completed accurately and updated as the case develops. At a minimum this will include the administration tab within the information report, subject's date of birth, address, national insurance number, passport details (if appropriate) and occupation fields. If a company is the suspect, all known details should be entered.

Investigation plans, case progress notes, and decision and legal logs are updated within 10 working days of an event occurring and are written in a clear and concise manner.

All sanctions achieved are recorded within 20 working days of decision.

Cases are closed within one month of the conclusion of a case, with all relevant fields completed.

A full closure report is attached, including a rationale and calculation of the fraud identified figure, in accordance with the NHS anti-fraud manual.

For cases being considered for prosecution, all witness statements, exhibits and MG forms are uploaded prior to submission to NHS Protect's National Investigation Service. All witness and other relevant contact details are uploaded onto FIRST.

Organisation meets the standard

All fields are completed accurately and in full and are updated as the case develops.

All relevant investigation materials, for example witness statements, investigation plans and exhibits, are uploaded in a timely manner.

There is evidence to indicate that the use of FIRST to support and progress investigations of fraud, bribery and corruption is regularly and soundly reviewed and that, where appropriate, findings lead to improvements.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS anti-fraud manual
- NHS Protect instructions and guidance on the use of FIRST
- FIRST case records
- Investigation files
- NHS Protect Investigation Case File Toolkit

Hold to Account

Standard 4.3

The organisation supports the investigation of all allegations of fraud, bribery and corruption, and ensures that all the requirements of relevant legislation, as set out in NHS Protect's Investigation Case File Toolkit and the NHS anti-fraud manual, are adhered to.

Rationale

All allegations of fraud, bribery and corruption must be investigated professionally and in line with all relevant legislation and NHS Protect guidance. Investigations must be planned appropriately, all relevant documents must be completed properly and in the correct timescales, and files and evidence must be collected and stored appropriately. Compliance with legislation ensures that all available sanctions can be applied where appropriate and that, wherever possible, NHS resources lost to fraud can be recovered. Legislation and guidance relevant to this standard includes sections 32, 37, 38 and 40 of the Criminal Justice Act 2003, the Criminal Procedure and Investigations Act 1996 and the requirements set out in NHS Protect's Investigation Case File Toolkit and the NHS anti-fraud manual.

Ratings

Organisation does not meet the standard

The organisation does not investigate, or support the investigation of fraud, bribery and corruption.

There may be some activity in the investigation of fraud, bribery and corruption but this does not comply with all the relevant legislation and/or follow NHS Protect guidance, as set out in the Investigation Case File Toolkit and NHS anti-fraud manual.

Organisation partially meets the standard

The organisation supports the investigation of all allegations of fraud, bribery and corruption.

The organisation is able to demonstrate that investigations are carried out in compliance with all relevant legislation.

Advice is sought from NHS Protect, where necessary, to ensure investigations are carried out in compliance with all relevant legislation and with NHS Protect guidance. Advice given is promptly and fully acted upon.

There is little or no evidence of regular and sound evaluation of the effectiveness of the organisation's arrangements for investigating fraud, bribery and corruption.

Organisation meets the standard

The organisation reviews investigation files using NHS Protect's Investigation Case File Toolkit to ensure relevant legislation has been adhered to and files are constructed appropriately. Findings from reviews are acted on promptly.

The organisation soundly and regularly evaluates its arrangements for investigating fraud, bribery and corruption, and where required, findings are incorporated into improvements.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS Protect Investigation Case File Toolkit, including relevant checklists
- NHS anti-fraud manual
- NHS Protect instructions and guidance on the use of FIRST
- FIRST case records
- Investigation files
- Records Management Code of Practice for Health and Social Care 2016
http://systems.digital.nhs.uk/infogov/iga/resources/rmcop/index_html

Hold to Account

Standard 4.4

The organisation shows a commitment to pursuing, and/or supporting NHS Protect in pursuing, the full range of available sanctions (criminal, civil and disciplinary) against those found to have committed fraud, bribery and corruption, as detailed in NHS Protect's guidance.

Rationale

It is important that sanctions are applied in a consistent manner. Advice will be given by NHS Protect on what sanctions are appropriate in the circumstances. In this way, a greater consistency of approach can be maintained.

Ratings

Organisation does not meet the standard

There is little or no evidence that the organisation is committed to pursuing the full range of sanctions against those found to have committed fraud, bribery and corruption.

There may be some activity around pursuing sanctions but this is not carried out comprehensively, appropriately, systematically or in a timely manner for each case of fraud, bribery or corruption.

Organisation partially meets the standard

The organisation can demonstrate it is committed to applying sanctions comprehensively, appropriately, systematically and in a timely manner in cases of fraud, bribery or corruption.

There is evidence that the organisation seeks to apply the full range of sanctions, or supports NHS Protect in seeking to apply sanctions, as detailed in NHS Protect's guidance.

All appropriate factors are considered when deciding on what sanctions to apply. This includes, but is not limited to, the size of the loss, cost of pursuing sanctions, and the deterrent value.

All decisions are recorded on FIRST, indicating the reasons behind any course of action taken.

Organisation meets the standard

There is executive support for the organisation's policy on applying sanctions in cases of fraud, bribery or corruption.

The organisation seeks to publicise its sanctions, where appropriate, in order to maximise their deterrent value.

There is evidence that the organisation soundly and regularly evaluates its arrangements around sanctions and that, where required, findings lead to improvements.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS anti-fraud manual
- NHS Protect guidance 'Parallel criminal and disciplinary investigations: policy statement'
- NHS Protect guidance 'Parallel criminal and disciplinary investigations guidance for Local Counter Fraud Specialists'
- NHS Protect instructions and guidance on the use of FIRST
- FIRST case records
- Investigation files
- Evidence of submitted CFS13 forms
- The organisation's anti-fraud, bribery and corruption policy, and evidence of any actions taken to apply sanctions
- Sanctions procedures
- Minutes from board or senior management meetings relevant to the application of sanctions
- Successful prosecutions at the organisation
- Publicity on successful prosecutions
- Meeting minutes, action points and records of their execution
- Communications to staff
- Evidence that arrangements around sanctions are regularly evaluated
- Evidence that findings from evaluations are fed back into improvements

Hold to Account

Standard 4.5

The organisation completes witness statements that follow best practice and comply with national guidelines.

Rationale

All allegations of fraud, bribery and corruption must be investigated professionally and in line with relevant legislation, in order to ensure that all available sanctions are applied where appropriate, and that, wherever possible, NHS resources lost to fraud may be recovered. NHS Protect's 'Witness statement review template' is designed to ensure witness statements meet all the necessary legal requirements and follow best practice.

Ratings

Organisation does not meet the standard

There is little or no evidence that the organisation supports the completion of witness statements in line with best practice and in compliance with national guidelines.

Witness statements do not meet all the critical requirements identified in NHS Protect's 'Witness statement review template' and the statements do not cover processes, incident and exhibits.

If an investigation has progressed to the appropriate stage but a witness statement has not been taken, the red rating will be applicable.

Organisation partially meets the standard

The organisation is able to demonstrate that it supports the timely completion of witness statements in line with best practice and in compliance with national guidelines.

Statements made on behalf of the organisation meet all the critical requirements identified in NHS Protect's 'Witness statement review template'. The statements cover processes, incidents and exhibits.

There is little or no evidence of regular and sound evaluation of the effectiveness of witness statement-taking by the organisation.

Organisation meets the standard

The organisation is able to demonstrate that witness statements for fraud, bribery and corruption investigations are regularly and soundly evaluated and that any evaluation findings are used to improve this work.

Organisation has had no opportunity to meet the standard

The organisation has not had the opportunity to complete witness statements to date as any cases investigated have not progressed to the appropriate stage.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS anti-fraud manual
- NHS Protect's 'Witness statement review template'
- NHS Protect instructions and guidance on the use of FIRST
- FIRST case records
- Investigation files
- Training records
- Records of rehearsals and their evaluation (e.g. role play, draft statements as part of training)
- Templates
- Meeting minutes, action points and records of their execution
- Evidence that the witness statements are regularly reviewed for compliance and quality
- Evidence that findings are fed back into improvements

Hold to Account

Standard 4.6

Interviews under caution are conducted in line with the National Occupational Standards (CJ201.2) and the Police and Criminal Evidence Act 1984.

Rationale

All allegations of fraud, bribery and corruption must be investigated professionally and in line with relevant legislation, in order to ensure that all available sanctions are applied where appropriate, and that, wherever possible, NHS resources lost to fraud may be recovered. NHS Protect's 'Interview under caution review template' is designed to ensure that interviews under caution meet all the necessary legal and best practice requirements.

Ratings

Organisation does not meet the standard

Interviews under caution do not satisfy all legislative requirements and/or do not satisfy the National Occupational Standards (CJ201.2).

There may be attempts to follow legislative requirements and the National Occupational Standards (CJ201.2), but this is not done in a consistent manner.

If an investigation has progressed to the appropriate stage but an interview under caution has not been conducted, the red rating will be applicable.

Organisation partially meets the standard

The organisation is able to demonstrate that those responsible for conducting interviews under caution during fraud, bribery or corruption investigations follow the National Occupational Standards (CJ201.2) and the Police and Criminal Evidence Act 1984.

There is little or no evidence of regular and sound evaluation of the effectiveness of interviewing under caution by the organisation.

Organisation meets the standard

The organisation is able to demonstrate that interviews under caution carried out for fraud, bribery and corruption investigations are regularly and soundly evaluated and that any findings are used to improve this work, where applicable.

Organisation has had no opportunity to meet the standard

The organisation has not had the opportunity to complete interviews under caution to date as any cases investigated have not progressed to the appropriate stage.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS anti-fraud manual
- NHS Protect's Interview under caution review template
- NHS Protect instructions and guidance on the use of FIRST
- FIRST case records
- Investigation files
- Training records
- Records of rehearsals and their evaluation (e.g. role play, draft statements as part of training)
- Templates
- Meeting minutes, action points and records of their execution
- Evidence that interviews under caution are regularly reviewed for compliance and quality
- Evidence that findings are fed back into improvements

Hold to Account

Standard 4.7

The organisation seeks to recover, and/or supports NHS Protect in seeking to recover, NHS funds that have been lost or diverted through fraud, bribery and corruption, following an assessment of the likelihood and financial viability of recovery. The organisation publicises cases that have led to successful recovery of NHS funds.

Rationale

Recovery of NHS funds that have been lost or diverted through fraud, bribery or corruption enables the organisation to re-invest them into NHS care, and thus use them for the purpose for which they were intended.

Ratings

Organisation does not meet the standard

There is no evidence that the organisation is committed to seeking recovery of NHS funds that have been lost through fraud, bribery or corruption.

There may be some activity to seek recovery of NHS funds but this activity is not carried out in a clear, comprehensive, systematic or timely manner and there is no clear policy in place for it.

Organisation partially meets the standard

The organisation demonstrates a commitment to recover, and/or supports NHS Protect in seeking to recover, NHS funds that have been lost through fraud, bribery and corruption, following an assessment of the likelihood and financial viability of recovery.

Appropriate records are kept of amounts lost, recovered and outstanding.

The organisation has a clear, comprehensive and systematic policy for the timely recovery of financial losses incurred due to fraud, bribery and corruption.

There is little or no evidence of regular and sound evaluation of the effectiveness of the organisation's policy for the recovery of NHS funds.

Organisation meets the standard

The organisation is able to demonstrate that it has a policy that considers recovery of NHS funds lost to fraud, bribery and corruption on a case-by-case basis.

The impact of the recovery of financial losses due to fraud, bribery and corruption is regularly monitored and soundly evaluated and, where appropriate, improvements are made to the policy and to the organisation's approach to recovery.

The organisation seeks to publicise its successful recoveries of NHS funds, where appropriate, in order to maximise their deterrent value.

There is evidence that the organisation soundly and regularly evaluates their arrangements for the recovery of NHS funds and that, where required, findings are incorporated into improvements.

Guidance, supporting documentation and evidence

Organisations should consider the following (the list is not exhaustive):

- NHS anti-fraud manual
- Current NHS Protect case acceptance criteria
- NHS Protect instructions and guidance on the use of FIRST
- FIRST case records
- Investigation files
- Data on sanctions and how they relate to recoveries of financial losses
- Monitoring data
- Decision logs on whether to undertake recovery of financial losses and reasons given for/against recovery
- Committee reports
- The organisation's policy for the recovery of financial losses
- Other relevant policies and procedures
- Minutes from board or senior management meetings relevant to recovery of financial losses
- Evidence of successful recovery of financial losses by the organisation
- Relevant case publicity
- Increase in reporting after publicity
- Reduction in relevant crimes after publicity
- Meeting minutes, action points and records of their execution
- Communications to staff
- Evaluation of the impact of successful recovery of financial losses
- Evidence that the arrangements for recovery of financial losses are regularly evaluated
- Evidence that findings from evaluations are fed back into improvements

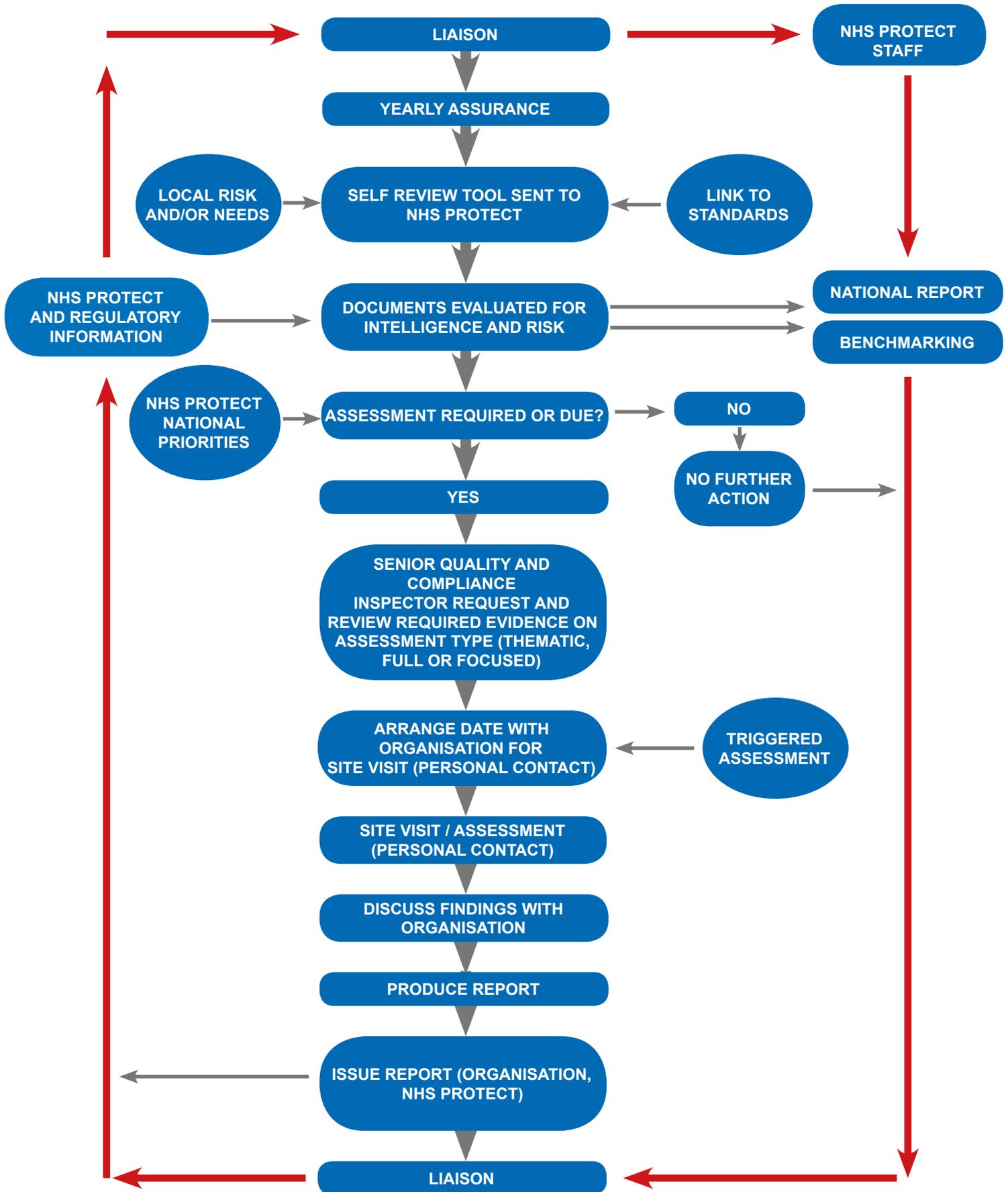
Appendix 1

Quality assurance programme - Reasonable expectations of the parties

Your reasonable expectations of us and how we will work with you.	Our reasonable expectations of organisations and how they will work with us.
All parties will engage in a professional and polite manner at all times.	
We will be consistent, fair and transparent, taking a constructive and supportive approach.	
We shall acknowledge correctly completed assurance submissions within two working days of their receipt.	The Self Review Tool will be completed and signed off by the relevant organisational representative and sent to NHS Protect within the requested deadline.
We will give organisations a minimum of four weeks' notice of an assessment site visit and details of a timetable, our evidence requirements and necessary arrangements.	<p>The site visit is comprehensively organised and communicated to the Quality and Compliance team as outlined in the timetable, our requirements and necessary arrangements one week in advance of the assessment visit.</p> <p>There will be full co-operation in supplying evidence requested for assessments to the timescale set by the SQCI.</p>
Organisations will be assigned a named representative, usually a Senior Quality and Compliance Inspector, and provided with their full contact details, to provide support in relation to the quality assurance programme.	A timely notification of a named organisation representative with full contact details to assist in assessment site visit arrangements.
We will provide comprehensive and timely feedback on all questions raised.	Any questions are fully raised at the earliest opportunity.
	Access to the organisation's staff as requested, including senior managers, in order to facilitate the assessment process.
The assessment will be completed and initial feedback provided on the day of the assessment visit.	
We shall provide organisations with a copy of the Final Report no later than four weeks after the completion of the assessment visit.	The organisation's response to the Final Report recommendations will be sent to the assigned Quality and Compliance representative within four weeks of receipt of the Final Report.

Appendix 2

The anti-fraud quality assurance programme



Appendix 3

Summary of changes for 2017-18

Standard	Amendment
1.1	<p>A definition of executive board and equivalent body has been added to the rationale.</p> <p>'The member of the executive board or equivalent body has not ensured the provision of relevant and timely information to the coordinating commissioner upon request' has been added to the red rating.</p> <p>'The member of the executive board or equivalent body has ensured the provision of relevant and timely information to the coordinating commissioner upon request' has been added to the green rating.</p> <p>'Evidence of the supply of anti-fraud, bribery and corruption information to coordinating commissioners. This may include, but is not limited to, the self review tool, the annual report of anti-fraud work and the anti-fraud work plan' has been added to the 'Guidance, supporting documentation and evidence list'.</p>
1.2	<p>A definition of board level senior management has been added to the rationale.</p> <p>Addition of 'If NHS Protect has carried out a quality assessment, the non-executive directors and board level senior management ensure recommendations made are fully actioned' to the standard.</p> <p>Amendments to the red, amber and green ratings to reflect the role of senior management in ensuring recommendations made during an NHS Protect quality assessment are actioned.</p>
1.4	'Risk based workplan' has been added to the rationale, and is referenced in the red and green ratings.
1.5	'Where an NHS Protect quality assessment has been conducted, there is no update on the progress made against the action plan' has been added to the red rating.
1.6	Minor amendments to the standard and ratings to ensure the nominated person has access to the tools and resources required to carry out their role effectively.
1.7	Minor amendments to the standard and ratings to ensure the nominated person has access to relevant staff groups and managers to enable them to carry out their role effectively.
2.4	Additional information has been provided in the rationale to highlight the requirements of the Bribery Act 2010, and the importance of organisations having a fully implemented code of conduct in place that references the Act.
3.4	The standard has been amended to reflect the requirements of General Condition 5.9 of the NHS Standard Contract in carrying out pre-employment checks.
4.6	'If an investigation has progressed to the appropriate stage but an interview under caution has not been conducted, the red rating will be applicable' has been moved from the 'Organisation has had no opportunity to meet the standard' to 'Organisation does not meet the standard'.