NHS
Counter Fraud Authority

# Standards for NHS Commissioners 2019-20

## Fraud, bribery and corruption

## January 2019

Version 1.1

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# Version control

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# 1 Introduction

1.1 This document aims to provide information to NHS commissioners on the action they should take to prevent fraud, bribery and corruption, and to deal with it should it occur.

1.2 The NHS Counter Fraud Authority (NHSCFA) is a Special Health Authority, established on 1 November 2017 and charged with identifying, investigating and preventing fraud within the NHS and the wider health group. The legislation which created the NHSCFA transferred all functions and powers from NHS Protect to the NHSCFA. The NHSCFA is independent from other NHS bodies and is directly accountable to the Department of Health and Social Care.

1.3 For more information please visit the NHSCFA website at https://cfa.nhs.uk.

1.4 For the purposes of this document, the term 'fraud' refers to a range of economic crimes, such as fraud, bribery and corruption or any other illegal acts committed by an individual, group of individuals or organisation to obtain a financial or professional gain.

1.5 The NHSCFA has five high-level organisational aims. These are:

- Deliver the Department of Health and Social Care strategy, vision and strategic plan and lead counter fraud activity in the NHS in England.
- Be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters in the NHS.
- Lead and influence the improvement of standards in counter fraud work across the NHS.
- Take the lead in and encourage fraud reporting across the NHS and wider health group.
- Continue to develop the expertise of staff working for the NHSCFA.

## Standards relating to providers' counter fraud arrangements and the role of commissioners in overseeing them

1.6 Historically, NHS bodies were required to put in place arrangements to tackle fraud under Secretary of State Directions. Provisions introduced under the Health and Social Care Act 2012 mean that, for providers of NHS services, such arrangements are now set out in the standard commissioning contract.

1.7 Commissioners should review providers' counter fraud, bribery and corruption arrangements to ensure they meet the requirements under the standard commissioning contract. This is essential for commissioners to protect the NHS resources for which they are responsible. The standards within this document set out what commissioners should do in this area (see standards 1.8-1.9). NHS England's audit committee has approved and adopted these standards in order to ensure a unified approach to tackling economic fraud against the NHS. The NHSCFA's quality assurance programme (Chapter 3) can assist

with providing the appropriate assurance to commissioners in respect of providers' counter fraud work.

1.8 Standards relating to the monitoring of providers' counter fraud, bribery and corruption arrangements are highlighted by a shaded background.

1.9 The 2019-20 version of the NHS Standard 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.

1.10 Service Condition 24 of the NHS Standard Contract requires the providers to put in place and maintain appropriate counter fraud arrangements, having regard to NHSCFA standards. Relevant providers licensed[1] by Monitor[2], and NHS trusts, are required to take the necessary action to meet the standards set by the NHSCFA. The standards are available at **https://cfa.nhs.uk/counter-fraud-standards**.

1.11 Service Condition 24 also enables the commissioner's nominated Local Counter Fraud Specialist, a person nominated to act on their behalf, or a person nominated to act on the NHSCFA's behalf, to review the counter fraud provisions put in place by the provider.

## Standards relating to commissioners' own counter fraud, bribery and corruption arrangements

1.12 As well as overseeing the counter fraud, bribery and corruption arrangements in place within providers, commissioners also need to ensure there are appropriate arrangements within their own organisations. The standards within this document set out what commissioners should do.

## Overview of the document

1.13 Chapter 2 provides an overview of the standards.

1.14 Chapter 3 provides an overview of the NHSCFA's quality assurance programme.

1.15 Finally, Chapter 4 provides a detailed explanation for each of the standards, giving an indication of what the commissioner needs to do to comply with it.

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[1] A licence granted by NHS Improvement under section 87 of the Health and Social Care Act 2012.

[2] 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. Monitor is a corporate body provided by section 61 of the Health and Social Care Act 2012.

# 2 Overview of the standards

## Introduction

2.1 Commissioners should ensure that NHS resources are protected from fraud, bribery or corruption. Failure to do so has an impact on their ability to commission services and treatment, as NHS funds are wrongfully diverted from patient care. Commissioners and Providers need to have regard to both the NHSCFA standards but also the Government Functional Standards, when putting appropriate counter fraud arrangements in place.

2.2 The standards in this document have been developed to support NHS commissioners in implementing appropriate measures to tackle fraud, bribery and corruption. 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.

2.3 The fraud, bribery and corruption standards are set out in detail in chapter 4 of this document and there are four key sections that follow the NHSCFA's strategy:

2.4 **Key Principle 1: Strategic Governance.** This section sets out the standards in relation to the organisation's strategic governance arrangements. The aim is to ensure that counter fraud measures are embedded at all levels across the organisation, including a mechanism for continuous quality improvement in line with the NHSCFA's strategy. (Chapter 4, Standards 1.1 – 1.7)

2.5 **Key Principle 2: 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 fraud and bribery affecting the NHS. (Chapter 4, Standards 2.1 – 2.4)

2.6 **Key Principle 3: Prevent and Deter.** This section sets out the requirements in relation to discouraging individuals who may be tempted to commit fraud against the NHS and ensuring that opportunities for fraud to occur are minimised. (Chapter 4, Standards 3.1 – 3.6)

2.7 **Key Principle 4: Hold to Account.** The substance of this principle corresponds to the Investigate, sanction and redress principle in the NHSCFA's strategy. This section sets out the requirements in relation to detecting and investigating economic crime, obtaining sanctions and seeking redress. (Chapter 4, Standards 4.1 – 4.6)

# 3 The quality assurance programme

## Overview

3.1 The NHSCFA is committed to ensuring NHS resources are appropriately protected from fraud, bribery and corruption and has developed a series of counter fraud standards for providers of NHS services.

3.2 The Quality and Compliance Unit purpose is defined as '*Assessing and reporting on the effectiveness of counter fraud activity across the NHS and wider health group to identify areas to enable and measure improvement.'* The aim of the NHS counter fraud 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 continuous feedback. NHS England's audit committee has stated its commitment to ensuring commissioners achieve these standards and therefore requires assurance that they are being met via the NHSCFA's quality assurance programme.

3.3 Using the counter fraud, bribery and corruption standards set out in this document, the NHSCFA 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.

3.4 Additionally, the NHSCFA will provide robust assurance to stakeholders, including participating organisations, NHS England and the Department of Health and Social Care (DHSC). Using our strong links with regulators such as the Care Quality Commission (CQC) and NHS Improvement, we will share information about the standards of counter fraud work to eliminate duplication of effort.

3.5 Quality assurance of counter fraud work has been shown to drive up standards and the NHSCFA has developed a flexible, responsive and transparent process which will be provided through monitored action plans and other focused and targeted interventions in relation to identified risks ensuring these risks are mitigated.

3.6 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 counter fraud work.

These documents include:

- The NHS Standard Contract
- NHSCFA standards for providers - fraud, bribery and corruption (as outlined in chapters 3 and 5)
- NHS Counter Fraud Manual[3]
- CIPFA Code of Practice on Managing the Risk of Fraud and Corruption.

3 Access to secure NHSCFA Extranet is required via N3 to access this

3.7 This list is not exhaustive and additional guidance can always be sought from the NHSCFA if required.

## Counter fraud, bribery and corruption quality assurance programme

3.8 The NHSCFA quality assurance programme comprises of a number of processes covering both assurance and assessment.

3.9 The quality assurance process includes regular self review against the standards, which is conducted by organisations and submitted to the NHSCFA. The assessment process is conducted by the NHSCFA's Quality and Compliance team in partnership with the organisation.

## Annual report

3.10 The NHSCFA requires organisations to provide an annual statement of assurance against the counter fraud standards. This statement of assurance is provided through completion of the annual report and the Self Review Tool (SRT).

3.11 Standard 1.5 requires organisations to produce an annual report. To assist organisations with this, a template has been produced, which is available at NHSCFA Extranet[4]. The template is not intended to stipulate either the format that should be used or specific text describing counter fraud, bribery and corruption activities. However, the following items must be included in the annual report:

- the fully completed self review tool (this may be included as an appendix)
- a signed declaration using the wording as indicated in the annual report template
- the days used to deliver counter fraud, bribery and corruption work
- the cost of counter fraud, bribery and corruption work carried out during the year.

A failure to include these items in the annual report will mean that the organisation is in breach of standard 1.5.

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

3.12 Although the annual report may be completed by the nominated counter 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 (or equivalent body) responsible for overseeing counter fraud, bribery and corruption work must sign off the annual report by completing and signing it as indicated on the guidance template. This will provide participating organisations, NHS England and DHSC with assurance that the organisation complies with counter fraud, bribery and corruption standards in line with its contractual obligations.

4 Access to secure NHSCFA Extranet is required via N3 to access this resource.

3.13 The Quality and Compliance team will select the organisations to be assessed along with the type of assessment that will be undertaken. Types of assessments may include full or focused assessments, desktop exercises, profiling exercises and other targeted interventions with senior officers. While we cannot carry out these activities with all organisations every year, we will endeavour to cover organisations regularly.

We will give ample notice of any assessment we undertake.

## Self review tool(SRT)

3.14 The annual self review tool (SRT) enables the organisation to produce a summary of the counter fraud, bribery and corruption work carried out over the previous twelve months. Organisations are required to complete the SRT annually and return it to the NHSCFA by a specified deadline. The SRT covers the key areas of activity outlined in the standards.

3.15 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 Performance Ratings (paragraph 3.39) onwards.

3.16 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.

3.17 Other self review tool submissions may be required from organisations as part of the review process or as part of other assessment processes, such as desktop exercises. Organisations will be advised in good time when this is required.

## Assessments and profiling

3.18 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 will provide organisations with recommendations to support them in mitigating their risks.

3.19 The profiling process is separate from the assessment process. This is a means of providing organisations that are not assessed, with performance data against set criteria to assist in informing senior officers of organisational performance and value for money

3.20 If an organisation, in the judgement of the Quality and Compliance team, requires an assessment, one of four types of assessment will be conducted:

- FullFocused
- Thematic
- Desktop

## Full assessment

3.21 A full assessment would normally be used when an organisation's counter 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.
- Counter 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 counter fraud, bribery and corruption work.
- There are significant gaps in NHSCFA required activity across key areas of activity or NHSCFA priority areas.
- Significant concerns are raised by another part of the NHSCFA.
- The member of the executive board responsible for overseeing counter fraud, bribery and corruption work raises concerns regarding the quality of the local counter fraud, bribery and corruption service received.
- A regulator such as NHS Improvement or CQC raises concerns regarding the quality of the service received.

3.22 A full assessment is conducted on all the NHSCFA key areas of activity as outlined in the standards.

## Focused assessment

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

**A focussed assessment may also select one or more specific standards from any generic area(s), where there is significant national non-compliance with requirements.**

3.24 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 in the SRT comments of measurable outcomes from the work conducted to mitigate risk.
- Significant concerns are raised by another part of the NHSCFA.
- There are gaps in one or two of the key areas of activity, for example Hold to Account.

The organisation demonstrates risk against a key standard, such as 1.2 or 2.1

## Thematic desktop assessment

3.25 A thematic assessment applies to a number of organisations.

3.26 Thematic assessments focus on compliance and the identification of effective practice, or on areas of concern identified by the Quality and Compliance team. New NHSCFA guidance, after a reasonable period given for it to be embedded in organisations, may be followed up by a thematic assessment. Thematic assessments may also focus on NHSCFA and DHSC priority areas.

3.27 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, and will primarily be desktop exercises, supported by validation.

3.28 At any stage during the year organisations may be selected for a thematic desktop exercise. Reasons for a desktop exercise may include, but are not limited to, the following:

- to assist in developing national benchmarking data
- to provide the organisation with assurance of compliance with legislative requirements or NHSCFA guidance
- to highlight the extent of emerging national risks

3.29 Following an assessment the organisation is provided with a written report and action plan which provides advice and guidance on driving up the quality and value for money of its counter fraud, bribery and corruption work. The intended outcome is improved organisational counter fraud performance, measured by future self reviews and annual reports and assessments.

## Profiling

3.30 As indicated at paragraph 3.19, organisations that are not assessed will receive regular reports utilising a variety of performance measures to illustrate counter fraud achievement and value for money. These will enable organisations to benchmark their progress against peers and nationally and will focus on areas of risk as well as effective practice. Following issue of the profiles, there may be a number of actions that NHSCFA will take to improve organisational performance, including meeting with senior officers, or with the audit committee, and working with the organisation to improve performance in areas of weakness

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

3.32 The purpose of the counter 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, the NHSCFA will provide advice, support and assistance to organisations in order to help them improve performance.

## Assessment process

3.33 If an organisation is selected for assessment, at least four weeks' notice will be given of any site visit. The Senior Quality and Compliance Inspector (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.

3.34 At this stage the SQCI will request information from the organisation in relation to the areas that will be assessed. 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.

3.35 During the site visit, the SQCI will wish to speak to the nominated counter fraud, bribery and corruption specialist about the counter 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 counter 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. It is the responsibility of the organisation to make these arrangements in line with the Reasonable Expectations document at Appendix 1.

3.36 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.

3.37 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 a SMART action plan for the recommendations and return it to the SQCI.

3.38 Following receipt of the action plan, the organisation will be expected to comply with the NHSCFA's review process. The organisation will be advised of requirements in relation to the review process at the closing meeting and in writing. This will involve submission of an agreed set of documents to evidence progress.

3.39 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 according to set criteria. The review assessment site visit will only focus on progress against the recommendations made at the previous assessment, unless there are significant matters that have arisen in the meantime.

3.40 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 National Quality Lead. Opportunities for formal feedback are set out below.

Issues with the content of the Standards should be raised with the Fraud Prevention Unit at mailto:mprevention@nhscfa.gsi.gov.uk

## Performance ratings

3.41 As a result of the assurance and assessment processes, organisations will be rated as being at red, amber or green depending on how well they have performed against NHSCFA 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 DHSC and NHS England.

3.42 The definitions for each performance rating 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 the risk. 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 the work: **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.

3.43 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.

3.44 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.

3.45 Standards 4.4 and 4.5 relate to the taking of witness statements and the conduct of interviews under caution (IUCs). The NHSCFA 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.

**Organisation has had no opportunity to meet the standard**

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

3.46 This performance rating is not weighted and, where given, it does not contribute to the 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

3.47 Organisations should adopt a risk-based approach when determining the amount of resources required to achieve the highest performance rating 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 counter fraud, bribery and corruption needs of the organisation.

3.48 Organisations should conduct risk assessments in accordance with their organisational risk management policies to identify fraud risks locally. The organisation should ensure that fraud risks are recorded appropriately on organisational risk registers and should consider what action is required to mitigate those risks. Appropriate resources should be allocated to ensure that the standard is met and the risk mitigated. By applying this method, organisations should end up with a series of tasks that enable the development of a work plan.

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

## Risk

3.50 The organisation should identify and assess the fraud, bribery and corruption risks it faces and put in place measures to address them. Risks should be recorded in line with organisational risk management policies. Nominated counter 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

3.51 Once areas of risk have been identified, assessed and recorded, the organisation and the nominated counter 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

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

## Outputs

3.53 These are the pieces of evidence that demonstrate the effective addressing of identified risks and the fulfilment of defined objectives. Outputs provide evidence that the task has been carried out but generally do not, on their own, provide evidence of successful outcomes. Outputs may include presentation materials, policies and procedures or reports.

## Outcomes

3.54 These are the pieces of evidence that demonstrate the effective reduction of

mitigation or control of identified risks and the fulfilment of defined improvement objectives. Outcomes may include, among other things: staff survey results, case closure reports, or evidence demonstrating staff awareness and understanding of policies and procedures to reduce risk.

3.55 Following this methodology is not compulsory, although organisations will be assessed on the evidence of outputs and outcomes.

## Weightings

3.56 Some standards are weighted to reflect their overall importance in counter 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 NHSCFA priorities and are subject to ongoing review.

3.57 Weightings may be changed to reflect new and emerging risks addressed in the standards. 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 is available at https://extranet.cfa.nhs.uk/document/form-templates/qa-assessments , and any queries may be directed to fraudqa@nhscfa.gsi.gov.uk.

## Reasonable expectations

3.58 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 the Quality and Compliance team and what the team reasonably expects from organisations. Understanding these reasonable expectations (which are set out in Appendix 1) will help both parties make the most of working together. Please note that if organisations do not adhere to these expectations, the organisation may be in breach of Standard 1.2, which deals with compliance with the quality assurance programme.

## Feedback

3.59 Your opinion counts and as part of our commitment to continuous improvement, we encourage feedback from stakeholders on the quality assurance programme. Questionnaires are issued following each assessment and may be issued after other forms of NHSCFA assistance. Your feedback is encouraged and the results will be regularly published. You can send any additional comments by email to fraudqa@nhscfa.gsi.gov.uk.

# 4 Standards

## Key Principle 1: Strategic Governance

### Standard 1.1

**A member of the executive board or equivalent body is responsible accountable for provision of strategic management of all counter fraud, bribery and corruption work within the organisation. The accountable board member is responsible for the provision of assurance to the executive board in relation to the quality and effectiveness of all counter fraud bribery and corruption work undertaken.**

#### Rationale

It is important that counter 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 governing body to oversee this work can help the organisation to focus on its key strategic priorities in relation to counter fraud, bribery and corruption work.

#### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs

#### 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, counter fraud, bribery and corruption work.

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

The member of the CCG executive board or equivalent body has not ensured the provision of relevant and timely information regarding counter fraud, bribery and corruption work to NHS England 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, counter fraud, bribery and corruption work.

The member of the CCG executive board or equivalent body has ensured the provision of relevant and timely information regarding counter fraud, bribery and corruption work to NHS England upon request.

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

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/governing body meeting minutes
- Organisational counter fraud, bribery and corruption work plan
- Annual report on counter 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 or equivalent body minutes
- Documentation from the nominations process
- Standing Orders/Standing Financial Instructions
- Evidence of the supply of counter fraud, bribery and corruption information to NHS England. This may include, but is not limited to, the CCG self review tool, the CCG annual report of counter fraud work and the counter fraud work plan.

## Standard 1.2

**The organisation's non-executive directors or lay members and board/governing body level senior management are accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present within the organisation. Board level evaluation of the effectiveness of counter fraud, bribery and corruption work undertaken should be documented. Where recommendations have been made by NHSCFA following an assessment, it is the responsibility of the accountable board member to provide assurance to the board surrounding the progress of their implementation.**

### Rationale

In order for the organisation to adequately tackle fraud, bribery and corruption, there must be proactive support for the NHSCFA's strategy at senior management level. This will ensure that counter fraud, bribery and corruption work meets organisational and NHSCFA 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. Counter fraud, bribery and corruption work should be integral to the organisation's strategic objectives.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### Ratings

**Organisation does not meet the standard**

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

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

Senior management do not ensure that action plan recommendations are implemented in line with agreed timeframes following any NHSCFA quality assessment and there is no evidence of demonstrable outcomes. Updates on the implementation of action plan recommendations are not provided to the NHSCFA 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 counter fraud, bribery and corruption work from senior management at the organisation. Support for the trained and nominated person carrying out counter 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 counter fraud, bribery and corruption work.

Senior management ensures compliance with the requirements of the NHSCFA's quality assurance programme. This includes ensuring that action plan recommendations are implemented in line with agreed timeframes following any NHSCFA 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 NHSCFA quality assessment and there is evidence of demonstrable outcomes. Updates on the implementation of action plan recommendations are provided to NHSCFA upon request, in line with the NHSCFA's review process.

Any corrective or preventative actions identified as a result of evaluation are implemented in line with agreed timeframes to ensure that counter 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):

- The NHSCFA strategy document 'Leading the fight against NHS Fraud - Organisational Strategy 2017-2020'
- Meeting minutes, decisions, action points and records of their execution, particularly for decisions taken at board level
- Audit committee or equivalent body minutes
- Documentation from the nominations process
- Counter fraud, bribery and corruption work plan
- Communications to staff directly attributed to the chief executive and/or board/ governing body members, particularly communications to all staff
- Staff surveys
- Other evaluation materials such as reports on proactive exercises

- Documentation arising from the NHSCFA's quality assurance programme
- Evidence of the implementation of any recommendations made NHS Audit Committee Handbook (relevant sections)
- Evidence that the Audit Committee Chair has an NHS.net account.

## Standard 1.3

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

### Rationale

Those undertaking counter 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 the NHSCFA, and attend specialist training that has been accredited by the Counter Fraud Professional Accreditation Board.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs

### 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 counter fraud, bribery and corruption work on behalf of the organisation.

The nominated LCFS is not carrying out the full range of duties.
The LCFS has not attended specialist training that has been accredited by the Counter Fraud Professional Accreditation Board , or has not been appropriately nominated by the organisation.

The person (or persons) does not appropriately update their skills in line with NHSCFA 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 and conducts the full range of counter 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 NHSCFA
- Accreditation records held by NHSCFA
- Nomination records held by NHSCFA or NHS CFS Wales
- Nomination process can be found at https://cfa.nhs.uk/fraud- prevention/information-local-counter-fraud-specialists
- Evidence of continuing professional development

## Standard 1.4

**The organisation has carried out comprehensive risk assessments to identify fraud, bribery and corruption risks, and has counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. Risks are recorded and managed in line with the organisation's risk management policy and are included on the appropriate risk registers. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee (or equivalent body).**

### 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 counter fraud, bribery and corruption activities.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### 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 they are not comprehensive. The risks have not been included on the organisations risk register. 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 counter fraud, bribery and corruption activity as outlined in NHSCFA'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. These risks are recorded in line with the organisational risk management policy.

Actions to mitigate/reduce risks have been appropriately prioritised and documented in a work plan which covers the required NHSCFA 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, in line with the organisational risk policy

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):

- NHSCFA strategy document 'Leading the fight against NHS Fraud - Organisational Strategy 2017-2020'
- 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 or equivalent body minutes
- Counter fraud, bribery and corruption work plan
- Progress reports
- Organisational risk register

## Standard 1.5

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

### Rationale

An annual report is the main way for the organisation to report on performance against its counter 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.

### Standard applies to:

NHS England – national teams, regional teams, CCGs; CSUs.

### Ratings

#### Organisation does not meet the standard

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

Where an annual report has been completed, it does not cover all key areas of counter fraud, bribery and corruption activity as outlined in the NHSCFA'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 NHSCFA 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 tool 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 counter fraud, bribery and corruption work complies with the NHSCFA's guidance in relation to content, directly referring to all applicable standards for fraud, bribery and corruption, 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):

- NHSCFA strategy document 'Leading the fight against NHS fraud organisational 2017-2020'
- Annual report on counter 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

## Standard 1.6

**The organisation ensures that those carrying out counter 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 counter fraud, bribery and corruption work should be able to maintain the appropriate standards of confidentiality 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.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### Ratings

#### Organisation does not meet the standard

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

The organisation does not ensure that those carrying out counter 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 counter fraud, bribery and corruption work on its behalf 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 in order that the necessary confidentiality of the role can be maintained

## Standard 1.7

**The organisation ensures that there are effective lines of communication between those responsible for counter 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 counter fraud, bribery and corruption work involves close liaison between different departments and business units. Effective communication between these operational staff groups is critical to achieving the organisation's counter fraud, bribery and corruption objectives in a co-ordinated and effective manner.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### Ratings

#### Organisation does not meet the standard

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

There may be liaison between those undertaking counter 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 counter 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 Counter Fraud Manual
- 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 counter fraud, bribery and corruption work and key staff groups or sections
- Other relevant meeting minutes, action points and records of their execution
- 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

## Standard 1.8

**The organisation reviews the counter fraud, bribery and corruption arrangements in place within the providers it contracts to deliver NHS services, to ensure they comply with the conditions set out in Service Condition 24 of the NHS Standard Contract. The organisation also ensures that the providers it contracts to deliver NHS services under the NHS Standard Contract implement any corrective actions recommended by the commissioner itself, or by the NHSCFA if a quality assessment has been carried out.**

### Rationale

If requested by the co-ordinating commissioner or the NHSCFA, Service Condition 24 of the NHS Standard Contract enables the commissioner's nominated Local Counter Fraud Specialist, a person nominated to act on the commissioner's behalf, or a person nominated to act on the NHSCFA's behalf, to review the counter fraud, bribery and corruption arrangements put in place by the provider in line with the appropriate standards. Service Condition 24.4 states that the provider must implement any reasonable modifications required by a person referred to in SC24.3 to counter fraud, bribery and corruption arrangements in order to meet the required standards.

Through its quality assurance process, the NHSCFA will assist in giving assurance to the organisation that the provider is complying with the fraud, bribery and corruption requirements set out in the NHS Standard Contract.

### Standard applies to:

NHS England – national teams, CCGs; CSUs (if carrying out contract management on behalf of a CCG).

### Ratings

**Organisation does not meet the standard**

The organisation does not review the counter fraud, bribery and corruption arrangements in place in the providers it contracts to deliver NHS services.

The organisation carries out some work to review the providers' counter fraud, bribery and corruption arrangements, but this has little or no effect on those arrangements.

The organisation does not seek assurance from the providers it contracts to deliver NHS services that they have implemented any corrective actions recommended by the commissioner itself, or by the NHSCFA following a quality assessment.

### Organisation partially meets the standard

The organisation reviews the counter fraud, bribery and corruption arrangements in place within the providers it contracts to deliver NHS services, to ensure they are proportionate to the level of risk identified.

The organisation seeks assurance that the providers it contracts to deliver NHS services implement all corrective actions recommended by the commissioner itself, or by the NHSCFA following a quality assessment.

Where corrective actions have not been implemented, the NHSCFA is kept informed of any action taken by the organisation in relation to providers' failure to implement recommendations.

### Organisation meets the standard

The organisation reviews and evaluates its processes for monitoring fraud, bribery and corruption arrangements in providers.

The organisation makes improvements to these processes as necessary to ensure they are demonstrably effective.

### Guidance, supporting documentation and evidence

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

- Documentation relating to the organisation's review process
- Minutes of relevant meetings
- Records of the review of providers' counter fraud, bribery and corruption arrangements
- The NHSCFA quality assurance programme reports for relevant providers
- Advice and guidance from the NHSCFA

## Standard 1.9

**The organisation ensures that clinical commissioning groups maintain appropriate counter fraud, bribery and corruption arrangements, in accordance with their terms of authorisation, and ensures that any recommendations made by the NHSCFA following a quality assessment of counter fraud, bribery and corruption arrangements are fully implemented.**

### Rationale

The organisation should ensure that clinical commissioning groups (CCGs) have the appropriate arrangements in place to safeguard public funds in line with their terms of authorisation, and that these arrangements are effective. Arrangements are appropriate to the level of risk identified.

The NHSCFA carries out quality assurance work to independently evaluate CCGs' counter fraud arrangements against the relevant standards and guidance. This provides the organisation with independent assurance that arrangements to tackle fraud, bribery and corruption in CCGs are in place and are working effectively.

If an assessment has been carried out, the NHSCFA will provide a written report to the organisation, including any recommendations.

### Standard applies to:

NHS England – regional teams.

### Ratings

**Organisation does not meet the standard**

The organisation does not review the counter fraud, bribery and corruption arrangements in place in CCGs.

The organisation carries out some work to review CCGs' counter fraud, bribery and corruption arrangements, but this has little or no effect on those arrangements.

The organisation does not seek assurance from CCGs that they have implemented any corrective actions recommended from either the organisation itself, or the NHSCFA following a quality assessment.

**Organisation partially meets the standard**

The organisation reviews the counter fraud, bribery and corruption arrangements in place within CCGs, in accordance with their terms of authorisation, to ensure they are proportionate to the level of risk identified.

The organisation seeks assurance that the CCGs implement all corrective actions

recommended by the organisation itself, or by the NHSCFA following a quality assessment.

Where corrective actions have not been implemented, the NHSCFA is kept informed of any action taken by the organisation in relation to CCGs' failure to implement recommendations.

### Organisation meets the standard

The organisation reviews and evaluates its processes for monitoring fraud, bribery and corruption arrangements in providers.

The organisation makes improvements to these processes as necessary to ensure they are demonstrably effective.

### Guidance, supporting documentation and evidence

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

- Documentation relating to the organisation's review process
- Minutes of relevant meetings
- Records of the review of CCGs' counter fraud, bribery and corruption arrangements, NHSCFA quality assurance programme reports for relevant providers
- NHSCFA quality assurance programme reports for relevant CCGs Documentation relating to the NHSCFA quality assurance process
- Minutes of relevant meetings
- CCGs' responses to recommendations
- Advice from and correspondence with the NHSCFA in relation to recommendations

## Standard 1.10

**The organisation has appropriate contract monitoring arrangements in place for all commissioned primary and secondary healthcare services, including acute, GP, pharmaceutical, dental and ophthalmic services, to prevent losses being incurred through fraud, bribery and corruption.**

### Rationale

Without effective monitoring arrangements of the NHS Standard Contract and other care contracts, there is a risk that the commissioning body may incur losses due to fraud, bribery and corruption. Having appropriate arrangements in place to monitor contracts helps to ensure that anomalies, which may be indicative of financial irregularities are investigated and action taken to prevent losses to the organisation.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs (if carrying out contract management on behalf of a CCG).

### Ratings

**Organisation does not meet the standard**

Contracts for commissioned healthcare services are not monitored by the organisation in line with the requirements of the contract to prevent losses being incurred through fraud, bribery and corruption.

Where contracts are monitored, the monitoring arrangements are limited in scope or insufficiently rigorous in application. As a result, contract monitoring is ineffective and fails to provide sufficient assurance to the organisation that fraud, bribery and corruption risks are mitigated.

There is no evidence that the organisation follows up any recommended corrective actions to ensure they have been implemented.

**Organisation partially meets the standard**

Contracts for commissioned healthcare services are monitored by the organisation in line with the requirements of the contract to prevent losses being incurred through fraud, bribery and corruption.

**Organisation meets the standard**

The organisation reviews and evaluates contract monitoring arrangements to ensure they are demonstrably effective and provide sufficient assurance to the organisation

that fraud, bribery and corruption risks are mitigated.

Review and evaluation are used to improve the contract monitoring arrangements, where necessary.

### Guidance, supporting documentation and evidence

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

- NHS Standard Contract
- Pharmaceutical, dental and optical legislation including the Controlled Drugs (Supervision of Management and Use) Regulations 2013
- Minutes of Local Intelligence Network (LIN) meetings
- Documents relating to contract monitoring processes
- Minutes of meetings with professional bodies on monitoring processes
- Contract review records
- Information on patient experience/complaints
- Evidence of any professional registration liaison, i.e. with GPhC, GMC
- Monitoring of key areas, e.g. EPACT information/list sizes

# Key Principle 2: 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 a counter fraud, bribery and corruption culture among all staff, across all sites, using all available media. This should cover the NHSCFA'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 the NHSCFA's fraud 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 counter 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 counter fraud, bribery and corruption culture provides the organisation with assurance that fraud is recognised and reported.

The NHSCFA has operated an independent national fraud and corruption reporting line and an online reporting tool for many years. These channels enable NHS employees, patients and third parties to report allegations of fraud and corruption directly to the NHSCFA.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### 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 a counter 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 the NHSCFA's strategy.

### Organisation partially meets the standard

The organisation has an ongoing programme 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 the NHSCFA's strategy.

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

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

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

### Organisation meets the standard

The organisation has an ongoing programme 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):

- NHSCFA strategy document 'Leading the fight against NHS fraud- organisational strategy 2017-2020'
- Links to NHSCFA's online fraud reporting tool https://cfa.nhs.uk/reportfraud
- Presentations
- Intranet, extranet and public website 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 NHSCFA's fraud awareness toolkit. This is available at https://cfa.nhs.uk/fraud-prevention/fraud-awareness-toolkit

## Standard 2.2

**The organisation has a counter fraud, bribery and corruption policy that follows NHSCFA's strategic guidance, publicises NHSCFA'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 a counter 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.

The NHSCFA has operated an independent national fraud and corruption reporting line and an online reporting tool for many years. These channels enable NHS employees, patients and third parties to report allegations of fraud and corruption directly to the NHSCFA.

### Standard applies to:

NHS England – national teams; CCGs (for development and approval of the policy)

NHS England – national teams, regional teams; CCGs; CSUs (for implementation and monitoring of the policy).

### Ratings

**Organisation does not meet the standard**

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

The organisation's counter fraud, bribery and corruption policy does not meet NHSCFA requirements in relation to channels for reporting suspicions of fraud, bribery and corruption, and it is not in line with the NHSCFA'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 counter fraud, bribery and corruption policy is in line with the NHSCFA'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 the NHSCFA'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 counter 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):

- NHSCFA document 'Template Local Counter Fraud and Corruption Policy'
- NHSCFA strategy document 'Leading the fight against NHS fraud- organisational strategy 2017-2020'
- Links to NHSCFA online fraud reporting tool https://cfa.nhs.uk/reportfraud
- NHSCFA strategy document 'Leading the fight against NHS fraud- organisational strategy 2017-2020'
- The organisation's counter 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 of a significant size
- Evidence of the review of the policy and subsequent amendments to it where appropriate

## Standard 2.3

**The organisation liaises 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 / General Data Protection Regulation (GDPR), and with relevant organisational policies. The organisation can demonstrate improved investigative and operational effectiveness as a result of the liaison.**

### Rationale

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.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### 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)

## 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. The effectiveness of the implementation of the process and staff awareness of the requirements of the code of conduct are 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. In order to mount a defence to the section seven offence, organisations must measure the effectiveness of the implementation of the process and staff awareness of the requirements of the code of conduct. A **GREEN** rating from NHSCFA is not in itself assurance that the organisation has adequate procedures and protocols in place to use as a defence.

### Standard applies to:

NHS England – national teams (for development and approval of the code of conduct).

NHS England – national teams, regional teams; CCGs; CSUs (for implementation and monitoring of the code of conduct).

### 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. A green rating from the NHSCFA is not in itself assurance that the organisation has adequate procedures and protocols in place to use as a defence.

### Guidance, supporting documentation and evidence

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

- Bribery Act 2010
- NHSCFA Bribery Act Guidance
- NHSCFA Bribery Act Explanatory Notes
- NHSCFA Bribery Act induction presentation
- NHSCFA Bribery Act information slides
- NHSCFA Bribery Act awareness session handout
- NHSCFA Bribery Act leaflet
- NHSCFA Bribery Act FAQs
- Organisational code of conduct
- Gifts and hospitality policy and declarations
- Constitution (for NHS foundation trusts)
- Staff surveys and other evaluation materials
- 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
- Managing Conflicts of Interest: Revised Statutory Guidance for CCGs
- Managing Conflicts of Interest: Internal Audit Framework for CCGs
- Improvement and Assessment Framework - Conflict of interest indicator: submission process for CCGs

# Key Principle 3: Prevent and Deter

## Standard 3.1

**The organisation reviews new and existing relevant policies and procedures, using audit reports, investigation closure reports and the NHSCFA's guidance, to ensure that appropriate counter 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 and operational 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.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### 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 established process by which the person(s) nominated and trained to carry out counter fraud, bribery and corruption work on behalf of the organisation is made aware of policies that require change or review, or 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 counter 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 counter 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 the existence of amended polices and 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):

- NHSCFA 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

## Standard 3.2

**The organisation uses relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption and takes the appropriate action, including proactive exercises 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 relevant 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 will enable it 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.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### Ratings

#### Organisation does not meet the standard

There is no evidence that the organisation uses relevant 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 relevant 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):

- NHSCFA strategy document 'Leading the fight against NHS fraud- organisational strategy 2017-2020'
- 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 NHSCFA's Information and Intelligence Unit
- Other records held by NHSCFA (e.g. on the case management system)
- Documents relating to the planning and preparation of proactive prevention and detection exercises, such as terms of reference
- Final reports from proactive exercises

## Standard 3.3

**The organisation issues, implements and complies with all appropriate fraud, bribery and corruption intelligence bulletins, prevention guidance and alerts issued by the NHSCFA. In addition, the organisation issues local counter fraud, bribery and corruption warnings and alerts to all relevant staff following guidance in the NHSCFA'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

The NHSCFA 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, the NHSCFA will also follow up on its guidance and instructions with thematic quality 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.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

Compliance and implementation will depend on the nature of the advice or guidance.

### Ratings

**Organisation does not meet the standard**

The organisation does not issue local counter fraud, bribery and corruption warnings 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 the NHSCFA.

There is evidence of some activity in the issue of local counter fraud, bribery and corruption warnings and alerts, but this does not follow the NHSCFA '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 the NHSCFA, and appropriate records are kept.

There is evidence that the organisation issues local counter 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.

The NHSCFA'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 counter 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 of counter fraud, bribery and corruption preventative work at the organisation and into improvements in the counter fraud, bribery and corruption alerts process.

### Guidance, supporting documentation and evidence

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

- NHSCFA circulars
- NHSCFA's 'Intelligence Alerts, Bulletins and Local Warnings Guidance'
- Results of thematic assessments
- Responses to queries from NHSCFA
- Required NHSCFA compliance records
- Evidence of implementation of NHSCFA 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

## 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 the NHSCFA, NHS Employers and the Home Office.**

### 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 follow the NHS Employers guidance 'NHS Employment Check Standards' to reduce that risk, and ensure new employees are subject to the appropriate 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.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

Compliance and implementation will depend on the nature and content of the warning.

### 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 NHS Employers, NHSCFA and Home Office guidance.

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 NHS Employers, NHSCFA, and Home Office guidance.

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 is 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):

- Home Office guidance 'Right to work checks: an employer's guide'
- NHS Employers guidance, Employment Check Standards
- Care Quality Commission 'Guidance for providers on meeting the regulations'
- NHSCFA document 'Employment agency fraud: Guidance on reducing risk', https://cfa.nhs.uk/resources/downloads/guidance/fraud-awareness/Employment_agency_fraud_Guidance_on_reducing_risks.pdf
- NHSCFA '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

## Standard 3.5

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

### Rationale

NHSCFA 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. Conflict of interest declarations and declarations of gifts and hospitality must be regularly sought from staff engaged in procurement related activities.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### 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.

Conflict of interest declarations and declarations of gifts and hospitality are not regularly received from staff engaged in procurement related activities, or, where they are received, any necessary actions are not subsequently taken.

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 NHSCFA 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 NHSCFA 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

Conflicts of interest declarations and declarations of gifts and hospitality are regularly received from staff engaged in procurement related activities and any necessary actions are subsequently taken.

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):

- The NHSCFA document 'Pre-contract procurement fraud and corruption: Guidance for prevention and detection'
- Relevant risk assessments
- Evidence of the review of policies 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 NHSCFA document ‘Pre-contract procurement fraud and corruption: Guidance for prevention and detection’
- Awareness materials for fraud, bribery and corruption risks in the area of procurement
- Training needs analysis documents
- 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 counter fraud measures
- Meeting minutes, action points and records of their execution
- Evidence of gifts and hospitality declarations and conflict of interest declarations by procurement staff and evidence of any necessary subsequent actions taken
- Examples of where the results of evaluation and/or audits have led to improvements to procurement processes

## 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

NHSCFA 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.

### Standard applies to:

While invoicing processes are carried out by NHS Shared Business Services, all commissioners should assure themselves that this standard is being complied with.

### 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 NHSCFA 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 NHSCFA 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 adopted 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):

- The NHSCFA document 'Invoice fraud: guidance for prevention and detection'
- The NHSCFA '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 the NHSCFA guidance
- Awareness materials on fraud, bribery and corruption risks in the area of invoicing
- Training needs analysis documents
- 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 counter 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 4: Hold to Account

## Standard 4.1

**The organisation ensures that the case management system is used to record all reports of suspected fraud, bribery and corruption, to inform national intelligence. The case management system is also used to record all system weaknesses identified during the course of investigations and/or proactive prevention and detection exercises.**

### Rationale

Case management system 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 Counter Fraud Manual and NHSCFA guidance.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### Ratings

**Organisation does not meet the standard**

The organisation does not use the case management system to record all reports of suspected fraud, bribery and corruption or to inform national intelligence.

The organisation may be recording some reports of suspected fraud, bribery and corruption, as well as system weaknesses, on the case management system but this is not done in a comprehensive or timely manner and/or it is not done in line with NHSCFA guidance.

**Organisation partially meets the standard**

The organisation records all reports of suspected fraud, bribery and corruption, as well as system weaknesses, on the case management system, to inform 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 the case management systme is regularly and soundly evaluated and that, where appropriate, findings lead to improvements.

The provision of case management system data to inform 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 Counter Fraud Manual
- The NHSCFA instructions and guidance on the use of the case management system
- Case management  records
- Case management system weakness records
- Investigation files
- Evidence of proactive prevention and detection exercises
- Evidence of review
- Correspondence with third parties including the Crown Prosecution Service and the NHSCFA

## Standard 4.2

**The organisation uses a case management system to support and progress the investigation of fraud, bribery and corruption allegations, in line with NHSCFA guidance.**

### Rationale

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

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### Ratings

**Organisation does not meet the standard**

The organisation does not use a case management system to support and progress fraud, bribery and corruption investigations.

The organisation may use the case management system 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 NHSCFA guidance.

**Organisation partially meets the standard**

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

The organisation follows NHSCFA guidance in relation to using the case management system.

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 Counter Fraud Manual.

For cases being considered for prosecution, all witness statements, exhibits and MG forms are uploaded prior to submission to the NHSCFA. All witness and other relevant contact details are uploaded onto the case management system.

### 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 the case management system 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 Counter Fraud Manual
- The NHSCFA instructions and guidance on the use of the case management system.
- Case management system records
- Investigation files
- Evidence of review
- Correspondence with third parties including the Crown Prosecution Service and NHSCFA staff
- The NHSCFA Investigation Case File Toolkit

## Standard 4.3

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

### Rationale

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

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### 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 NHSCFA in seeking to apply sanctions, as detailed in NHSCFA'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 the case management system, 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 sanction arrangements and that, where required, findings lead to improvements.

## Guidance, supporting documentation and evidence

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

- NHS Counter Fraud Manual
- NHSCFA guidance 'Parallel criminal and disciplinary investigations: policy statement' (available within NHS Counter Fraud Manual)
- NHSCFA guidance 'Parallel criminal and disciplinary investigations guidance for Local Counter Fraud Specialists' (available within NHS Counter Fraud Manual)
- NHSCFA instructions and guidance on the use of FIRST
- Case management system records
- Investigation files
- Correspondence with third parties including the Crown Prosecution Service and the NHSCFA.
- Evidence of submitted CFS13 forms
- The organisation's counter 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

## Standard 4.4

**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. The NHSCFA's 'Witness statement review template' is designed to ensure witness statements meet all the necessary legal requirements and follow best practice.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### 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 NHSCFA'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 NHSCFA's 'Witness statement review template'. The statements cover processes, incidents and exhibits.

There is limited 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 Counter Fraud Manual
- NHSCFA 'Witness statement review template'
- NHSCFA instructions and guidance on the use of the case management system.
- Case management system records
- Investigation files
- Correspondence with third parties including the Crown Prosecution Service and NHSCFA staff
- 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

## Standard 4.5

**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. The NHSCFA's 'Interview under caution review template' is designed to ensure that interviews under caution meet all the necessary legal and best practice requirements.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### 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 satisfy the National Occupational Standards (CJ201.2) and follow 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 Counter Fraud Manual
- NHSCFA's Interview under caution review template
- NHSCFA instructions and guidance on the use of the case management system.
- Case management system records
- Investigation files
- Correspondence with third parties including the Crown Prosecution Service and NHSCFA
- 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

## Standard 4.6

**The organisation seeks to recover, and/or supports NHSCFA 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.

### Standard applies to:

NHS England – national teams, regional teams; CCGs; CSUs.

### 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 and 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 NHSCFA 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 limited 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 Counter Fraud Manual
- Current NHSCFA case acceptance criteria
- NHSCFA instructions and guidance on the use of the case management system.
- Case management system records
- Investigation files
- Correspondence with third parties including the Crown Prosecution Service and NHSCFA
- 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

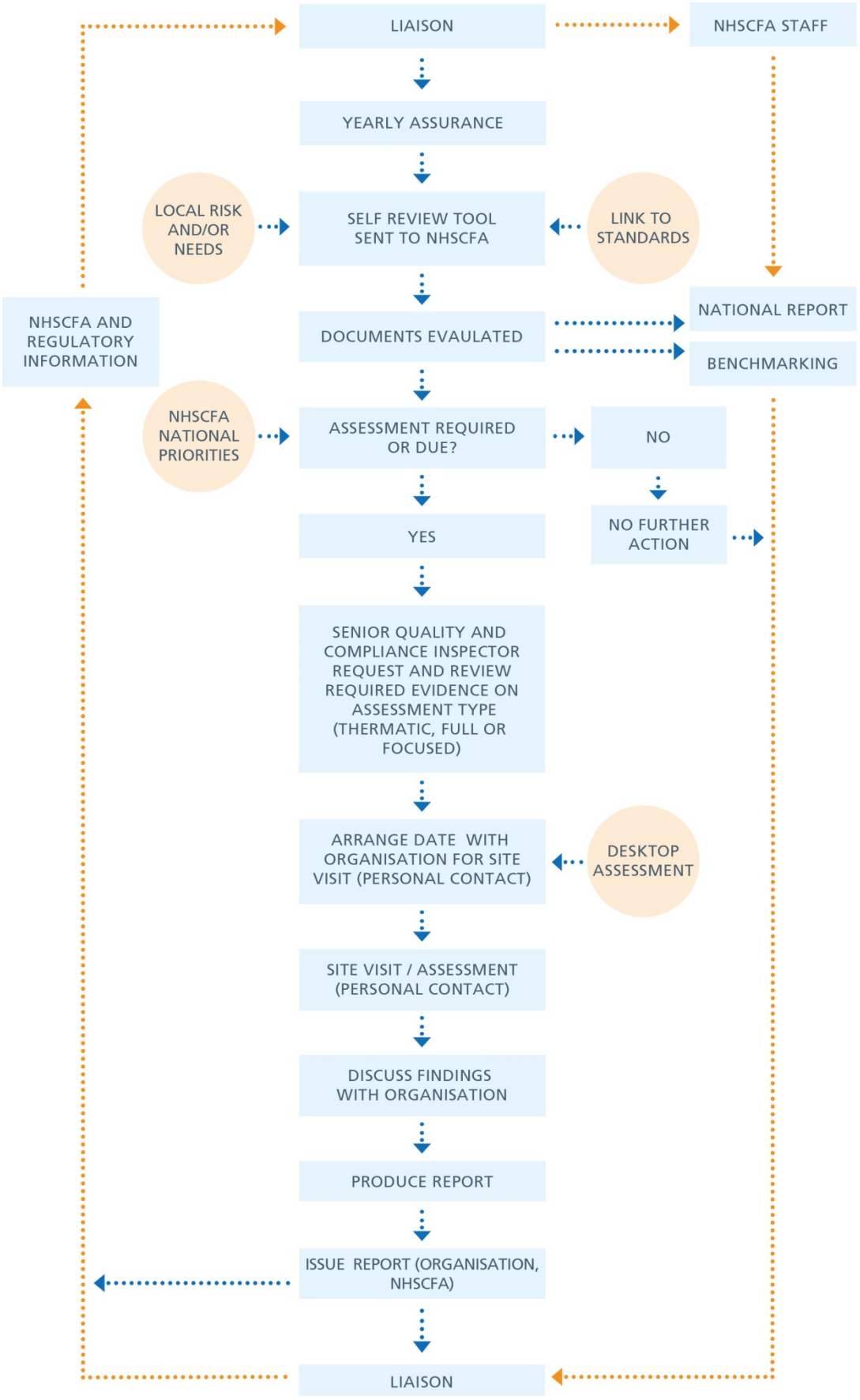
- Relevant case publicity
- Increase in reporting after publicity
- Reduction in relevant fraud after publicity
- Meeting minutes, action points and records of their execution
- Communications to staff
- Evaluation of the impact of successful recovery of financial losses
- Evidence that the arrangements for recovery of financial losses are regularly evaluated
- Evidence that findings from evaluations are fed back into improvement

# 5 Appendices

## Appendix 1 - QA 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. | |
| | The Self Review Tool will be completed and signed off by the relevant organisational representative and sent to NHSCFA within the required deadline. |
| We will give organisations a minimum of four weeks' notice of an assessment site visit, our evidence requirements and necessary arrangements in relation to relevant staff interviews and site visit requirements. | The site visit is comprehensively organised and communicated to the Quality and Compliance team in line with our evidence requirements and all other necessary arrangements by the due date provided in line with the requirements of Standard 1.2.<br>All advance evidence requested must be supplied to the SQCI by the due date. Failure to comply with deadlines may mean that the organisation is in breach of Standard 1.2. |
| 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 should be submitted promptly. |
| 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 at the closing meeting. | |
| 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. |
| | The organisation will comply with NHSCFA's documented review process, responding to any queries and submitting requested documentation on time in line with Standard 1.2. |

# Appendix 2 – The counter fraud assurance programme



# Appendix 3 – Summary of changes for 2019-20

| Standard | Amendment |
|---|---|
| General | When referring in the future to our system for managing fraud cases, we will simply refer to it as 'the case management system'.<br>This primarily affects standards 4.1 and 4.2. |
| 1.1 | Minor changes to headline standard |
| 1.2 | Minor changes to rationale.<br>Minor changes to headline standard<br>Minor changes to RAG ratings<br>Minor changes to the guidance and supporting evidence section |
| 1.3 | Minor changes to RAG ratings |
| 1.4 | Minor changes to headline standard,<br>Minor changes to RAG ratings |
| 1.5 | Minor changes to RAG ratings |
| 2.3 | Minor change to headline standard and rationale |
| 4.1 | Minor changes to the headline standard<br>System weaknesses to be recorded during the course of investigations rather than as a result of investigations. |