

Standards for NHS Bodies(Wales)

2019-20

Fraud, bribery and corruption

January 2019

Version 1.1



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Version control

Version	Name	Date	Comment
1.0	FPT	January 2019	
1.1	FPT	January 2019	Update to change log

1	Introduction.....	5
2	Counterfraud arrangements in NHS Wales.....	6
3	Overview of the standards.....	7
	Introduction	7
	Standards for fraud, bribery and corruption	7
4	The quality assurance programme	9
	Overview	9
	Annual report	10
	Self review tool	11
	Assessments and profiling.....	11
	Full assessment.....	12
	Focused assessment.....	12
	Thematic desktop assessment	13
	Assessment process.....	14
	Performance ratings	15
	Identifying and mitigating risks	17
	Risk.....	17
	Objective.....	18
	Task	18
	Outputs.....	18
	Outcomes	18
	Weightings	18
	Reasonable expectations	19
	Feedback	19
5	Standards	20
	Key Principle 1: Strategic Governance	20
	Standard 1.1	20
	Standard 1.2	22
	Standard 1.3	24
	Standard 1.4	26
	Standard 1.5	28
	Standard 1.6	30
	Standard 1.7	32
	Key Principle 2: Inform and Involve	34
	Standard 2.1	34
	Standard 2.2	37
	Standard 2.3	39
	Standard 2.4	41
	Key Principle 3: Prevent and Deter	44
	Standard 3.1	44
	Standard 3.2	46
	Standard 3.3	48

OFFICIAL

Standard 3.4	50
Standard 3.5	52
Standard 3.6	55
Key Principle 4: Hold to Account	57
Standard 4.1	57
Standard 4.2	59
Standard 4.3	61
Standard 4.4	63
Standard 4.5	65
Standard 4.6	67
6 Appendices	70
Appendix 1 - QA programme - Reasonable expectations of the parties	70
Appendix 2 – The counter fraud assurance programme	71
Appendix 3 – Summary of changes for 2019-20	72

1 Introduction

- 1.1 This document aims to provide information to NHS Wales health bodies on the counter fraud measures to be implemented in 2019-20 in accordance with Minister for Health and Social Services. Directions and the service agreement between the [Welsh Government](#) and the NHS Counter Fraud Authority (NHSCFA) under [section 83 of the Government of Wales Act 2006](#).
- 1.2 The 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](#) (DHSC). For more information, please visit the NHSCFA website at www.cfa.nhs.uk.
- 1.3 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 or group of individuals to obtain a financial or professional gain.
- 1.4 The NHSCFA has four high-level organisational aims applicable to Wales. These are:
- Deliver the DHSC strategy, vision and strategic plan and lead counter fraud activity in the NHS in Wales.
 - Be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters in the NHS.
 - Lead, guide and influence the improvement of standards in counter fraud work.
 - Take the lead and encourage fraud reporting across the NHS and wider health group.
- 1.5 NHS bodies in Wales are required to put in place arrangements to counter fraud under Welsh Government Directions. Standards set out what NHS bodies should do to ensure they have appropriate counter fraud arrangements in place. An overview of the standards can be found in [Chapter 3](#). [Chapter 4](#) provides an explanation of the quality assurance programme that will be used to assess compliance with the standards.
- 1.6 Finally, [Chapter 5](#) provides a full and detailed explanation for each of the standards, giving an indication of what the organisation needs to do to comply with it.

2 Counter fraud arrangements in NHS Wales

2.1 The Welsh ministers and the NHSCFA (a Special Health Authority in England) have entered into a service agreement under [section 83](#) of the [Government of Wales Act 2006](#). The functions provided are policy, operational (including risk management and quality assurance) and guidance to NHS bodies in Wales on all matters relating to fraud, bribery and corruption. The NHSCFA's responsibilities include:

- Responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud, bribery and corruption.
- Providing advice and guidance to NHS bodies in Wales on all matters relating to fraud, bribery and corruption.
- Recommending to NHS bodies in Wales standards of best practice for preventing fraud, bribery and corruption.
- Providing risk measurement and quality assurance services in relation to the revision of strategy, policy and operational measures for countering fraud, bribery and corruption.
- Providing overall operational management of the [NHS Counter Fraud Service \(CFS\) Wales](#) team, including responsibility for the recruitment and performance of their staff in consultation with [NHS Wales Shared Services Partnership](#) (NWSSP) and the Welsh Government.
- Producing and submitting to the Welsh Government an annual report on the discharge of its responsibilities. This report includes statistical data on operational outcomes for the entire NHS CFS Wales team, as well as on work completed by Local Counter Fraud Specialists (LCFSs) in Wales.

2.2 The NHS CFS Wales Operations Manager is professionally accountable to the Managing Director of the NHSCFA. The professional accountability of NHS CFS Wales to the NHSCFA allows the team to use the [Regulation of Investigatory Powers Act 2000](#) and the [Proceeds of Crime Act 2002](#) to progress their investigations. These powers cannot be delegated to NHS bodies, with the exception of Special Health Authorities.

2.3 Local Counter Fraud Specialists (LCFSs) are responsible for developing the counter fraud, bribery and corruption culture within their respective health bodies and for investigating fraud cases below £15,000 in value.

2.4 The NHS CFS Wales team is made up of experienced investigators and their primary role is the investigation and prosecution of large scale, sensitive and complex fraud and bribery cases, and all corruption cases in NHS Wales. The team routinely provides specialist investigation skills, support and guidance to the network of LCFSs in NHS Wales.

3 Overview of the standards

Introduction

- 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 NHS organisations. This includes local health boards and trusts in NHS Wales.
- 3.2 NHS organisations should ensure that NHS funds and resources are safeguarded against those minded to commit fraud, bribery or corruption. Failure to do so impacts on an organisation's ability to deliver services and treatment, as NHS funds and resources 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.

Standards for fraud, bribery and corruption

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

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 NHSCFA's strategy. ([Chapter 5, Standards 1.1 – 1.7](#))

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 5, Standards 2.1 – 2.4](#))

Key Principle 3: Prevent and Deter. This section sets out the requirements in relation to discouraging individuals who may be tempted to commit crimes against the NHS and ensuring that opportunities for crime to occur are

minimised. ([Chapter 5, Standards 3.1 – 3.6](#))

Key Principle 4: Hold to Account. The substance of this principle corresponds to the Investigation, sanctions and seeking redress principle of NHSCFA's strategy. This section sets out the requirements in relation to detecting and investigating economic crime, obtaining sanctions and seeking redress. ([Chapter 5, Standards 4.1 – 4.6](#))

- 3.5 The current standards apply to all NHS organisations in Wales and are designed to ensure that counter fraud work is carried out in accordance with agreed requirements.

4 The quality assurance programme

Overview

- 4.1 The NHSCFA is a new special health authority charged with the identification, investigation and prevention of fraud within the NHS. A key part of this function and one of the NHSCFA's five strategic aims is to quality assure the delivery of counter fraud, bribery and corruption work with stakeholders to ensure that the highest standards are consistently applied.
- 4.2 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.
- 4.3 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.
- 4.4 Additionally, the NHSCFA will provide robust assurance to stakeholders, including participating organisations, the Department of Health and Social Care and the Welsh Government. Using our strong links with regulators, we will share information about the standards of counter fraud work to eliminate duplication of effort for organisations.
- 4.5 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.
- 4.6 This section provides guidance on the quality assurance programme and should be used in conjunction with other relevant instructions and guidance that have been issued to support counter fraud, bribery and corruption work.

These documents include:

- [NHS Counter Fraud Manual](#)
- [NHSCFA standards for providers - fraud, bribery and corruption](#) (as outlined in chapters [3](#) and [5](#))

- CIPFA, [Code of Practice on Managing the Risk of Fraud and Corruption](#)

4.7 This list is not exhaustive and additional guidance can always be sought from the NHSCFA or NHS CFS Wales if required.

Counter fraud, bribery and corruption quality assurance programme

- 4.8 The NHSCFA quality assurance programme comprises of a number of processes covering both assurance and assessment.
- 4.9 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

- 4.10 The NHSCFA requires organisations to provide an annual statement of assurance against the counter fraud, bribery and corruption standards. This statement of assurance is provided through completion of the annual report and the Self Review Tool (SRT).
- 4.11 [Standard 1.5](#) requires NHS organisations to produce an annual report.

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.

- 4.12 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.
- 4.13 Although the annual report may be completed by the nominated Local Counter Fraud Specialist, it is crucial that sign-off is provided by an executive representative of the organisation to provide stakeholders with the correct level of assurance. The member of the executive board responsible for overseeing 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, the Department of Health and Social Care and the Welsh Government with assurance that the organisation complies with counter fraud, bribery and corruption standards in line with its contractual obligations.

- 4.14 The Quality and Compliance (QC) 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

- 4.15 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.
- 4.16 Upon completion, the SRT provides a red, amber or green (RAG) rating for each of the key areas and an overall RAG rating. Further details of the red, amber and green ratings are outlined in paragraph [4.39](#).
- 4.17 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.
- 4.18 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

- 4.19 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 carried out 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, the NHSCFA shall provide organisations with recommendations to support them in mitigating their risks.
- 4.20 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.
- 4.21 If an organisation, in the judgement of the Quality and Compliance team, requires an assessment, one of four types of assessment will be conducted:

- [Full](#)

- [Focused](#)
- [Thematic](#)
- [Desktop](#).

Full assessment

4.22 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 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.
- The organisation is new or has started to provide significant additional services, and no previous history of effective counter fraud, bribery or corruption work exists.
- There are significant gaps in NHSCFA required activity across key areas of activity or NHSCFA priority areas.
- The NHS CFS Wales Manager raises significant concerns.
- 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 raises concerns regarding the quality of the service received.
- There is demonstrable effective practice that can be used to assist other organisations.

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

Focused assessment

4.24 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.

- 4.25 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 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.
 - The NHS CFS Wales Manager raises concerns.
 - 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

- 4.26 A thematic assessment applies to a number of organisations.
- 4.27 Thematic assessments focus on compliance, 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.
- 4.28 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.
- 4.29 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
- 4.30 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 counter fraud, bribery and corruption work. The intended outcome is improved organisational counter fraud performance, measured by future self review and annual reports and assessments.

Profiling

- 4.31 As indicated at paragraph 4.21, 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.

- 4.32 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.
- 4.33 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, outcomes achieved and effective practice where it is found. Where standards are not being met, the NHSCFA will, with NHS CFS Wales, provide advice, support and assistance to organisations in order to help them improve performance.

Assessment process

- 4.34 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.
- 4.35 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](#).
- 4.36 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.

- 4.37 Following the interviews and any additional request for materials, the SQCI will produce a series of recommendations for the organisation to action. The ratings and recommendations will be discussed at a closing meeting, which ideally will be on the same day as the assessment visit or very shortly afterwards. It is expected that the ratings and recommendations can be agreed at this stage.
- 4.38 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.
- 4.39 Following receipt of the action plan, the organisation will be expected to comply with 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.
- 4.40 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 will only focus on progress against the recommendations made at the previous assessment, unless there are significant matters that have arisen in the meantime.
- 4.41 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 or the NHS CFS Wales Manager. Opportunities for formal feedback are set out below

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

Performance ratings

- 4.42 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 the Welsh Government and NHS Wales.

4.43 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.

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

- 4.45 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 relevant 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/interviews under caution to date, as any cases investigated have not progressed to the appropriate stage.

- 4.46 This performance rating is not weighted and, where given, it does not contribute to overall ratings for the [Hold to Account](#) area of work or the overall SRT rating. However, during any assessment, if in the judgement of the SQCI and based on the evidence presented, witness statements or IUCs should have been taken/conducted and were not, the performance rating awarded will be **RED**.

Identifying and mitigating risks

- 4.47 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.
- 4.48 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.
- 4.49 The process that organisations should adopt in identifying and mitigating risks is as follows:

Risk

- 4.50 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 Local Counter Fraud Specialists should be working in areas where risk is present in order to maximise effectiveness. Working in areas where there are

no fraud, bribery or corruption risks is not an appropriate use of resources.

Objective

- 4.51 Once areas of risk have been identified, assessed and recorded, the organisation and the nominated Local Counter Fraud 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 formulate (for example, percentage reductions or increases), as this helps with measuring and demonstrating outcomes.

Task

- 4.52 In order to make the working relationship between organisations and the Quality and Compliance team as effective as possible, we have outlined what organisations can reasonably expect from us and what the organisation, probably through the nominated Local Counter Fraud Specialist, should then carry out the appropriate tasks to meet the defined objectives.

Outputs

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

Outcomes

- 4.54 These are the pieces of evidence that demonstrate the effective reduction 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.
- 4.55 Following this methodology is not compulsory, although organisations will be assessed on the evidence of outputs and outcomes.

Weightings

- 4.56 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 and NHS CFS Wales priorities and are subject to ongoing review.
- 4.57 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

- 4.58 In order to make the working relationship between organisations and the Quality and Compliance (QC) team as effective as possible, we have outlined what organisations can reasonably expect from the QC team and what the QC 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

- 4.59 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

5 Standards

Key Principle 1: Strategic Governance

Standard 1.1

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

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 to oversee this work can help the organisation to focus on its key strategic priorities in relation to counter fraud, bribery and corruption work.

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.

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.

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 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 minutes
- Documentation from the nominations process
- Standing Orders/Standing Financial Instructions

Standard 1.2

The organisation's non-executive directors or lay members and board/governing 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 counter 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/NHS CFS Wales 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.

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 LCFS 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 assists in the conduct of counter fraud, bribery and corruption tasks to achieve work plan objectives in all work areas. 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 the 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 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 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 by the NHSCFA as part of the quality assurance programme
- [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 one or more accredited, nominated LCFSs 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 and 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 NHS CFS Wales, and attend specialist training that has been accredited by the [Counter Fraud Professional Accreditation Board](#).

Ratings

Organisation does not meet the standard

There is no accredited person (or persons) employed or contracted in to carry out the full range of 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 the NHSCFA
- Accreditation records held by the NHSCFA
- Nomination records held by the NHSCFA or NHS CFS Wales.
- Records of attendance at regional forums
- Evidence of continuing professional development
- Nomination process can be found at <https://cfa.nhs.uk/fraud-prevention/information-local-counter-fraud-specialists>

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.

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 counter fraud, bribery and corruption activities.

Ratings

Organisation does not meet the standard

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

Where risk assessments have been carried out 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

There is evidence that the results of risk assessment processes are fed into the work planning process, resulting in clear and measurable objectives in the work plan, in line with the organisational risk policy

Risk based work-plan objectives are demonstrably achieved.

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

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):

- The 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 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 the NHSCFA and NHS CFS Wales 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.

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 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, referring to all applicable standards for fraud, bribery and corruption appropriately, and providing a clear update on progress against work plan objectives.

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

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

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

Guidance, supporting documentation and evidence

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

- The NHSCFA strategy document '[Leading the fight against NHS Fraud - Organisational Strategy 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 LCFS should be able to maintain the appropriate standards of confidentiality and security and have access to the tools and resources necessary to professionally carry out their role and comply with legal requirements. They should have access to a confidential workspace in order to be able to carry out the requirements of the role.

Ratings

Organisation does not meet the standard

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

The organisation does not ensure that those carrying out counter fraud, bribery and corruption work 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 Wales 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 Wales 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 staff groups is critical to achieving the organisation's counter fraud, bribery and corruption objectives in a coordinated and effective manner.

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 key 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. However, the liaison is insufficient, limited and uncoordinated also 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):

- [NHSCFA 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

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. 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.

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 or NHS CFS Wales 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 Organisational Development 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 and NHS CFS Wales.

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

Organisation meets the standard

The organisation has an ongoing programme 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):

- The NHSCFA strategy document '[Leading the fight against NHS Fraud - Organisational Strategy 2017-2020](#)'
- Links to the 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 the NHSCFA's fraud awareness toolkit. This is available at www.cfa.nhs.uk/fraud-prevention/fraud-awareness-toolkit Welsh language awareness materials are available at www.cfa.nhs.uk/about-nhscfa/nhs-counter-fraud-services-wales

Standard 2.2

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

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 or NHS CFS Wales 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 has a counter fraud, bribery and corruption policy, which is in line with the NHSCFA's strategy. The policy 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 reporting lines for reporting fraud suspicions. 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):

- The NHSCFA document '[Template Local Counter Fraud and Corruption Policy](#)'
- Links to the NHSCFA's online fraud reporting tool <https://cfa.nhs.uk/reportfraud>
- The 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
- 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, 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.

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 stand-alone 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, the organisation 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 the NHSCFA is not in itself assurance that the organisation has adequate procedures and protocols in place to use as a defence.

Ratings

Organisation does not meet the standard

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

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

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

Organisation partially meets the standard

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

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

Organisation meets the standard

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

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

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

Guidance, supporting documentation and evidence

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

- [Bribery Act 2010](#)
- [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
- NHS Constitution
- 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.

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 guidance from the NHSCFA and NHS CFS Wales, 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.

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 amended 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 policies and procedures and any new 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):

- The 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 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, evidence of primary care work, 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 such anomalies, 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.

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 that 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):

- The 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 influenced policy development

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 or NHS CFS Wales. In addition, the organisation issues local counter fraud, bribery and corruption warnings and alerts to all relevant staff following guidance in the NHSCFA 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.

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 or NHS CFS Wales.

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 or NHS CFS Wales, 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 '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](#)
- The NHSCFA's 'Intelligence Alerts, Bulletins and Local Warnings Guidance'
- Results of thematic quality assessments
- Responses to queries from the NHSCFA or NHS CFS Wales
- Required NHSCFA compliance records
- Evidence of implementation of NHSCFA or NHS CFS Wales 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 preventive 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 recommended by NHS Employers, before commencing employment within the organisation. Assurance is sought from any employment agencies used that the staff they provide have been subject to adequate vetting checks, in line with guidance from NHS CFS Wales, [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 level of background checks before commencing employment. Staff responsible for carrying out employment checks should receive appropriate training so they are able to recognise false or forged documents.

Ratings

Organisation does not meet the standard

There is no assurance or process in place to ensure that new staff (both directly and agency employed) are subject to pre-employment checks in line with NHS Employers, NHS Wales 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 LCFS.

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, NHS Wales 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 has been tested.

Organisation meets the standard

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

Suspensions of fraud, bribery and corruption are promptly referred to the LCFS, 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):

- NHS Employers guidance '[NHS Employment Check Standards](#)'
- Home Office guidance '[Right to work checks: an employer's guide](#)'
- NHS Wales guidance
- Care Quality Commission '[Essential standards of quality and safety](#)'
- The 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

The 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 activities.

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.

Conflicts 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 not regularly received from staff engaged in procurement related activities, or, where they are received, any necessary actions are not 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

The 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.

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 intelligence held nationally by the NHSCFA and NHS CFS Wales. 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

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. 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 the NHSCFA guidance.

Ratings

Organisation does not meet the standard

The organisation does not use the case management system to record or refer 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, whether from referrals or proactive exercises, 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 the NHSCFA or NHS CFS Wales guidance.

Organisation partially meets the standard

The organisation records and refers all reports of suspected fraud, bribery and corruption, as well as system weaknesses, whether from referrals or proactive exercises, 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 and system weaknesses recorded on the case management system are regularly and soundly evaluated and that, where appropriate, findings lead to improvements.

The provision of the 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 system records
- Case management system system weakness records
- Investigation files
- Evidence of proactive prevention and detection exercises
- Evidence of review
- Correspondence with third parties including the [Crown Prosecution Service](#), the NHSCFA and NHS CFS Wales

Standard 4.2

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

Ratings

Organisation does not meet the standard

The organisation does not use the 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 the NHSCFA and NHS CFS Wales 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 the NHSCFA and NHS CFS Wales guidance in relation to using the case management system.

Key data fields are completed accurately and updated as the case develops. As 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 on the system within one month of their conclusion, 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 provided to NHS CFS Wales for review prior to submission to the CPS. 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.
- The case management system case records
- Investigation files
- Evidence of review
- Correspondence with third parties including the [Crown Prosecution Service](#), the NHSCFA and NHS CFS Wales
- The [NHSCFA Investigation Case File Toolkit](#)

Standard 4.3

The organisation shows a commitment to pursuing, and/or supporting the NHSCFA and NHS CFS Wales in pursuing, the full range of available sanctions (criminal, civil, disciplinary and regulatory) against those found to have committed fraud, bribery or corruption in primary and secondary care sectors, as detailed in the NHSCFA guidance and following the advice of the Operational Fraud Manager in NHS CFS Wales.

Rationale

It is important that sanctions are applied in a consistent manner. Advice will be given by NHS CFS Wales on what sanctions are appropriate in the circumstances. In this way, a greater consistency of approach can be maintained. NHS CFS Wales will pursue sanctions when cases are investigated by it in accordance with its case acceptance criteria.

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 or 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 and corruption.

There is evidence that the organisation seeks to apply the full range of sanctions, or supports the NHSCFA and NHS CFS Wales in seeking to apply sanctions, as detailed in NHSCFA guidance and following the advice of NHS CFS Wales.

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](#)
- NHS CFS Wales's current case acceptance criteria
- The NHSCFA and NHS CFS Wales instructions and guidance on the use of FIRST
- Case management system records
- Investigation files
- Correspondence with third parties including the [Crown Prosecution Service](#), NHSCFA and NHS CFS Wales
- 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 lead to 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.

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 the NHSCFA's 'Witness statement review template' and the statements do not cover processes, incidents 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 Counter Fraud Manual. The statements cover processes, incidents and exhibits.

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

Organisation meets the standard

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

Organisation has had no opportunity to meet the standard

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

Guidance, supporting documentation and evidence

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

- [NHS Counter Fraud Manual](#)
- The NHSCFA and NHS CFS Wales 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](#), the NHSCFA and NHS CFS Wales
- 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 witness statements are regularly reviewed for compliance and quality
- Evidence that findings lead to 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.

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](#)
- The NHSCFA and NHS CFS Wales 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](#), the NHSCFA and NHS CFS Wales
- 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 lead to improvements

Standard 4.6

The organisation seeks to recover, and/or supports the NHSCFA and NHS CFS Wales 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 the recovery. The organisation publicises cases that have led to successful recovery of NHS funds.

Rationale

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

Ratings

Organisation does not meet the standard

There is no evidence that the organisation is committed to seeking recovery of NHS funds that have been lost through fraud, bribery 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 and NHS CFS Wales in seeking to recover, NHS funds that have been lost through fraud, bribery and corruption, following an assessment of the likelihood and financial viability of recovery.

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

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

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

Organisation meets the standard

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

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

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

There is evidence that the organisation soundly and regularly evaluates its arrangements for the recovery of NHS funds 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](#)
- NHS CFS Wales's current case acceptance criteria
- The NHSCFA and NHS CFS Wales instructions and guidance on the use of the case management systems
- Case management system records
- Investigation files
- Correspondence with third parties including the [Crown Prosecution Service](#), the NHSCFA and NHS CFS Wales
- Data on sanctions and how they relate to recoveries of financial losses
- Monitoring data
- Decision logs on whether to undertake recovery of financial losses and reasons given for/against recovery
- Committee reports
- The organisation's policy for the recovery of financial losses
- Other relevant policies and procedures
- Minutes from board or senior management meetings relevant to recovery of financial losses
- Evidence of successful recovery of financial losses by the organisation
- Relevant case publicity
- Increase in reporting after publicity
- Reduction in relevant crimes after publicity
- Meeting minutes, action points and records of their execution
- Communications to staff

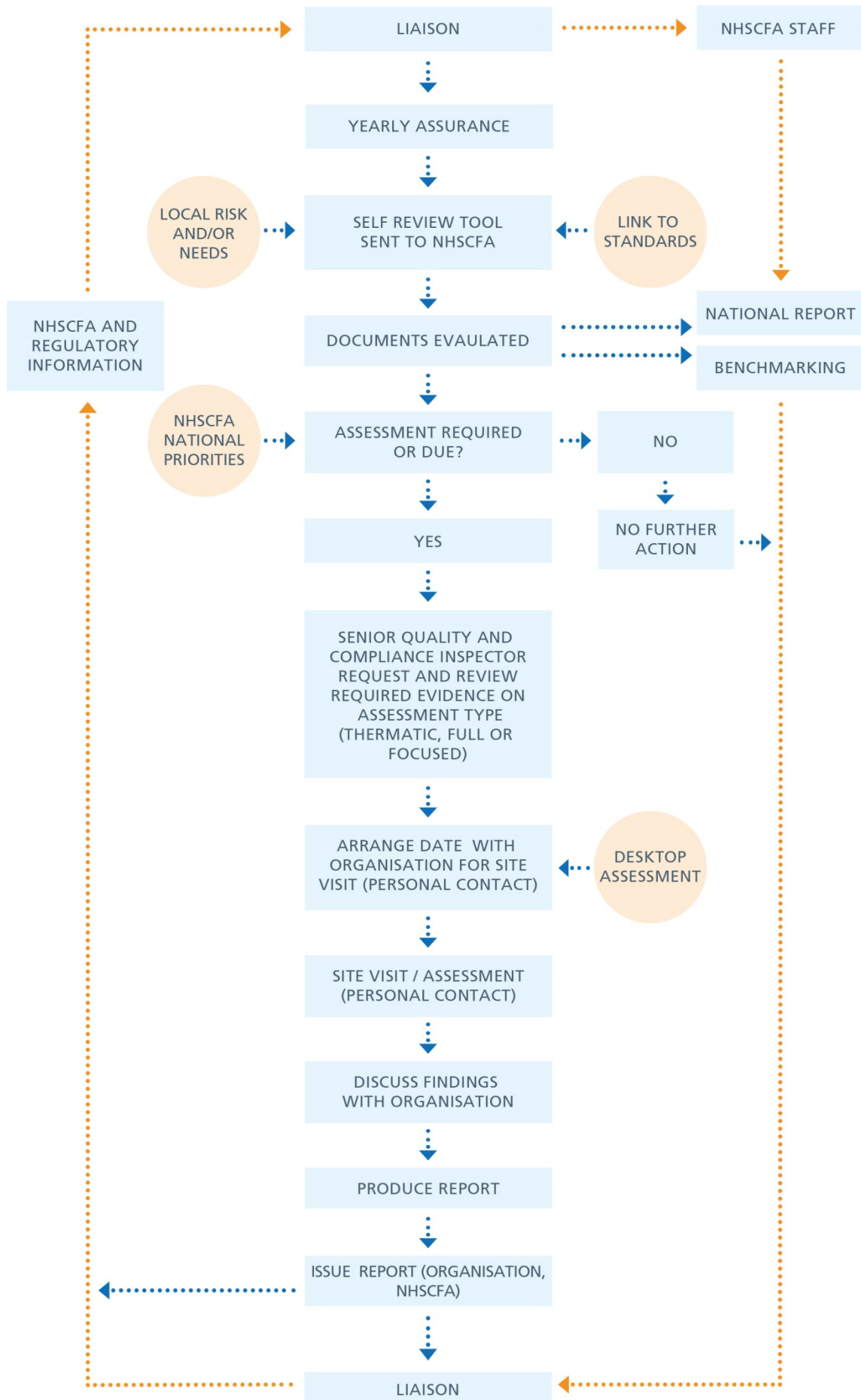
- Evaluation of the impact of successful recovery of financial losses
- Evidence that the arrangements for recovery of financial losses are regularly evaluated
- Evidence that findings from evaluations lead to improvements

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