



NHS WALES Public Health Wales

COUNTER FRAUD PLAN 2022/2023

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This document is prepared by the Cardiff and Vale University Health Board Counter Fraud Manager on behalf of PHW in order to comply with Government Functional Standards and the recommendations of the NHS Counter Fraud Authority for NHS Bodies (Wales) and has been approved by the Director of Finance as below.

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Workplan agreed by:

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Date:



WORKPLAN 2022-2023

Background

On 29th January 2021, the NHS rolled out new counter fraud requirements for NHS-funded services in relation to the **Government Functional Standard GovS 013: Counter Fraud**. The NHSCFA worked closely with a wide range of stakeholders to ensure that the NHS Counter Fraud Requirements had greater consistency and remained fit for purpose for organisations, including providers and commissioners. The standards apply to all NHS funded services (those receiving partial or full NHS funding). The purpose of the Government Functional Standard is to set expectations for the management of fraud, bribery and corruption risk across government and wider public services, and to reinforce the government's commitment to fighting fraud against the public sector. The final engagement which sealed the implementation of the Government Functional Standard GovS 013: Counter Fraud occurred at the All Wales DoF's meeting on 19th February 2021.

The NHSCFA is responsible for leading and influencing the improvement of counter fraud standards across the NHS and will be responsible for ensuring the effective implementation of the NHS Counter Fraud Requirements. The requirements have superseded our own fraud, bribery and corruption standards for providers, commissioners and NHS bodies in England and Wales. The NHSCFA is required to provide assurance to the Cabinet Office of NHS compliance with the Functional Standard. This will be accomplished by the receipt and validation by the NHSCFA of the Counter Fraud Functional Standard Return submitted by organisations providing any NHS funded services. Deadline for submission of this document in relation to this plan is 31/05/2023. The NHSCFA Quality Assurance Programme will enable the analysis of performance of the Counter Fraud team against each requirement. They will provide a grading of compliance in relation to all areas of the functional standards. (Green, Amber or Red)

In order to achieve the standards set by the NHSCFA, Public Health Wales (PHW) follows the Welsh Government Directions on Countering Fraud, Bribery and Corruption within the NHS in Wales and buys in provision of a dedicated, professionally accredited team of NHS Local Counter Fraud Specialists (LCFS) from Cardiff and Vale University Health Board. To ensure that the organisations resources remain resilient to the risk of fraud, bribery and corruption, an Annual Work-Plan is compiled by the Counter Fraud Manager that is agreed by Executive Director of Finance and submitted to the Audit Committee for approval at the commencement of each financial year. The Workplan provided below formulates Local Counter Fraud arrangements for PHW for 2022-2023. The tasks



outlined will be considered and reviewed dynamically throughout the year as the need arises. The effectiveness of the plan will be reported in the end of year Annual Report to Audit Committee and in the NHSCFA Functional Return as referred to above.

This organisation's Work-Plan for the first time will directly mirror GovS:13 Standard (Counter Fraud) in order to bring the organisations provision into line with the NHSCFA Counter Fraud Bribery and Corruption Strategy. This in turn supports the objectives set by the Welsh Government.

Taking a risk-based approach to planning local counter fraud work

Locally investigators are in the best position to identify and understand the counter fraud requirements for their organisation. Successful implementation of counter fraud policy relies on the work of the Local Counter fraud Specialist (LCFS). The counter fraud work-plan should be tailor-made and specific to the NHS organisation, for example, carrying out local proactive exercises identified in the course of investigations, or analysis of referrals may show the need for more work on preventing fraud or highlight that awareness is needed in a particular department or staff group.

Meeting key personnel in the health board and using the information from staff surveys are important methods for forming action plans. The responses may also reveal areas of risk highlighting a need for pro-active prevention or detection work. Any risks which are identified by the LCFS will be recorded in line with local procedures adopted for such by the organisation, shared with the Internal Audit department and reported to DoF and Audit Committee. This aims to provide another level of assurance that the risk will be **owned** and managed. While every effort will be made to identify local risks, it is important that information from outside the organisation is also considered; for example, NHS CFA fraud alerts, and fraud prevention notices. Information received from external sources will be assessed and any risks locally identified will be targeted as a result.

To help organisations take a risk-based approach to counter fraud work and planning, the NHSCFA has issued up to date risk assessment advice and training. This helps the LCFS when assessing the counter fraud arrangements at their own organisation. This provides direction in risk assessment work and provides a basis of measuring local risks using a dedicating risk matrix scoring system and template. Results of all local risk work carried out by the Counter Fraud Team will be reported through the quality



assurance process to NHS CFA, managed on the CLUE case management system and will be locally reported to the Audit Committee

Outcomes/Results

Accurate records of counter fraud work are crucial. They inform upon the effectiveness of work undertaken, assist in the planning of future work and help to identify strengths and weaknesses within the organisation. Accurate records of all work undertaken by the Counter Fraud team for this upcoming year will be kept and updated. These results will be reflected in the quarterly progress reports and end of year annual report.

The Counter Fraud team are aware of the importance of liaison with External Auditors when planning Local Counter Fraud work in order to prevent duplication of effort. There are some elements of the Counter-Fraud Work-Plan which External Auditors may review on a risk basis as part of their own reviews of Governance Arrangements, e.g., Whistle-Blowing arrangements, Declaration of Interests, Gifts and Hospitality. External Auditors will certainly be seeking to gain assurance that Counter Fraud arrangements are robust and the Cardiff and Vale UHB Counter Fraud team, on behalf of PHW will maintain a close working relationship with Wales Audit as required.

Resource Provision

Resource Provision for PHW	Days Planned 22 / 23
Counter Fraud Manager and LCFS provision by CAVUHB	100

Resource by Activity

Activity	Days Planned 22 / 23
Proactive	65
Reactive	35
Total	100

With the move to the GovS:13 taking place and old 4 standards of Strategic Governance, Inform and Involve, Prevent and Deter and Hold to Account now obsolete, the methodology to be adopted in breaking down resource time spent by activity area is simplified into Proactive and Reactive areas. Generally *Proactive* work will involve activities such as fraud awareness, corporate induction, creating e-learning modules, local proactive exercises involving risk assessment. Reactive work will involve activities such as, investigation into referrals received, carrying out system weakness analysis as a result of investigation findings

NHSCFA states that Proactive work should not be absorbed by Reactive activity or *vice versa* and to this end NHSCFA strongly encourages Proactive work to be 'ring-fenced'. However due to the dynamic nature of the Counter Fraud environment the plan is intended to be flexible to the needs of the service, so may be subject to review and change where service priorities and risk require. If this occurs then careful consideration will be given to any changes made and this will be reported in progress reports to the DoF and the Audit and Assurance Committee. Any changes to the overall days provided or in regard to the areas planned for will be reported in the end of year report.

Work Plan Objectives

A work plan with matching tasks/objectives is set out below for each NHS requirement area. Each task/objective relates to a specific standard of compliance or fraud risk area; the work plan has been formulated to support the mitigation of the risk of fraud to the organisation and to ensure compliance with the NHSCFA/Gov requirements.

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>1: Accountable individual</p> <p>NHS Requirement 1A:</p> <p>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.</p> <p>The accountable board member is responsible for ensuring that nominations to the NHSCFA for the accountable board member, audit committee chair and counter fraud champion are accurate and that any changes are notified to the</p>	<p>Counter Fraud Manager (CFM) to hold regular scheduled meetings with Director of Finance (DoF) - objectives to be reviewed and work to date evaluated.</p> <p>During these meetings ongoing work involving investigations, the promotion of fraud awareness, fraud proofing and risk assessments, policy considerations and Counter Fraud communication strategy to be discussed. The DoF to act as the link between the Audit and Assurance Committee (AAC) and Risk Management Group to allow key risks to be identified, managed and mitigated.</p> <p>CFM to produce the PHW Counter Fraud Annual Report & Workplan which is to be agreed with the DoF and ratified by the Audit Committee.</p> <p>CFM to provide quarterly progress reports to Dof and AAC and to present these quarterly at AAC.</p>	<p>Ongoing throughout the Year</p> <p>Q4</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>NHSCFA at the earliest opportunity and in accordance with the nominations process.</p> <p>N.B. 'Equivalent body' may include, but is not limited to, the board of directors, the board of trustees or the governing body. Oversight of counter fraud, bribery and corruption work should not be delegated to an individual below this level of seniority in the organisation</p> <p>NHS Requirement 1B:</p> <p>The organisation's non-executive directors, counter fraud champion or lay members and board/governing body level senior management are accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present within the organisation.</p>	<p>Checks to be carried out by CFM that nominations to NHSCFA are correct, up to date and in order.</p> <p>Where necessary and appropriate Counter Fraud Manager (CFM) will seek to hold regular one to one meetings with the Audit Committee Chairperson, Counter Fraud Champion. In addition to this CFM to attend pre-audit committee meetings with non-executive Audit Committee and Board Members.</p> <p>Counter Fraud to remain a standing agenda item at AAC. Counter Fraud Manager to provide written and oral reports to this forum, annually and progressively throughout the year.</p> <p>CFM to report to DoF and AAC any matters arising from NHSCFA in relation to thematic assessment exercises, matters arising out of Fraud Prevention Notices and national exercises.</p>	<p>Q1</p> <p>As required</p> <p>Ongoing throughout the year</p> <p>Throughout the year addressing matters arising as necessary</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>The counter fraud champion understands the threat posed and promotes awareness of fraud, bribery and corruption within the organisation.</p> <p>Board level evaluation of the effectiveness of counter fraud, bribery and corruption work undertaken is documented. Where recommendations have been made by NHSCFA following an engagement, it is the responsibility of the accountable board member to provide assurance to the board surrounding the progress of their implementation.</p> <p>The organisation reports annually on how it has met the standards set by NHSCFA in relation to counter fraud, bribery and corruption work, and details corrective action where standards have not been met.</p>	<p>CFM to liaise regularly with internal partners, such as Internal Audit, HR, Information Governance and Communication Department to develop and maintain fit for purpose infrastructure providing a firm foundation for the Counter Fraud provision.</p> <p>CFM to carry out annual reporting to NHSCFA in the form of the NHS CFA Functional Standard return and to subsequently address any issues rising from the results of this assessment.</p>	<p>Throughout the year</p> <p>Q1</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>2: Counter fraud bribery and corruption strategy</p> <p>NHS Requirement 2:</p> <p>The organisation aligns counter fraud, bribery and corruption work to the NHSCFA counter fraud, bribery and corruption strategy. This is documented in the organisational counter fraud, bribery and corruption policy, and is submitted upon request. The counter fraud work plan and resource allocation are aligned to the objectives of the strategy and locally identified risks.</p> <p>(The organisation may have its own counter fraud, bribery and corruption strategy, however, this must be aligned to and referenced to the NHSCFA counter fraud, bribery and corruption strategy)</p>	<p>CFM to verify that the organisational Counter Fraud Bribery and Corruption Policy is in place and review to check that in date and fit for purpose.</p> <p>CFM to ascertain whether the local policy is properly aligned to the current NHS CFA Strategy.</p> <p>CFM to ensure that work planned for in the Annual Counter Fraud Plan and that work carried out is aligned to the NHS CFA strategy and that the objectives are being met.</p> <p>CFM to provide assurance that counter fraud provision is resourced by way of qualified, nominated and accredited Counter Fraud Specialists and to ensure that this is maintained.</p>	<p>Q1 & Q2</p> <p>Q1</p> <p>Continual Monitoring</p>
<p>3: Fraud bribery and corruption risk assessment</p>	<p>Counter Fraud Department to carry out risk analysis in line with the Government Counter Fraud Profession (GCFP) fraud risk methodology. Locally identified risk</p>	<p>Dynamic – throughout the year as the need arises</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>NHS Requirement 3:</p> <p>The organisation has carried out comprehensive local risk assessments to identify fraud, bribery and corruption risks, and has counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. Risk analysis is undertaken in line with Government Counter Fraud Profession (GCFP) fraud risk assessment methodology and is recorded and managed in line with the organisation’s risk management policy and included on the appropriate risk registers, and the risk assessment is submitted upon request. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee (or equivalent body).</p> <p>For NHS organisations the fraud risk assessments should also consider the fraud</p>	<p>to be recorded in line with the organisations Risk Management Policy and entered on to the appropriate risk registers. All risks identified to be assessed and remedial action identified and reported to key stakeholders. All matters arising to be reported to DoF and AAC by way of counter fraud progress reporting.</p> <p>Counter Fraud department to develop a fraud risk profile upon the CLUE case management system in order to effectively evaluate, evidence and measure the effectiveness of counter fraud risk assessment work with a view to reducing fraud to an absolute minimum.</p> <p>Local Proactive exercises to be undertaken by LCFS as the need arises throughout the year as a result of local identification or if informed by CFA Fraud Prevention Notices and national exercises.</p> <p>All risk analysis work to be subject to timed ongoing review to assess if recommendations acted upon.</p>	<p>Ongoing throughout the Year</p> <p>Ongoing throughout the Year</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>risks within any associated sub company of the NHS organisation.</p>	<p>CF manager to explore with Corporate Governance the preferred method of reporting and recording risk, including the maintenance of a register review. (To compliment the recording upon CLUE)</p> <p>Where resource implications are present priority to be given to those areas identified as higher risk.</p>	<p>Q1& Q2</p>
<p>4: Policy and response plan</p> <p>NHS Requirement 4:</p> <p>The organisation has a counter fraud, bribery and corruption policy and response plan (the policy and plan) that follows NHSCFA’s strategic guidance and has been approved by the executive body or senior management team.</p> <p>The plan is reviewed, evaluated and updated as required, and levels of staff awareness are measured.</p>	<p>CF Manager to establish/review existing counter fraud bribery and corruption policy, update and amend as appropriate.</p> <p>Counter Fraud team to promote awareness of the policy at presentations and through newsletters.</p> <p>CF team to utilise staff surveys to evaluate if staff are aware of the policy and how and where to locate it.</p> <p>Also establish that they are aware of the correct procedures associated with reporting fraud, bribery and corruption.</p>	<p>Q1</p> <p>Throughout the Year</p> <p>Q3 & Q4</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>5: Annual action plan</p> <p>NHS Requirement 5:</p> <p>The organisation maintains an annual work plan that is informed by national and local fraud, bribery and corruption risk assessment identifying activities to improve capability and resilience. This includes (but is not limited to) defined objectives, milestones for the delivery of each activity and measurable areas for improvement in line with strategic aims and objectives. The plan is agreed, and progress monitored by the audit committee (or equivalent body).</p>	<p>CF Manager to complete annual CF fraud workplan detailing planned actions for the coming year. Where possible actions to be given a proposed action time period.</p> <p>CF Manager to ensure the plan is agreed by DoF, ratified by AAC and is informed by national and local risk and is aligned to organisational objectives and CFA Strategy.</p> <p>CF Manager to ensure that the provision of the CF function is written in to the overall organisation plan.</p> <p>CF manager to provide quarterly reports to AAC. CF manager to provide quarterly statistics to Counter Fraud Service Wales.</p> <p>CF manager to provide annual report measuring the effectiveness of the plan.</p>	<p>Q4 (Due to change of manager 22/23 plan provided Q1 as agreed by AAC)</p> <p>Q1</p> <p>Throughout the Year</p> <p>Q4</p>
<p>6: Outcome-based metrics</p>	<p>The new contact, enquiry and reporting methods being developed by the CF team will benefit from the</p>	<p>Q1 Development and Implementation</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>NHS Requirement 6:</p> <p>The organisation identifies and reports on annual outcome-based metrics with objectives to evidence improvement in performance. This should be informed by national and local risk assessment, national benchmarking and other comparable data. Proactive and reactive outcomes and progress are recorded on the approved NHS fraud case management system.</p> <p>Metrics should include all reported incidents of fraud, bribery and corruption, the value of identified fraud losses, the value of fraud recoveries, the value of fraud prevented, criminal sanctions and disciplinary sanctions.</p>	<p>automatic facility of analytical data collection. This will be utilised as an important tool to measure the effectiveness of the actions and work undertaken by the CF Team. Where necessary regular review will be used to inform change.</p> <p>Data will be collected in relation to the amount of fraud awareness work is carried out.</p> <p>In turn the effectiveness of these actions will be measured by how many enquiries/actions are generated on a newly developed internal interactive Counter Fraud Enquiry/Referral Form.</p> <p>A new local incident reporting form is to be created in order that all enquiries made to the team are recorded and have an audit trail not just those that are logged on the CLUE system, providing a clearer picture of the work generated as a result of the fraud awareness work undertaken by the CF team.</p>	<p>Q1 Development and Implementation</p> <p>Data collection throughout the year</p> <p>Q1 Development and Implementation</p> <p>Data collection throughout the year</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
	<p>The development of a generic email account (hosted by CAVUHB) will take place in order to assist in the process of this.</p> <p>Interactive feedback forms will be developed and utilised to measure the effectiveness of the service supplied by the CF team throughout the year.</p> <p>Locally and nationally informed risk assessments will be recorded according to local policy and using the CLUE case management system and will and a suitable review date added to check upon progress of recommended remedial action. These items will also be shared automatically with the Internal audit department and reported to the AAC.</p> <p>All investigations will be recorded and Managed on the CLUE case management system and reported to AAC via the Audit Committee quarterly reporting</p>	<p>Q1 development and implementation</p> <p>Throughout the Year</p> <p>Throughout the Year</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
	<p>process. This Data will also be shared with the Counter Fraud Service Wales and the NHS CFA.</p> <p>All losses, recoveries, outcomes, decisions and criminal, disciplinary and professional sanction will be recorded on the CLUE system and reported to AAC via the Audit Committee quarterly reporting process. This Data will also be shared with the Counter Fraud Service Wales and the NHS CFA.</p>	<p>Throughout the Year</p> <p>Throughout the Year</p>
<p>7: Reporting routes for staff, contractors and members of the public</p> <p>NHS Requirement 7:</p> <p>The organisation has well established and documented reporting routes for staff, contractors and members of the public to report incidents of fraud, bribery and corruption. Reporting routes should include NHSCFA's Fraud and Corruption Reporting Line and online</p>	<p>CF team to undertake a project of assessing the current infrastructure in place for the reporting of concerns and making of general enquiries from all groups.</p> <p>This will involve infrastructure development to include the creation a dedicated Counter Fraud Enquiry email address, the development of interactive referral/awareness request forms available internally</p>	<p>Q1 & Q2</p> <p>Implementation Q1 & Q2</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>reporting tool. All incidents of fraud, bribery and corruption are recorded on the approved NHS fraud case management system.</p> <p>The incident reporting routes are publicised, reviewed, evaluated and updated as required, and levels of staff awareness are measured.</p>	<p>to provide a dedicated route of reporting and enquiry to staff (incorporating an anonymised version to provide assurance to the reporter), liaison with the Communications Department in order to ensure that this process and route is promoted in the most effective way in order to give the CF Fraud team have a brand identity and presence.</p> <p>CF manager to arrange and meet with Communications team in order to discuss the creation of a dedicated CF page on the organisation's intranet.</p> <p>Ongoing review of the effectiveness of the work undertaken via data analytics and where necessary remedial action to take place dynamically throughout the year.</p> <p>Continuance of promotion of the National Fraud Reporting Line and the National Fraud Reporting tool as managed by the NHSCFA.</p>	<p>Q1/Q2</p> <p>Throughout the Year</p> <p>Throughout the Year</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
	Ongoing events throughout the year such as half-day events at key premises promoting the reporting methods available to all groups. E.g. PHW HQ.	Throughout the Year
<p>8: Report identified loss</p> <p>NHS Requirement 8:</p> <p>The organisation uses the approved NHS fraud case management system to record all incidents of reported suspect fraud, bribery and corruption, to inform national intelligence and NHS counter fraud functional standard return submission by the NHSCFA. The case management system is used to record all fraud, bribery and corruption investigative activity, including all outcomes, recoveries and system weaknesses identified during the course of investigations and/or proactive prevention and detection exercises</p>	<p>CF team to make full use of the CLUE case management system for recording and managing Investigations, System Weakness reporting, and Local Proactive exercise reporting.</p> <p>CF Manager to ensure that all members of CF team are suitably trained and qualified to access the CLUE case management system. H Bales to be added upon accreditation as ACFS.</p> <p>CF Manager to supervise the reporting of cases on CLUE ensuring that all referrals are suitably recorded and investigated</p> <p>.</p> <p>CF manager to oversee live investigations on CLUE.</p>	Ongoing throughout the Year

Gov s013 / NHS Requirement	Objective	Proposed Delivery
	<p>CF manager to supervise the recording of all proactive work carried by way of Local Proactive exercise/System Weakness reporting.</p> <p>CF manager to provide direction to IO concerning case management where necessary.</p> <p>CF manager to ensure that all outcomes by way of sanction, recovery and loss are suitably recorded and reported to DoF and AAC at progress updates and at year end in Annual report.</p>	<p>Ongoing throughout the Year</p>
<p>9: Access to trained investigators</p> <p>NHS Requirement 9:</p> <p>The organisation employs or contracts in an accredited, person (or persons) nominated to the NHSCFA to undertake the full range of counter fraud, bribery and corruption work, including proactive work to prevent and deter fraud, bribery and corruption and reactive work</p>	<p>The organisation currently employs/has access to provision from, three fully accredited, nominated and qualified LCFS. The team has a further member who is currently undertaking ACFS training course. Target date for accreditation July 2022. Nomination to CFA to follow accreditation and to be actioned by CF manager. All members work on a full-time basis.</p>	<p>Ongoing throughout The year</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>to hold those who commit fraud, bribery or corruption to account. The organisation will ensure that any changes to nominations are notified to the NHSCFA at the earliest opportunity and in accordance with the nominations process.</p> <p>The accredited nominated person (or persons) must demonstrate continuous professional competencies and capabilities on an annual basis by examples of practical application of skills and associated training to include (but is not limited to), obtaining witness statements, conducting interviews under caution and maintaining up to date knowledge of legal and procedural requirements.</p>	<p>All staff members of the CF team are skilled and trained in criminal investigation and fully up to date with their knowledge of relevant legislation such as PACE, CPIA, DPA, HRA, GDPR, offence legislation. All staff will keep abreast of changes and updates to legislation and undertake training as necessary.</p> <p>All staff will continue to develop professionally, attending appropriate training sessions provided by NHSCFA to enhance their knowledge and skills as well as attending regional forums hosted by NHSCFA and NHS CFS Wales. CF team will undertake continuing professional development opportunities associated with role throughout the year as they become available.</p> <p>All staff to maintain full compliance with mandatory training/e learning as measured on the ESR system.</p>	<p>Ongoing Throughout the Year</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
	<p>CF team to maintain the appropriate standards of confidentiality and security as well as having access to the tools and resources necessary to professionally carry out their role (inclusive of secure access to relevant IT systems, data systems and access to NHS Wales)</p> <p>All training and development to be recorded on ESR and referenced during annual staff appraisals.</p>	<p>Ongoing Throughout the Year</p>
<p>10: Undertake detection activity</p> <p>NHS Requirement 10:</p> <p>The organisation undertakes proactive work to detect fraud using relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption and takes the appropriate action, including local exercises and participation or response to national exercises. Results of this work are</p>	<p>CF team to assess the work already completed in relation to the Thematic Assessment exercise published by the NHS CFA in 2020. Any work left incomplete to be carried out in period stated.</p> <p>CF team to undertake national exercise work as it is published by NHS CFA throughout the year.</p> <p>CF team to react appropriately to the issue of FPN's from NHS CFA. CF team to react appropriately to</p>	<p>Q1 & Q2</p> <p>Throughout the Year</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>evaluated and where appropriate feed into improvements to prevent and deter fraud, bribery and corruption.</p> <p>Relevant information and intelligence may include (but is not limited to) internal and external audit reports, information on outliers, recommendations in investigation reports and NHSCFA led loss measurement exercises. The findings are acted upon promptly.</p>	<p>fraud alerts raised by other Health Boards and Special Health Authorities.</p> <p>CF team will undertake Local Proactive exercises in response to locally identified risk with a view to identifying if fraud has occurred. Remedial action will be reported as appropriate and any necessary investigative action undertaken.</p> <p>CF Manager to interact with key managers and stakeholder groups such as NWSSP Payroll Services, Corporate Finance, Information Governance, Communications Department and HR to foster relationships improve awareness of CF department and function.</p> <p>CF Manager to agree to a joint working protocol with Internal Audit and to meet with Head of IA on a</p>	<p>Throughout the Year</p> <p>Throughout the year (with the aim of scheduling regular quarterly catch ups.)</p> <p>Quarterly and as required</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
	<p>quarterly basis to discuss ongoing areas of mutual concern.</p> <p>CF team will engage with investigators from other organisations and agencies where necessary (including police, UKBA, DWP, HMRC, local authorities, regulatory and professional bodies, complying with relevant legislation and organisational policies when countering fraud bribery and corruption.</p> <p>CF team to make use of NFI database to assist in countering fraud, bribery and corruption within NHS and other organisations.</p>	<p>Throughout the Year</p> <p>As required</p>
<p>11: Access to and completion of training</p> <p>NHS Requirement 11:</p> <p>The organisation has an ongoing programme of work to raise awareness of fraud, bribery and</p>	<p>CF manager to ascertain whether CF awareness training is a standing item on all corporate inductions to new employees. If not then meetings with</p>	<p>Q1</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>corruption and to create a counter fraud, bribery and corruption culture among all staff, across all sites, using all available media. This should cover the role of the NHSCFA, LCFS and the requirements and national implications of Government Counter Fraud Functional Standard providing a standardised approach to counter fraud work.</p> <p>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.</p>	<p>Workforce OD and Educational Development to be held to drive the initiative forward.</p> <p>CF team to develop/maintain an up to date e-learning module for staff to undertake.</p> <p>CF team to develop awareness of the Counter Fraud Department team through all available avenues. To include but not limited to</p> <ul style="list-style-type: none"> • Digital banners on organisation intranet site • Regular publishing of Counter Fraud news items via Counter Fraud Newsletter • Regular messaging across available social media systems • All staff email bulletins to advise of fraud alerts • Ad hoc and bespoke fraud awareness training for different staff cohorts throughout the organisation • The use of a Counter Fraud Awareness staffed stand at impactive sites around the 	<p>Q1 & Q2</p> <p>Development and implementation to take place Q1</p> <p>Delivery throughout the Year</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
	<p>organisational estate in order to provide face to face contact with staff promoting the work of the team and its function</p> <p>CF team to be fully conversant with the use of the NHSCFA 'ngage' tool in accessing materials and literature suitable for dissemination organisation wide.</p> <p>CF team to fully participate in National Counter Fraud Week initiative.</p>	<p>Q3</p>
<p>12: Policies and registers for gifts and hospitality and COI.</p> <p>NHS Requirement 12:</p> <p>The organisation has a managing conflicts of interest policy and registers that include gifts and hospitality with reference to fraud, bribery and corruption, and the requirements of the Bribery Act 2010. The effectiveness of the implementation of the process and staff</p>	<p>CF manager to assess whether a conflicts of interest/business conduct policy is in place and is in date.</p> <p>CF team to assess whether a register for conflicts of interest, gifts and hospitality is in place and in date and being utilised effectively.</p>	<p>Q1 & Q2</p> <p>Q1 & Q2</p>

Gov s013 / NHS Requirement	Objective	Proposed Delivery
<p>awareness of the requirements of the policy are regularly tested</p>	<p>CF fraud team to raise awareness of the registers and policies by way of fraud awareness sessions and news bulletins/letters.</p> <p>CF manager to provide a presence and input into relevant policy review, and to record and document changes highlighted through Counter Fraud review.</p>	<p>Throughout the Year</p> <p>As required</p>