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**Policy / Procedure
Approval Report**

Name of Meeting
Audit and Corporate
Governance Committee

Date of Meeting
16/03/2022

Agenda item:

4.2a

Section 1 - Policy / Procedure Information

Policy / Procedure Title	Counter Fraud, Bribery and Corruption Policy
Policy Lead	Angela Fisher, Deputy Director of Operations and Finance
Lead Executive	Huw George, Deputy CEO and Executive Director of Operations and Finance
PHW / All Wales?	PHW (and organisations supported by Local Counter Fraud Specialist)
Date of last Review	
Is the current policy / procedure within review date?	No
Approving Body /Group	Audit and Corporate Governance Committee
Version Number	
Recommendation	
<p>That the Audit and Corporate Governance Committee</p> <ul style="list-style-type: none"> • Notes that the Leadership Team approved the Counter Fraud, Bribery and Corruption Response Plan and Procedure, and endorsed the policy for approval by the Committee • Approves the Counter Fraud, Bribery and Corruption Policy 	

Section 3 – Details of the Review:	
Background:	
Reason for review	Review deadline due / passed and update required.
Description/Assessment	<p>This response plan and procedure relates to all forms of fraud and corruption and is intended to provide direction and help to members of staff who may identify suspected fraud.</p> <p>A full review of the response plan has been undertaken by the Local Counter Fraud Specialist. The revised procedure and policy is now consistent with the plans in place across the other NHS organisations that are supported by the PHW Local Counter Fraud Specialist.</p>
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes, Corporate Consultation Database
Date range of consultation:	08.12.22 – 08.01.23
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	Requirement for a DPIA raised. Discussions took place with Local Counter Fraud Specialist and Information Governance colleagues. Deemed not necessary for a separate data sharing agreement however DPIA required to cover data controller aspects (DPIA to follow) IT reviewed DPIA and were satisfied if there were agreed data flows with C&V and agreements in place and if IG were happy, then there was limited IT input required.
(Add detail)	

Had this policy / procedure been considered by any other groups?	No
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	
(Add detail)	
Impact Assessments	
Equality and Health Impact Assessment	Equality and Health Impact Assessment completed and concluded no impact anticipated.
Welsh Language Impact	The Policy and Procedure will be translated to welsh and available on the internet bilingually.
Risk and Assurance	The Policy and Procedure are intended to ensure that staff are in the best position to recognise any specific risks within individual areas of responsibility. They have a duty to ensure that those risks however large or small are identified, attended to and eliminated.
Health and Care Standards	This Policy / Procedure supports and/or takes into account the <u>Health and Care Standards for NHS Wales Quality Themes</u>
	Theme 7 - Staff and Resources
	Choose an item.
Financial implications	No financial implications from this policy and procedure being adopted.
People implications	Counter Fraud Training already provided so no people implications from this policy and procedure being adopted.
Socio Economic Duty	No implications anticipated

5 - Implementation

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
The Counter Fraud, Bribery and Corruption Plan – Procedure and Policy to be updated the main PHW Policies and Procedures on the intranet	March 2023	Angela Fisher

6. Dissemination

The primary source for dissemination of the Counter Fraud, Bribery and Corruption Plan, both Procedure and Policy within our organisation, wider community and our partners is via the internet site.



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Reference Number: PHW08

Version Number: 3

Date of next review:

Counter Fraud, Bribery and Corruption Policy

Policy Statement

This policy is designed to promote an anti-fraud and corruption culture and to ensure that there are appropriate measures in place to deter, detect, prevent and investigate fraud. It aims to eliminate fraud and corruption within Public Health Wales as far as possible. The policy also provides a framework for responding to suspicions of fraud, together with advice and information on fraud, and the implications and outcome of counter fraud investigations.

This policy is based upon the model policy produced for the NHS by the Local Counter Fraud Specialist and is intended as a guide for all staff on counter fraud work within the NHS. All genuine suspicions of fraud and corruption can be reported to the Local Counter Fraud Service or through the NHS Fraud and Corruption Reporting Line.

Policy Commitment

One of the basic principles of public sector organisations is the proper use of public funds. The majority of people who work in the NHS are honest and professional. They find fraud committed by a minority wholly unacceptable as it ultimately leads to a reduction in the resources available for the provision of services.

All members of staff have a duty to ensure that public funds are safeguarded and a duty to protect Public Health Wales from fraud, corruption or any irregularity. Public Health Wales encourages anyone having reasonable suspicions of fraud to report them. If a member of staff has any concerns regarding fraud or corruption, or has seen any suspicious acts or events, they must report the matter to the nominated Local Counter Fraud Specialist, or the National Fraud Reporting Line or the Deputy Chief Executive and Executive Director of Operations & Finance.

Public Health Wales is committed to the rigorous investigation of any fraud allegations and to taking appropriate action against the wrong doers. This includes disciplinary action and criminal prosecution when it is necessary.

Supporting Procedures and Written Control Documents

Counter Fraud, Bribery and Corruption Response Plan and Procedure

Scope

This policy relates to all forms of fraud and corruption and is intended to provide direction and help to members of staff who may identify suspected fraud.

It is intended to provide a framework for responding to suspicions of fraud, advice and information on various aspects of fraud and implications of an investigation. It is not intended to provide a comprehensive approach to preventing and detecting fraud and corruption.

This policy applies to all Public Health Wales staff, including secondees, those with honorary contracts, Non Executive Directors, those working in bodies hosted by Public Health Wales and other parties who may have a business relationship with Public Health Wales e.g. consultants, vendors or contractors.

Equality and Health Impact Assessment	An EHIA has been completed.
Approved by	
Approval Date	
Review Date	
Date of Publication:	
Group with authority to approve supporting procedures	Leadership Team
Accountable Executive Director/Director	Huw George, Deputy Chief Executive and Executive Director of Operations and Finance
Author	Angela Fisher, Deputy Director Finance

Disclaimer

If the review date of this document has passed please ensure that the version you are using is the most up to date either by contacting the document author or [Corporate Governance](#).

Summary of reviews/amendments				
Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
4	2022			Minor amendments to include reference to Bribery in title and reference to Local Counter Fraud Specialists.
3	2018	14 March 2019	27 March 2019	Previously combined policy and procedure so have disaggregated to create a policy and procedure. A small number of minor changes made to wording of document
2		May 2015		Original Procedure

The NHS Counter Fraud Service

The NHS Counter Fraud Service (NHS CFS) which includes Counter Fraud Service Wales is part of the NHS Counter Fraud Authority. It has responsibility for all policy and operational matters relating to the prevention, detection and investigation of fraud and corruption and the management of security in the NHS. Local Counter Fraud Specialists (LCFS) are located in each NHS organisation. The Lead LCFS is appointed by the Executive Director of Finance and will be responsible for investigating cases of fraud up to a value of £15,000. All investigations involving more than £15,000 and/or Corruption must be referred to the NHS Counter Fraud Service (Wales) Regional Team.

All instances where fraud is suspected are properly investigated until their conclusion by staff trained by the NHS CFS. Any investigations will be handled in accordance with the NHS Counter Fraud and Corruption Manual.

Policy Aims and Objectives

The main objectives of this policy are to:

- Improve the knowledge and understanding of everyone in Public Health Wales about the risk of fraud and corruption within the organisation and its unacceptability;
- Assist in promoting a climate of openness and a culture and environment where staff feel able to raise concerns sensibly and responsibly;
- Set out Public Health Wales' responsibilities in terms of the deterrence, prevention, detection and investigation of internal fraud and corruption, and
- Ensure the appropriate sanctions are considered following an investigation, which may include any or all of the following:
 1. Internal/external disciplinary action;
 2. Civil prosecution, and
 3. Criminal prosecution

Legislative and National Initiatives

- The Fraud Act 2006

Under the Fraud Act 2006 it is not necessary to prove that a person has been deceived. The focus is now on the dishonest behaviour of the suspect and their intent to make a gain or cause a loss

The new offence of fraud can be committed in a number of ways for example:-

1. Fraud by false representation (s.2) – lying about something using any means e.g. by words or actions;
2. Fraud by failing to disclose (s.3) – not saying something when you have a legal duty to do so, and
3. Fraud by abuse of a position of trust (s.4) – abusing a position where there is an expectation to safeguard the financial interests of another person or organisation.

All offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with intent to cause gain or loss. The gain or loss does not have to be actioned or have to succeed, so long as there is intent to carry out the act.

- The Bribery Act 2010

The Bribery Act 2010 came into force on 1 July 2011 and replaces former Anti-Bribery Laws with a suite of new offences, which is markedly different to previous legislation. The Bribery Act 2010 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"*. The maximum penalty for bribery is now 10 years imprisonment, with an unlimited fine.

In addition, the Act introduces a "corporate offence" of failing to prevent bribery by the organisation not having adequate preventative procedures in place. An organisation may avoid conviction if it can show that it had such procedures and protocols in place to prevent bribery. The "corporate offence" is not a standalone offence. It always follows from a bribery and/or corruption offence committed by an individual associated with the company or organisation in question.

Policy Definitions

- Fraud

The definition of fraud used by NHS Protect is "*the deliberate alteration of any financial statements or other records by persons, internal and/or external to the organisation, which is carried out in order to conceal the misappropriation of assets or otherwise gain*".

All offences under the Fraud Act 2006 occur where the act or omission is committed dishonestly and with intent to cause gain or loss. The gain or loss does not have to be actioned or have to succeed, so long as there is intent to carry out the act.

- Corruption

This can be broadly defined as the offering or acceptance of inducements, gifts, favours, payment or benefit-in-kind, which may influence the action of any person. Corruption may not always result in a loss, e.g. a person may use their position to give some advantage to another and may not benefit directly from doing so.

It is a common law offence of corruption to bribe the holder of a public office. It is similarly an offence for the office holder to accept a bribe.

Corruption prosecutions are most commonly brought within specific legislation dealing with corruption:

- The Public Bodies Corrupt Practices Act 1889;
- The Prevention of Corruption Acts 1889-1916, and
- The Anti-terrorism, Crime and Security Act 2001

Template
Equality & Health Impact Assessment for
(Insert name of policy or business change)

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Counter Fraud, Bribery and Corruption Policy Counter Fraud, Bribery and Corruption Response Plan and Procedure
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Operations and Finance Directorate Huw George, Deputy Chief Executive and Executive Director of Operations and Finance Email: Huw.George2@wales.nhs.uk Tel: 029 2010 4286
3.	Objectives of strategy/ policy/ plan/ procedure/ service	<ul style="list-style-type: none"> • to ensure that all staff, including secondees, those with honorary contracts, Non-Executive Directors, and those working in bodies hosted by Public Health Wales practice the highest standards of conduct and behaviour • to ensure that Public Health Wales is open, transparent and honest in the way it conducts its business. • to ensure that Public Health Wales safeguards against conflict or potential conflict of interest between private interests and public duties of members of staff and our Non-Executive Directors. <p>The policy is supported by a response plan and procedure that provides a detailed framework to ensure that conflict or potential</p>

		<p>conflict of private interests and public duties of staff and Non-Executive Directors does not occur. It outlines the standards of conduct expected of all Public Health Wales staff, including Non-Executive Directors, regarding private interests as they relate and interface with public service duties.</p>
<p>4.</p>	<p>Evidence and background information considered. For example</p> <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>Comparisons with similar/equivalent policies in other NHS Health Boards or Trusts were made to inform the development of the Policy and the associated response plan procedure. All Health Boards and Trusts in Wales have similar policies in place.</p> <p>This Equality Impact Assessment found that, this policy had a very limited impact on groups, communities and individuals.</p>
<p>5.</p>	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>The policy and procedure apply to all staff, including secondees, those with honorary contracts, Non-Executive Directors, and those working in or through engagement bodies hosted by Public Health Wales.</p>

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	The policy and procedure applies to all staff.	None required.	
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term	Positive – the policy and procedure applies to all staff. Whilst the contents of the policy and procedure do not have a negative impact on persons with a disability, as with all written control documents		

<p>medical conditions such as diabetes</p>	<p>there may be a negative impact due to the format of the control document that is available. Documents are published on the intranet and internet in pdf format.</p> <p>Visual impairment – not all accessibility software accepts pdf format and therefore an alternative format may be required.</p> <p><u>Learning disability</u> - The documents may also not be understood by those who have difficulty deciphering or reading the written word, for example, dyslexia. Therefore further explanation and support may be required.</p>		
<p>6.3 People of different genders: Consider men, women, people undergoing gender reassignment</p> <p>NB Gender-reassignment is anyone who proposes</p>	<p>Positive – the policy and procedure applies to all staff.</p>	<p>None required</p>	

to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender			
6.4 People who are married or who have a civil partner.	Positive – the policy and procedure applies to all staff.	None required.	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	Positive – the policy and procedure applies to all staff.	None required.	
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	Positive – the policy and procedure applies to all staff.	None required.	
6.7 People with a religion or belief or with no religion or belief.	Positive – the policy and procedure applies to all staff.	None required.	

The term 'religion' includes a religious or philosophical belief			
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	Positive – the policy and procedure applies to all staff.	None required.	
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	Positive – the policy and procedure applies to all staff.	None required.	
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	Positive – the policy and procedure applies to all staff.	None required.	
6.11 Consider any other groups and risk factors relevant to this	None identified.	None required.	

strategy, policy, plan, procedure and/or service			
6.12 Welsh Language			
<p>There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)</p>			
Opportunities for persons to use the Welsh language	Positive – the policy and procedure applies to all staff, however may be a negative impact as written in English and will need to be translated as part of sign off process.	This policy has been developed with due consideration of the Welsh Language Scheme, and will need to be translated.	
Treating the Welsh language no less favourably than the English language	The effects of the policy and procedure under consideration on the Welsh Language will need to be considered on a case by case basis. Specifically: (i) opportunities for persons to use the Welsh language, and (ii) treating the Welsh languages no less favourably than the English language.	This policy has been developed with due consideration of the Welsh Language Scheme, and will need to be translated.	

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)
- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
The policy and procedure are internal documents intended to provide guidance to staff. Therefore they do not have an impact on the health and wellbeing of the population groups or addressing inequalities in health.	

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
 2. Record any unintended consequences (negative impacts) and/or gaps identified
 3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
 4. identify and record mitigation/recommendations where appropriate
- Please note** you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
<p>7.2 Lifestyles</p> <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	No impact	No gaps	See 7.1	
<p>7.3 Social and community influences on health</p> <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure 	No impact	No gaps	See 7.1	

<ul style="list-style-type: none"> • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 				
7.4 Mental Wellbeing <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	No impact	No gaps	See 7.1	
7.5 Living/ environmental conditions affecting health <ul style="list-style-type: none"> • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 	No impact	No gaps	See 7.1	
7.6 Economic conditions affecting health <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time 	No impact	No gaps	See 7.1	

<ul style="list-style-type: none"> Workplace conditions i.e. environment culture, H&S 				
7.7 Access and quality of services <ul style="list-style-type: none"> Careers advice Education and training Information technology, internet access, digital services Leisure services Medical and health services Other caring services i.e. social care; Third Sector, youth services, child care Public amenities i.e. village halls, libraries, community hub Shops and commercial services Transport including parking, public transport, active travel 	No impact	No gaps	See 7.1	
7.8 Macro-economic, environmental and sustainability factors <ul style="list-style-type: none"> Biodiversity Climate change/carbon reduction/flooding/heatwave Cost of living i.e. food, rent, transport and house prices Economic development including trade Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) Gross Domestic Product Regeneration 	No impact	No gaps	See 7.1	

Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).



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Data Protection Impact Assessment

Record of Processing activity

(delete as applicable)

2022

Counter Fraud, Bribery and Corruption Procedure

Reference number
(IG Team use only)

2023 003

Information Asset Owner

Angela Fisher, Deputy Director of Finance

Data Protection Impact Assessment

Introduction

Privacy by design is an approach to projects that promotes privacy and data protection compliance from the start. Unfortunately, these issues are often bolted on as an after-thought or ignored altogether. Public Health Wales addresses these concerns through the completion of a Data Protection Impact Assessment (DPIA) which is a legal requirement for all projects involving Personal Data / Personal Identifiable Information, where the processing is believed to present a high risk to data subjects.

Data Protection Impact Assessments

The Public Health Wales Data Protection Impact Assessment is a two stage process. Stage 1 is designed to allow you to determine whether or not the processing is high risk and so requires a full DPIA. For those projects that do not require a full DPIA, Stage 1 serves a 'Record of Processing' (ROP). For all projects that constitute high risk processing, Stage 2 goes into greater detail.

I.T. implications

It is essential that before any development work is carried out on any project, confirmation is received that it has been considered by the IM&T department and any necessary advice has been provided.

As a result on completion of Stage 1, all DPIA forms must be sent to the PHW IT service desk at phw.servicedesk@wales.nhs.uk

DPIA forms received directly by the Information Governance team without IT sign off will be returned.

Guidance notes

Detailed guidance on how to complete the DPIA can be found here. However it is strongly recommended that advice be sought from the Information Governance Team before you start work.

[GUI - Data Protection Impact Assessments - Guidance notes.docx](#)

Stage 1 – Initial screening

Brief, high level description of the project. Please include the date on which this processing is scheduled to start.

The Counter Fraud, Bribery and Corruption Response Plan and Procedure as currently drafted provides a framework for responding to suspicions of fraud and related wrongdoing. By its nature this involves the processing of personal data in connection with potential criminal offences and related security measures that fall within the provisions of Article 10 of the GDPR.

The draft procedure (see below at Question 4 in Part 2) describes the arrangements for the detection ,reporting and investigation of suspected fraud and bribery. Under the legislative framework in Wales responsibility is shared between different authorities, depending on the financial sums involved. Under this framework statutory responsibilities are shared between the Local Counter Fraud Specialist role, the NHS Counter Fraud Service (Wales) and the UK NHS Counter Fraud Authority.

The Counter Fraud Specialist role is located within each NHS Authority including PHW. PHW has a Service Level Agreement (SLA) with Cardiff & Vale University Health Board for the provision of the Local Counter Fraud service.

The SLA covers the service level and contractual obligations of the parties but does not address the data protection implications of the arrangement. The PHW Data Disclosure / Data Sharing Agreements Procedure provides at paragraph 6 that all data disclosure/data sharing arrangements should be subject to a Data Protection Impact Assessment.

Data Sharing.

Organisation	Relationship (delete as appropriate)
1 Public Health Wales	Data Controller

Data Protection Impact Assessment

2. Local Counter Fraud Service Cardiff & Vale University Health Board	Data Controller
3. Counter Fraud Service Wales	Data Controller

Where will this data be held?

Where and on what systems the data will be held will depend on what type of process is being followed but all processing is within the NHS technology estate.

Screening Questions part 1. Type of processing

Question	Will this project entail any of the following?	Yes/No
A1	The use of systematic and extensive profiling or automated decision-making to make significant decisions about people?	No
A2	Processing special-category data or criminal-offence data on a large scale?	No
A3	Systematically monitoring a publicly accessible place on a large scale (e.g. CCTV)?	No
A4	The use of profiling, automated decision-making or special category data to help make decisions on someone's access to a service, opportunity or benefit?	No
A5	Carrying out profiling on a large scale?	No
A6	The combining, comparing or data matching from multiple sources?	Yes
A7	The processing of children's personal data for profiling or automated decision-making or for marketing purposes, or to offer online services directly to them?	No
A8	The processing of personal data that could result in a risk of physical harm in the event of a security breach?	Yes

Question	Will this project entail any of the following, in combination with any of the criteria in the European guidelines?	Yes/No
B1	The use of innovative technology?	No
B2	The processing of biometric or genetic data?	No
B3	The processing of personal data without providing a privacy notice directly to the individual?	No
B4	The processing of personal data in a way that involves tracking individuals' online or offline location or behaviour?	Yes

Question	Will this project entail any of the following?	Yes/No
C1	The collection of individuals personal data on a large scale?	No
C2	The collection of personal data about vulnerable persons?	No
C3	Compelling or requesting individuals to provide information about themselves?	Yes

Data Protection Impact Assessment

C4	Disclosure of information about individuals to organisations or people who have not previously had routine access to the information?	Yes
C5	The use of information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	Yes
C6	As a result of the processing, making decisions or taking action around individuals in ways which could have a significant impact on them?	Yes
C7	Is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For example health records, criminal records, or other information that people are likely to consider as private?	Yes
C8	Will the project require you to contact individuals in ways which they may find intrusive?	Yes
C9	Will the project involve the use of 'cloud' based services for the processing of personal data?*	Yes
C10	Is any processing of personal data to be carried out by a third party?**	Yes

Data Protection Impact Assessment

Screening questions part 2 - Data to be collected


Personal data (Table 1 below)	Yes?	Special Category data (Table 3 below)	Yes?
Name	Yes	Racial / ethnic origin	
Address (home or business)	Yes	Gender	
Postcode	Yes	Political opinions	
NHS No.		Religious beliefs	
Telephone number	Yes	Trade union membership	
Email address	Yes	Physical or mental health	
Date of birth	Yes	Sexual life	
Payroll number	Yes	Criminal offences	Yes
Driving Licence [shows date of birth and first part of surname]	Yes	Biometrics; DNA profile, fingerprints	
Photo / video / voice recording / other image	Yes	Test results	
Sensitive data (Table 2 below)		Any other data to be collected	
Bank, financial or credit card details	Yes		
Mother's maiden name	No		
National Insurance number	Yes		
Tax, benefit or pension Records	Yes		
Health, adoption, employment, school, Social Services, housing records	Yes		
Child Protection			
Safeguarding Adults			
Comments			

The above is indicative only of the types of data that may be processed as part of an investigation.

Data Protection Impact Assessment

None of the above is to be collected:

Sign off

Decision (delete as required)	Full DPIA Required	
Completed by:	 Signature:	Date: 16 February 2023
Information Management & Technology	Signature	Date:
IT implications (to be completed by the IT department). If none, please enter N/A	IT have reviewed and are content if there are established data flows with C&V	
Information Governance Manager	Signature:	Date:
Data Protection Officer	Signature	Date:

Stage 2 – Full Data Protection Impact Assessment

Question 1 – More detailed description of the processing. Please provide Project Initiation Document or Business Case if you feel that it would help understanding.

The PHW Data Disclosure / Data Sharing Agreements Procedure provides at paragraph 6 that all data disclosure/data sharing arrangements should be subject to a Data Protection Impact Assessment. The procedure also indicates what type of Data Sharing Agreement pro forma should apply in what circumstances. It identifies that in the case of a data sharing arrangement between two NHS bodies the Intra NHS Agreement template should be used.

The Head of Counter Fraud has advised that the Cardiff & Vale University Health Board provides a similar service to a number of Welsh NHS Trusts and that they have not previously been required to complete either a DPIA or a separate Data Sharing Agreement. In discussions with the service it has been decided that a separate data sharing agreement for the arrangements was not necessary, but that there would be value in a more focussed DPIA that identified and documented data protection responsibilities. These are shown schematically in the data flow diagram at question 3 below. This shows that although, the Cardiff and Vale Counter Fraud Service is providing a service to Public Health Wales it will be the Data Controller for any investigations that it undertakes in the same way that the Police and the Counter Fraud Service Wales are the data controllers for the investigations that they undertake. Public Health Wales will be the data controller for the investigations they conduct under the disciplinary procedure and for any information that is disclosed to them from investigations conducted elsewhere.

As data controller for the investigations they undertake the Cardiff and Vale Counter Fraud Service will be responsible for ensuring processing is compliant with the data protection principles, including dealing with data subject rights and ensuring that personal data is not retained for longer than necessary. How these are exercised in practice is tightly constrained by the Police & Criminal Evidence Act, the NHS Counter Fraud Manual and professional standards.

Data Protection Impact Assessment

Question 2 - Legal basis for processing Personal Data and Sensitive Data Guidance note x

Please select **one** legal basis from the selection below (must be selected in all cases)

Title	Article	Necessity	Tick
Establishment Order	6(1)(e)		
Employment contract	6(1)(b)	In relation to processing by PHW	✓
Consent	6(1)(a)		

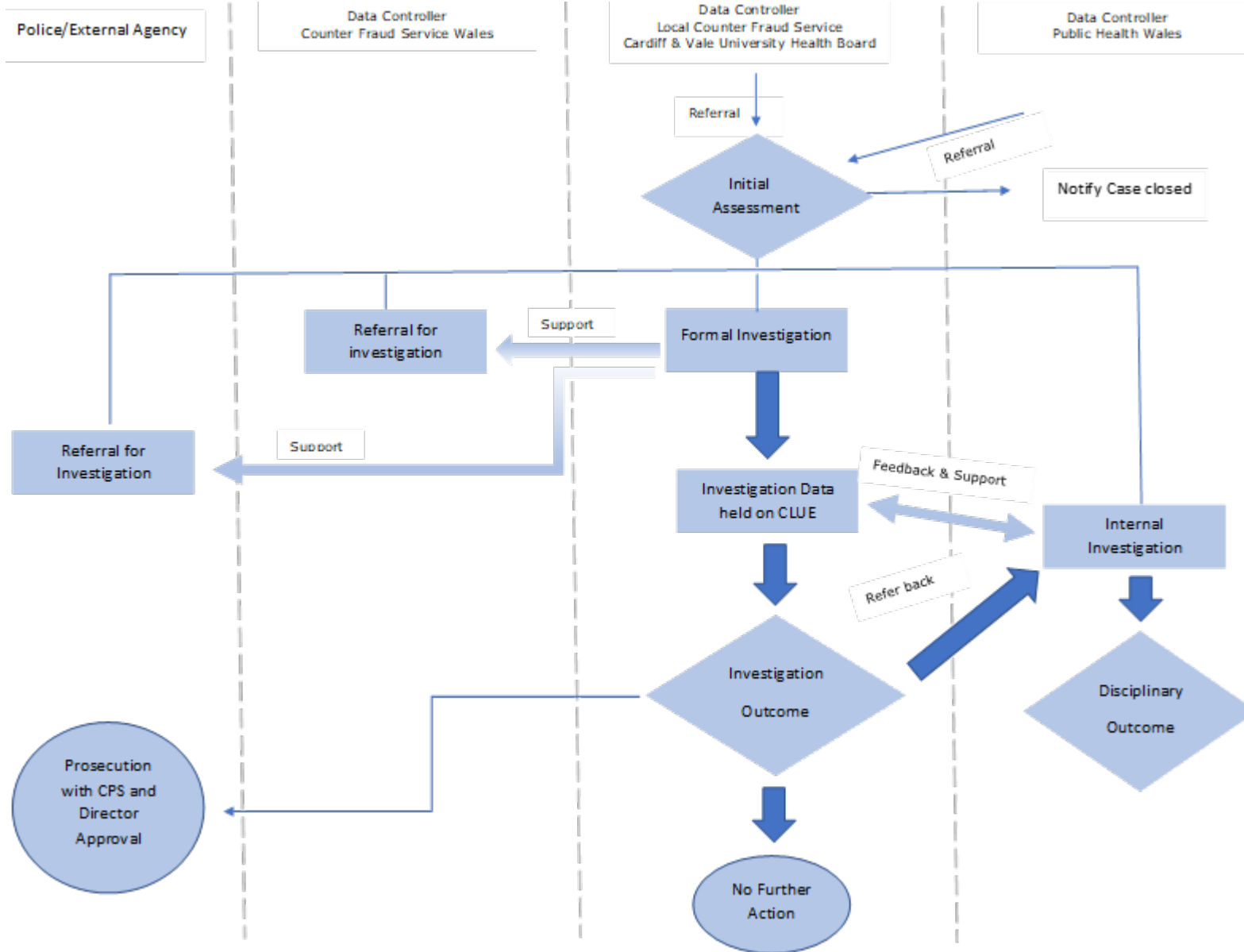
Table 3 - Legal basis for processing Special Category Personal Data

In addition to the table above, please select **one** legal basis from the selection below if you are intending to process Special Category Data.

Title	Article	Necessity	Tick
Medical Purposes	9(2)(h)		
Public Health	9(2)(i)		
Employment obligations of the organisation	9(2)(b)	In relation to processing by PHW	✓
Substantial Public Interest	9(2)(g)		✓
Archiving/Research	9(2)(j)		
Explicit Consent	9(2)(a)		



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Question 3 – Data flow diagram



Data Protection Impact Assessment

Question 4 – Additional documentation

Document	Required?	Attach document here
Data Processing Contract	Not applicable	
PHW Due Diligence Assessment	Not applicable	
Cloud Risk Assessment	Yes / No / Not applicable	
Cyber Essentials / Cyber Essentials Plus certification	Yes / No / Not applicable	
ISO27001 certification	Yes / No / Not applicable	
Draft Counter Fraud and Corruption Response Plan & Procedure	For reference	 Draft Counter Fraud and Corruption proce
SLA	Yes	 PHW%20%20SLA%20%20Final.doc

Data Protection Impact Assessment

Question 5 – Consultation proposals

Audit Committee

Data Protection Impact Assessment

Question 6 – Initial Risk Assessment







No	Organisational compliance risks	Score	Decision	Datix ref (if applicable)
1	No significant risks identified			
2				
3				
4				
5				

No	Data subject (privacy) risks	Score	Decision	Datix ref (if applicable)
1	No significant risks identified			
2				
3				
4				
5				

NOTE

All risks must be raised on Datix and managed in accordance with the organisations Risk Management Procedure.

Question 7 - Linking the DPIA to the data protection principles (Completion by the Data Protection Officer)

Principle	DPO Approval
Principle 1	
Personal data shall be processed lawfully, fairly and in a transparent manner in relation to individuals..	
Principle 2	
Personal data shall be collected for specified, explicit and legitimate purposes and not further processed in a manner that is incompatible with those purposes; further processing for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes shall not be considered to be incompatible with the initial purposes.	
Principle 3	
Personal data shall be adequate, relevant and limited to what is necessary in relation to the purposes for which they are processed. .	
Principle 4	
Accurate and, where necessary, kept up to date; every reasonable step must be taken to ensure that personal data that are inaccurate, having regard to the purposes for which they are processed, are erased or rectified without delay.	
Principle 5	
Kept in a form which permits identification of data subjects for no longer than is necessary for the purposes for which the personal data are processed; personal data may be stored for longer periods insofar as the personal data will be processed solely for archiving purposes in the public interest, scientific or historical research purposes or statistical purposes subject to implementation of the appropriate technical and organisational measures required by the GDPR in order to safeguard the rights and freedoms of individuals.	
Principle 6	
Processed in a manner that ensures appropriate security of the personal data, including protection against unauthorised or unlawful processing and against accidental loss, destruction or damage, using appropriate technical or organisational measures.	

Sign off



Review sign off

To be signed off for each review (insert more if required)


Position	Name	Signature	Date	Next Review due
Project Manager				
Information Governance Manager				
Work required prior to next review				

Position	Name	Signature	Date	Next Review due
Project Manager				
Information Governance Manager				
Work required prior to next review				

Final sign off

Position	Name	Signature	Date
Project Manager	Angela Fisher		22/02/23
Information Governance Manager	S F Williams		22/2/2023

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Data Protection Officer	J. Lawson		22/02/2023