



NHS WALES Public Health Wales (PHW)

COUNTER FRAUD WORK PLAN 2023/2024

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This document is prepared by the Cardiff and Vale University Health Board Counter Fraud Team 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 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 The requirements have superseded our own fraud, bribery and corruption standards for providers, commissioners and NHS bodies in England and Wales.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 on or about 31/05/2024. The NHSCFA Quality Assurance Programme will enable the analysis of performance of the Counter Fraud team against each requirement. The Counter Fraud Manager will provide a grading of compliance in relation to all areas of the functional standards through self-assessment. (Green, Amber or Red). This will be supported internally with the completion of the Annual Report that will align with the same methodology.

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 employs a dedicated, professionally accredited team of NHS Local Counter Fraud Specialists (LCFS). To ensure that the Health Board's 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 2023-2024. The tasks outlined will be considered and reviewed throughout the year as the need arises. The plan is intended to provide targets for the year but will remain a living document and subject to change. 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 will directly mirror GovS:13 Standard (Counter Fraud) in order to maintain consistency 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 the local Risk Management Policy and nationally via the CLUE case management system, and they will be shared with the Internal Audit department and reported to the Director of Finance and Audit Committee. The aim is to provide assurance that the risk is being suitably managed and is **owned**. 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, together with identified inherent risks to all NHS organisations. Information received from external sources will be assessed and investigated and any risks identified as pertinent to the organisation will be subject to formal assessment. 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. A dedicated risk matrix scoring system and template have been designed and implemented that comply with Cabinet Office methodology for the purpose of recording and reporting upon fraud risk.

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 Counter Fraud team 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 from CAVUHB	100

Resource by Activity

Activity	Days Planned 23 / 24
Proactive	80
Reactive	20
Total	100

With the move to the GovS:13 (NHS Requirements) 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 planning resource time 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 Director of Finance and the Audit 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/Action	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</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. 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.</p> <p>CFM to produce the PHW Counter Fraud Annual 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 AC and to present these verbally at AC.</p>	<p>Q1/2/3/4</p> <p>Q1</p> <p>Q1/2/3/4</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>the accountable board member, audit committee chair and counter fraud champion are accurate.</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>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</p>	<p>Checks to be carried out by CFM that nominations to NHSCFA are correct, up to date and in order. Report to DoF with outcome.</p> <p>Where necessary and appropriate Counter Fraud Manager (CFM) will seek to hold regular one to one meetings with the Audit Committee Chairperson, independent members and 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 AC. Counter Fraud Manager to provide written and oral reports to this forum, annually and progressively throughout the year.</p> <p>CFM will address and report to Director of Finance and Audit Committee any matters arising from NHSCFA in relation to thematic assessment</p>	<p>Q1</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>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>exercises, matters arising out of Fraud Prevention Notices and national exercises.</p> <p>CFM to liaise with internal partners, such as, but not limited to, Internal Audit, HR, Communication Department to develop and maintain fit for purpose infrastructure providing a firm foundation for the Counter Fraud provision.</p> <p>CFM to complete annual report to AC and NHS CFA Functional Standard return.</p>	<p>Q2/Q4 And as required</p> <p>Q1 (24/25)</p>
<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</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</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p>

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<p>upon request. The counter fraud work plan and resource allocation are aligned to the objectives of the strategy and locally identified risks</p>	<p>and accredited Counter Fraud Specialists and to ensure that this is maintained.</p>	
<p>3: Fraud bribery and corruption risk assessment</p> <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</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 to be recorded in line with the organisations Risk Management Policy and requests made for them to be entered on to the appropriate risk registers. All risks identified will be assessed and remedial action reported to key stakeholders. All matters arising to be reported to DoF and Audit Committee by way of counter fraud progress reporting.</p> <p>Fraud Risk Assessment action plan to be devised and developed targeting all areas of inherent Fraud Risk to the organisation and providing a timescale of</p>	<p>Throughout the year and dynamically as the needs arise</p> <p>Q1</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>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 risks within any associated sub company of the NHS organisation.</p>	<p>intended work. Proposed action plan to be submitted to Audit Committee for approval/noting.</p> <p>Counter Fraud department to continue to build upon the fraud risk profile (live document) both locally and on the CLUE case management system in order to effectively evaluate, evidence and measure the effectiveness of counter fraud risk assessment work.</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>Q1/2/3/4</p> <p>As required</p>
<p>4: Policy and response plan</p>	<p>Counter Fraud Bribery and Corruption policy reviewed amended and updated Q4 22/23.</p>	

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<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>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. Also establish that they are aware of the correct procedures associated with reporting fraud, bribery and corruption.</p>	<p>Q1/2/3/4</p> <p>Q3</p>
<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</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 AC.</p> <p>CF Manager to ensure that the provision of the CF function is written in to the overall organisation plan.</p>	<p>Q4 (22/23)</p> <p>Q1</p> <p>Q1</p>

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<p>monitored by the audit committee (or equivalent body).</p>	<p>CF manager to provide quarterly reports to AC. 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>Q1/2/3/4</p> <p>Q4</p>
<p>6: Outcome-based metrics</p> <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</p>	<p>The new contact, enquiry and reporting methods now in place benefit from the 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 throughout the year. Where necessary regular review will be used to inform change.</p> <p>Maintenance and use of the following resources already successfully implemented will be utilised and improved where necessary:-</p> <p>CLUE Management System Interactive feedback forms</p>	<p>Q1/2/3/4</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>recoveries, the value of fraud prevented, criminal sanctions and disciplinary sanctions.</p>	<p>Interactive Staff Surveys</p> <p>Fraud Risk Profile</p> <p>Risk Management Policy</p> <p>Locally developed database</p> <p>Electronic Staff Record</p> <p>CFS Statistics</p> <p>Microsoft Share point</p> <p>All investigations will be recorded and Managed on the CLUE case management system and reported to AC via the quarterly reporting 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 AC 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>Q1/2/3/4</p> <p>Q1 (24-25)</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	Statistical report of work areas drawn from newly implemented local database to be provided in Annual Report. (To provide work benchmarked year on year)	Q1 (24-25)
<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 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>New reporting routes have been put into place during the course of 2022/2023 that compliment existing national routes of reporting. These will be continually 'advertised' throughout the year and awareness will be drawn to them via all routes available. Continued liaison with the communications team will assist in achieving this.</p> <p>CF Fraud team will continue throughout the year promoting their identity and presence. This will be undertaken by way of the continued development of the Share point Intranet Site, the all-Wales Learning Platform and throughout structured awareness and training sessions, and pop up stalls at key locations.</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	<p>Ongoing review of the effectiveness of the work undertaken (live database of metrics) 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 to take place at all fraud awareness events.</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p>
<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,</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 via review that all members of CF team are suitably trained and qualified to access the CLUE case management system and maintain up to date knowledge and permissions in relation to the system.</p>	<p>Q1/2/3/4</p> <p>Q2/Q4</p>

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<p>including all outcomes, recoveries and system weaknesses identified during the course of investigations and/or proactive prevention and detection exercises</p>	<p>CF Manager to supervise the reporting of cases on CLUE ensuring that all referrals are suitably recorded and investigated.</p> <p>CF manager to oversee and direct live investigations on CLUE.</p> <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 ensure that all outcomes by way of sanction, recovery and loss are suitably recorded and reported to DoF and Audit Committee at progress updates and at year end in Annual report and NHS CFA Functional Return.</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p>
<p>9: Access to trained investigators</p> <p>NHS Requirement 9:</p>	<p>The organisation currently employs/has access to provision from, four fully accredited, nominated and qualified LCFS. All members work on a full-time basis.</p>	<p>Q1/2/3/4</p>

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<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 to hold those who commit fraud, bribery or corruption to account.</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 and as budgetary restraints allow.</p> <p>All staff to maintain full compliance with mandatory training/e learning as measured on the ESR system.</p>	<p>Q1/2/3/4</p> <p>Q1/2/3/4</p> <p>Q1/2/3/4</p>

Gov s013 / NHS Requirement	Objective/Action	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) Review of staff awareness to take place.</p> <p>CF team to continue to maintain access to secure office accommodation accessible only by them. Secure storage facilities both in the office and on site to be utilised effectively for the necessary retention and storage of evidential data in line with legal requirements.</p> <p>All training and development to be recorded on ESR and referenced during annual staff appraisals.</p>	<p>Q2</p> <p>Q1/2/3/4</p> <p>Q4</p>
<p>10: Undertake detection activity</p>	<p>CF team to finalise the work already completed in relation to the Thematic Assessment exercise</p>	<p>Q1</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<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 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>published by the NHS CFA in 2020. Any work left incomplete to be carried out in period stated and reported via Audit Committee.</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 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 if appropriate with the aim of offence detection.</p> <p>CF Team to undertake the 2022-2023 National Fraud Initiative exercise in relation to Payroll data</p>	<p>As required</p> <p>As required</p> <p>As required</p> <p>Q1/2/3/4</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	CF team will engage with internal and external partners e.g. internal and external audit, in order to ensure that any outlying data is reported and acted upon accordingly.	Q1/2/3/4
<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 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,</p>	<p>CFM to continue to work towards making Fraud Awareness Training module mandatory. CFM to continue to work towards ensuring that Fraud Awareness training is a standing item of agenda at all corporate inductions. CF manager to liaise with workforce / education and development directorates. CFM to assist with the smooth roll out of the newly developed All Wales Counter Fraud Training module.</p> <p>CF team to maintain a promotion strategy in relation to the new module through effective communication to staffing cohorts.</p>	<p>Q1/Q2</p> <p>Q1/Q2</p> <p>Q1/2/3/4</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>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>CF team to design and implement monthly webinars in relation to General Fraud Awareness Training and Mandate Fraud Awareness Training that all members of staff can register to attend.</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 including primary care 	<p>Q1 Implementation Delivery throughout the Year</p> <p>Q1/2/3/4</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
	<ul style="list-style-type: none"> The use of a Counter Fraud Awareness staffed stand at impactive sites around the organisational estate in order to provide face to face contact with staff and public promoting the work of the team and its function <p>CF team to fully conversant with the use of the NHSCFA 'ngage' tool in accessing materials and literature suitable for dissemination organisation wide and to the general public.</p> <p>CF team to fully participate in National Counter Fraud Week initiative.</p>	Q3
<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</p>	<p>CFM to liaise with Corporate Governance Team to ensure relevant policies are current</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>Q1</p> <p>Q1/2/3/4</p>

Gov s013 / NHS Requirement	Objective/Action	Proposed Delivery
<p>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 policy are regularly tested</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>CF team to complete National Fraud Initiative exercise in relation to payroll versus Company Director matches to test effectiveness of declarations of interest policy.</p>	<p>As required</p> <p>Q1/2/3/4</p>