



**PWYLLGOR ARCHWILIO A SICRWYDD RISG  
AUDIT AND RISK ASSURANCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	20 April 2021
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Counter Fraud Work Plan 2021/22
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Huw Thomas, Director of Finance
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Ben Rees, Head of Counter Fraud

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Ar Gyfer Penderfyniad/For Decision

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

NHS bodies in Wales must implement anti-fraud, bribery and corruption measures in accordance with Government Directions on Counter Fraud Measures and the service agreement under section 83 of the Government of Wales Act 2006. As well as the Welsh Government directions, NHS bodies are also obliged to demonstrate compliance with NHS Counter Fraud Authority Requirements of the Government Functional Standard GovS 013: Counter Fraud, which come into force from 1st April 2021. A self-review assessment against each of these 12 standards is completed on an annual basis using a RAG rating system.

This document provides to Audit & Risk Assurance Committee the Counter Fraud Work Plan which sets out the intended actions for 2021/22. The Work Plan is devised to address identified fraud risks and to ensure compliance with both the Government Functional Standards 013 - Counter Fraud (GovS 013) and Welsh Government Directions to NHS Bodies on Counter Fraud Measures.

The workplan refers to a draft Self-Review Assessment that has been undertaken and has been appended to the report. The Assessment provides an overall rating of Green, with 3 identified areas of improvement. The final version of this Assessment will be presented at the 5<sup>th</sup> May 2021 meeting, following submission online.

**Cefndir / Background**

To provide a basis and strategic direction for counter fraud work in 2021/22.

**Aseiad / Assessment**

The Work Plan presented covers all aspects of applicable standards and directions as well as encompassing work around identified fraud risks. Contingency is built into Plan to ensure response to emerging fraud risks.

## Argymhelliad / Recommendation

The Audit & Risk Assurance Committee is requested to approve the Counter Fraud Work Plan 2021/22.

### Amcanion: (rhaid cwblhau)

#### Objectives: (must be completed)

Committee ToR Reference Cyfeirnod Cylch Gorchwyl y Pwyllgor	5.2 In particular, the Committee will review the adequacy of: 5.2.4 the policies and procedures for all work related to fraud and corruption as set out in National Assembly for Wales Directions and as required by the Counter Fraud and Security Management Service.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Statement</a>	Not Applicable

### Gwybodaeth Ychwanegol:

#### Further Information:

Ar sail tystiolaeth: Evidence Base:	NHS Counter Fraud Authority Standards for NHS Bodies (Wales) Directions to NHS Bodies on Counter Fraud Measures
Rhestr Termiau: Glossary of Terms:	LCFS – Local Counter Fraud Specialist
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Archwilio a Sicrwydd Risg: Parties / Committees consulted prior to Audit and Risk Assurance Committee:	Not Applicable

### Effaith: (rhaid cwblhau)

#### Impact: (must be completed)

Ariannol / Gwerth am Arian: Financial / Service:	Not Applicable
Ansawdd / Gofal Claf: Quality / Patient Care:	Not Applicable

<b>Gweithlu: Workforce:</b>	Not Applicable
<b>Risg: Risk:</b>	Not Applicable
<b>Cyfreithiol: Legal:</b>	Not Applicable
<b>Enw Da: Reputational:</b>	Not Applicable
<b>Gyfrinachedd: Privacy:</b>	Not Applicable
<b>Cydraddoldeb: Equality:</b>	Not Applicable



## **Counter Fraud Work Plan 2021/22**

**Ben Rees**  
**Head of Counter Fraud Services**

**April 2021**

## COUNTER FRAUD WORK PLAN 2021/22

### Introduction

The Health Board employs 2 full time Accredited Counter Fraud Specialists within the Counter Fraud Team to operationally deliver the obligations for countering fraud bribery and corruption. Ben Rees is the nominated Lead Local Counter Fraud Specialist (LLCFS) and has been an accredited LCFS since 2017. Terry Slater is the Health Board's second LCFS and is currently undertaking his accreditation, with completion expected by the end of Q1 2021. Both Ben and Terry have previously worked as Police Officers and bring with them 44 years' worth of Policing knowledge.

The Counter Fraud Team work closely with the Director of Finance and report regularly to the Audit & Risk Assurance Committee on fraud, bribery and corruption matters.

The Local Counter Fraud Team also liaise with NHS Counter Fraud Service Wales (CFS Wales). CFS Wales are responsible for co-ordinating the fraud, bribery and corruption response on a national level through investigation support and collation of information from each of the Health Board's within Wales. The LCFS keeps CFS Wales up to date with developments from criminal investigations as well as providing quarterly performance statistics on behalf of the Health Board.

In line with the Welsh Government Directions on Counter Fraud Measures, the counter fraud work undertaken by the Counter Fraud is set around four key principles;

**Key Principle 1:** Strategic Governance - to ensure that Strategic Governance arrangements are in place to ensure that Anti-Crime measures are embedded at all levels across the organisation. Good communication with Senior Staff within key staff areas as well as regular attendance and oversight from the Audit & Risk Assurance Committee will continue.

**Key Principle 2:** Inform and Involve – to raise awareness of fraud risks against the Health Board with the overall aim to have a workforce that is fraud aware, vigilant and intolerant of fraud bribery and corruption in the NHS. Effective use of multi-media channels in order to reach staff across the Health Board will be vital to effective delivery of this principle.

**Key Principle 3:** Prevent and Deter – to utilise all available means to identify and mitigate anomalies indicative of fraud and to produce a 'fraud-proofed' environment to discourage individuals who may be tempted to commit fraud against the NHS and ensure that opportunities for fraud to occur are minimised.

## COUNTER FRAUD WORK PLAN 2021/22

**Key Principle 4:** Hold to Account - to ensure that all suspicions of fraud are investigated in a timely, professional manner and that all appropriate sanctions and redress actions are applied to send the message that fraud against the Health Board will not be tolerated.

NHS bodies in Wales must implement anti-fraud, bribery and corruption measures in accordance with Government Directions on Counter Fraud Measures and the service agreement under section 83 of the Government of Wales Act 2006. As well as the WG directions NHS bodies are also obliged to demonstrate compliance with the Government Functional Standards 013 - Counter Fraud (GovS 013), which come into force from 1<sup>st</sup> April 2021. A self-review assessment against each of these 12 standards is completed on an annual basis using a RAG rating system.

Full compliance with the new standards is not due to be enforced until 2023/24, to allow organisations to adjust. A mapping process between new and former standards was undertaken by NHS CFA which is appended, together with a self-assessment against these standards, to this report for information (Appendix 1). The final version will be presented at the 5<sup>th</sup> May 2021 meeting, following submission online. From an initial assessment, the Health Board is in a relatively healthy position to align to the new standards. Areas that will require development have been identified as:

**NHS Requirements Government Functional Standard 013 Counter Fraud (GovS 013) Component 3, Requirement 3 –** Fraud bribery and corruption risk assessment. This is something that has been worked on in 2020/21 in preparation for the new standards and work to date enabled the Health Board to receive a Green Rating against previous standards however, this is a developing area across NHS Wales and England and further work is required to fully comply with the new guidance. In order to achieve this, further guidance and assistance from NHS CFA on aligning this work to Government Counter Fraud Profession fraud risk assessment methodology is anticipated in 2021/22 which will subsequently be adopted and implemented within the Health Board. Work undertaken to date include Fraud Risk Assessments are to be undertaken following an investigation or identification of a particular risk, better reporting of identified risks to ARAC by way of including details of any assessments within the in committee paper and utilising FRA to identify future proactive activities. The new Clue3 system will allow the LCFS to record and monitor outcome of such activities and provide outcome based metrics to meet formal KPI's.

**NHS Requirements GovS 013 Component 6, Requirement 6 –** Outcome based metrics. Introduction of formal KPIs with targets set at beginning of year is completely new. Consistency across NHS Wales will be key for this. KPIs are useful for measuring performance and pushing for improvement becoming purely target driven may have a negative impact on work overall. A balance with consistent application will be key for this new standard.

## COUNTER FRAUD WORK PLAN 2021/22

**NHS Requirements GovS 013 Component 8, Requirement 8** – Reporting Identified Loss. A new case management system to be introduced on 1<sup>st</sup> April 2021 will assist in meeting this new standard. Consistency across NHS Wales in the form of calculation formula has been agreed to identify and report losses.

The Government Functional Standards and NHS Requirements to meet those standards are available in full at <https://cfa.nhs.uk/government-functional-standard/NHS-requirements>.

This work plan has been developed to maintain the areas of work in which the Health Board is already strong, improve in the areas of potential weakness and ensure overall alignment to the new Standards. Where a Work Plan action is directly applicable to a Standard Component these have been referenced (GovS 013 component X).

INFORM AND INVOLVE		
	TASK/OBJECTIVE	PROPOSED DELIVERY
1	Design and deliver a programme of counter fraud awareness presentations to staff at all levels within the Health Board, including participation in the Health Board induction and Managers Passport programme, with the aim of ensuring that the organisation is proactive in raising fraud awareness and building an anti-fraud culture in line with GovS 013 component 11. Review and maintain materials and media used. Evaluate presentations, collate results, and amend presentations as a result of the feedback received. Report outcomes to the Director of Finance.	Throughout the Year
2	Undertake a suitable exercise to identify the level of fraud awareness within the organisation and analyse and act upon the results.	Q4
3	To develop and maintain the counter fraud information contained on the Health Board intranet site and Newsletter, to include details of successfully prosecuted Counter Fraud cases – both local and national.	Q2 and Q4

## COUNTER FRAUD WORK PLAN 2021/22

INFORM AND INVOLVE		
	TASK/OBJECTIVE	PROPOSED DELIVERY
4	Enhance awareness of the Health Board's "Counter Fraud" Policies, and promote the correct lines for reporting fraud, bribery or corruption (including the freephone Fraud, Bribery and Corruption Reporting Line, online reporting tool and local reporting mechanisms).	Throughout the Year
5	Actively raise staff awareness of the now forthcoming mandatory Counter Fraud E-learning and measure compliance.	Throughout the Year
6	Arrange for pay-slip messages to be utilised during the year as appropriate.	As Appropriate
7	Design, produce and distribute 4 counter fraud newsletters annually, containing articles on proven fraud cases (both local and national) and other "beware" notices and relevant messages.	Q2 and Q4
8	In conjunction with the Health Board Communications Team, review the strategy in place for raising awareness of economic crime risks and publicise the work of the LCFS, to ensure that it remains fit for purpose and that all appropriate awareness-raising mechanisms are being fully exploited.	Q2
9	In line with GovS 013 Components 4, 7 and 12 undertake targeted surveys of staff to measure awareness of: Counter Fraud, Bribery and Corruption Policy and Response Plan; Fraud, Bribery and Corruption incident reporting routes; and Policy and procedures relating to Conflicts of Interests, Gifts and Hospitality and Bribery Act.	Throughout the Year
<b>TOTAL DAYS ALLOCATED</b>		<b>90</b>



## COUNTER FRAUD WORK PLAN 2021/22

PREVENT AND DETER		
	TASK/OBJECTIVE	PROPOSED DELIVERY
10	Review key organisational policies, procedures and documents, to ensure that they are adequately robust to counter fraud. The communication of revised policies, procedures and documents as appropriate, emphasising the organisational commitment to countering fraud.	As Appropriate
11	Carry out risk analysis in line with Government Counter Fraud Profession (GCFP) fraud risk assessment methodology. Record and manage assessed risk in line with the Health Board's Risk Management policy and include on the risk registers where appropriate in line with GovS 013 component 3.	Throughout the Year
12	Develop a fraud risk profile developed from risk assessment work to effectively evaluate, evidence and measure the effectiveness of counter fraud work in mitigating and reducing fraud risk or expenditure and influencing of policy and procedure aimed at reducing fraud in line with GovS 013 component 2 and GovS 013 component 5.	Throughout the Year
13	Liaise with Corporate Governance colleagues around measuring effectiveness and staff awareness of 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 in line with GovS 013 component 12.	Throughout the Year
14	Review and update information sharing protocols currently in place. Continue with implementing and exploring new opportunities where appropriate.	Q1 and 2.
15	Regular meetings with the Head of Internal Audit (NWSSP Audit & Assurance)	Throughout the Year
16	Record and respond to ad-hoc requests for assistance received.	Throughout the Year
17	Action Fraud Prevention Notices issued by NHS Counter Fraud Authority and/or Counter Fraud Services Wales as and where appropriate.	As Appropriate

## COUNTER FRAUD WORK PLAN 2021/22

PREVENT AND DETER		
	TASK/OBJECTIVE	PROPOSED DELIVERY
18	Issue of fraud alerts to all appropriate staff.	As Appropriate
19	Regular liaison with the Post Payment Verification Location Manager (NWSSP Primary Care) and Primary Care leads to ensure that any contractor visits which result in the identification of anomalies are reported to the LCFS.	Throughout the Year
20	Participate in mandatory national proactive exercises, as instructed by NHS Counter Fraud Authority, Auditor General for Wales and/or the Cabinet Office (e.g. NFI).	Throughout the Year
21	Participate in thematic fraud risk evaluation exercises as instructed by the NHS Counter Fraud Authority.	As Required
22	Conduct proactive work to detect fraud using relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption. Results of this work will be recorded on the new Crime Management System, Clue3, evaluated and where appropriate feed into improvements to prevent and deter fraud, bribery and corruption in line with GovS 013 component 10.  Any losses, recoveries or savings are to be identified and reported (data metrics).	Throughout the Year
23	Membership of Local Intelligence Network and attendance at meetings.	As Required
24	Provide outturn reports for managers to recommend appropriate action following any weaknesses identified through investigative work. Monitor and report findings to the Director of Finance / Audit & Risk Assurance Committee.	As Required
25	Periodically review the Risk Register for entries which may have a fraud or corruption bearing.	2 & 4
26	To undertake proactive exercise in conjunction with the CFS Wales Regional Team and Health Board Pharmacy Leads to identify any possible instances of fraud and loss.	1 & 2

## COUNTER FRAUD WORK PLAN 2021/22

PREVENT AND DETER		
	TASK/OBJECTIVE	PROPOSED DELIVERY
27	To complete and report on the proactive recruitment exercise and undertake a Fraud Risk Assessment.	1
28	To undertake a proactive exercise in relation to Petty Cash and compliance against relevant policies and procedures. This is to include awareness work within the high-risk areas identified.	1
29	To undertake a procurement exercise in relation to overtime submissions to identify instances of fraud and loss.	1 & 2
<b>TOTAL DAYS ALLOCATED</b>		<b>100</b>

HOLD TO ACCOUNT		
	TASK/OBJECTIVE	PROPOSED DELIVERY
30	Conduct investigations into all allegations of economic crime as required, in line with the requirements of the NHS Counter Fraud Authority Counter Fraud Manual, and all relevant guidance and legislation.	As Required
31	Appropriate use of Clue3, the prescribed case management system, in line with NHS Counter Fraud Authority and NHS CFS Wales requirements.	As Required
32	Assist the NHS CFS with information as required for any regional or national fraud cases. Ensure comprehensive information to enable risk exercises to be carried out effectively is submitted in a timely manner.	As Required

## COUNTER FRAUD WORK PLAN 2021/22

<b>HOLD TO ACCOUNT</b>		
	<b>TASK/OBJECTIVE</b>	<b>PROPOSED DELIVERY</b>
33	Ensure the application of sanctions in line with legislation and the policy document 'Applying Appropriate Sanctions Consistently'.	As Required
34	Identify and maintain appropriate records and, wherever possible, seek financial redress/recovery in respect of any proven loss to the Health Board, having due regard to the circumstances of each case.	As Required
35	Review professional competencies and capabilities of accredited staff nominated to undertake the full range of counter fraud work to assess requirements for professional development opportunities in line with GovS 013 Component 9.	Q1
36	Undertake review of information held, stored and processed in relation to case files and evidence store.	2
37	Provision of information via Clue3 and secure information exchange channels to enhance national intelligence sharing.	As Required
38	Maintain an appropriate and correct interaction with NHS CFS Wales regarding the conduct and progression of an investigation.	As Required
<b>TOTAL DAYS ALLOCATED</b>		<b>180</b>

<b>STRATEGIC GOVERNANCE</b>		
	<b>TASK/OBJECTIVE</b>	<b>PROPOSED DELIVERY</b>
39	Attendance at all Fraud Forum meetings held by CFS Wales.	As Required

## COUNTER FRAUD WORK PLAN 2021/22

STRATEGIC GOVERNANCE		
	TASK/OBJECTIVE	PROPOSED DELIVERY
40	Nominate a Fraud Champion for the Health Board in line with GovS 013 component 1.	Q1
41	Completion and agreement of the annual work plan with Director of Finance in line with GovS 013 component 2.	Q4
42	Completion and agreement of the annual report with Director of Finance	Q1
43	Regular meetings/liaison with Director and/or Assistant Director of Finance	Throughout the Year
44	Preparation for and attendance at Audit Committee meetings.	As Required
45	Full participation in the quality assurance process as directed by NHS Counter Fraud Authority	Q4 and As Required
46	Undertake additional training as required by the Health Board or NHS Counter Fraud Authority.	As Required
47	Implementation of the revised case management CLUE3, as mandated by the NHS Counter Fraud Authority. Utilise system to record all fraud, bribery and corruption investigative activity, including all outcomes, recoveries and system weaknesses identified during investigations and/or proactive prevention and detection exercise in line with GovS 013 component 8.	Q1 and Throughout the Year
48	Provide regular reports and <i>ad hoc</i> information to NHS Counter Fraud Authority and Welsh Government as required	Throughout the Year
49	Review the Health Board's Counter Fraud Policy and Response Plan to ensure up to date and relevant contents as well as alignment to Government Functional Standards in line with GovS 013 component 4 and GovS 013 component 7.	Q2

## COUNTER FRAUD WORK PLAN 2021/22

STRATEGIC GOVERNANCE		
	TASK/OBJECTIVE	PROPOSED DELIVERY
50	Develop a system of outcome based metrics around 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 to enable targets to be set on an annual basis. Develop ability to evidence performance against set metrics in line with GovS 013 component 6.	Throughout the Year
51	Provide quarterly statistical reports to NHS Counter Fraud Authority and Welsh Government.	Quarterly
52	Review tools and resource to ensure Counter Fraud work can be sufficiently delivered.	Annually
<b>TOTAL DAYS ALLOCATED</b>		<b>50</b>

SUMMARY TOTALS		
	STRATEGIC AREA OF ACTIVITY	RESOURCE ALLOCATED (in days)
A	<b>INFORM AND INVOLVE</b>	90
B	<b>PREVENT AND DETER</b>	100
C	<b>HOLD TO ACCOUNT</b>	180
D	<b>STRATEGIC GOVERNANCE</b>	50
<b>TOTAL</b>		<b>420</b>

## COUNTER FRAUD WORK PLAN 2021/22

### Conclusion

Key areas of work for this year will be a focus on inform and involve and awareness raising to further embed the culture fostered over preceding years, as well as further developing area of work associated with Prevent and Deter, including building on Fraud Risk Analysis, identifying specific Fraud Risk based proactive exercises and recording outcomes on Clue3.

Overall, this work plan has been developed in response to identified fraud risks and in line with the Health Board's obligations derived from the new Welsh Government Directions on Counter Fraud Measures and the Welsh Government Directions on Counter Fraud Measures. The actions contained therein are aimed at reducing fraud, bribery and corruption within the Health Board to an absolute minimum and embedding an anti-fraud culture.

It is recommended that the Committee **approve** the work plan as presented.

**Huw Thomas**  
**Director of Finance**

**Ben Rees**  
**Lead Local Counter Fraud Specialist**

**For presentation to Audit and Risk Assurance Committee: 20<sup>th</sup> April 2021**

## COUNTER FRAUD WORK PLAN 2021/22

### Appendix 1 - Hywel Dda University Health Board Review of NHS Requirements Government Functional Standard 013 Counter Fraud



## Hywel Dda University Health Board Review of NHS Requirements Government Functional Standard 013 Counter Fraud

**Ben Rees**  
Head of Counter Fraud Services

**April 2021**



## COUNTER FRAUD WORK PLAN 2021/22

### Introduction

NHS Wales will introduce Government Functional Standards on Counter Fraud to replace NHS Counter Fraud Authority's (NHS CFA) 'NHS Counter Fraud Standards (Wales)' from 2021/22. The Quality Assessment will remain the same with oversight from NHS Counter Fraud Authority.

Full compliance with the new standards is not to be enforced until 2023/24, to allow organisations to adjust. A mapping process between new and former standards was undertaken by NHS CFA. A review of Health Board position from 2020 review against mapped standards is appended to this report for information (Appendix A).

From an initial assessment the Health Board is in a relatively healthy position to align to the new standards. Areas that will require development have been identified as:

**NHS Requirements Government Functional Standard 013 Counter Fraud (GovS 013) Component 3, Requirement 3 –** Fraud bribery and corruption risk assessment. This is something that has been worked on in 2020/21 in preparation for the new standards and work to date enabled the Health Board to receive a Green Rating against previous standards however, this is a developing area across NHS Wales and England and further work is required to fully comply with the new guidance. In order to achieve this, further guidance and assistance from NHS CFA on aligning this work to Government Counter Fraud Profession fraud risk assessment methodology is anticipated in 2021/22 which will subsequently be adopted and implemented within the Health Board. Work undertaken to date include Fraud Risk Assessments are to be undertaken following an investigation or identification of a particular risk, better reporting of identified risks to ARAC by way of including details of any assessments within the in committee paper and utilising FRA to identify future proactive activities. The new Clue3 system will allow the LCFS to record and monitor outcome of such activities and provide outcome based metrics to meet formal KPI's.

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## COUNTER FRAUD WORK PLAN 2021/22

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Further information on the Government Functional Standards and NHS Requirements to meet those standards is available at [Government Functional Standard 013 Counter Fraud | NHS Counter Fraud Authority | NHSCFA](#)

Functional Standard		Rating	Comments
GovS 013 Component 1 Requirement 1A	<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 NHSCFA at the earliest opportunity and in accordance with the nominations process.</p>	<b>GREEN</b>	<p>The University Health Board's Chief Executive Officer (CEO) and Director of Finance (DoF) are responsible for ensuring there are appropriate arrangements to counter fraud, and that procedures for dealing with suspected cases are complied with.</p> <p>The DoF is the delegated person responsible for providing strategic management on all aspects of economic crime. This is evidenced by the preparation of the antifraud, bribery and corruption work plan, agreement of the annual Self Review Tool (SRT), along with counter fraud annual report and progress reports presented on a quarterly basis to Audit &amp; Risk Assurance Committee (ARAC).</p> <p>Additional to this, the LCFS presents regular updates and briefings directly to the DoF and Assistant DoF when required with clear lines of communication between all parties.</p>

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
			<p>All nominations to NHSCFA for appropriate representatives are kept up to date and authorised by DoF.</p> <p>The DoF pro-actively links with other Executive Directors where issues cross corporate portfolios, in order to ensure that appropriate action is taken.</p> <p>NHSCFA QA reports are shared with both the DoF and Audit Committee.</p>
GovS 013 Component 1 Requirement 1B	<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 of the accountable board member</p>	<b>GREEN</b>	<p>There are clear communication lines with the Senior Health Board Management and Independent Members (IMs).</p> <p>Regular attendance at Audit Committee (AC) provides opportunity for members including, IMs and Senior Health Board Managers to be updated on matters and provide input on direction. Learning arising from LCFS work around risk reduction and investigation outcomes are shared with relevant leads and updates provided via the ARAC. If further action is required, this is recorded in minutes and/or Action Log and followed up at subsequent meetings.</p> <p>NHSCFA QA reports and SRT are shared with both the DoF and AC. The Health Board's IMs also hold a private meeting with the LCFS on an annual basis to discuss any issues arising.</p>

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
	<p>to provide assurance to the board surrounding the progress of their implementation.</p> <p>The organisation reports annually on how it has met the requirements set by NHSCFA in relation to counter fraud, bribery and corruption work, and details corrective action where requirements have not been met.</p>		<p>The AC is responsible for reviewing the adequacy and effectiveness of policies and procedures for work related to counter fraud. This includes the Policy &amp; Response Plan. The annual work plan, and so resource invested, is agreed and monitored by the DoF and AC Chair.</p> <p>The Health Board produces an annual report, which highlights the activities undertaken by the Counter Fraud Service, to demonstrate compliance to the NHS CFA guidance on working with fraud, bribery and corruption.</p> <p>This report is reviewed by both the DoF and Audit Committee (AC), before submission to the Board.</p> <p>The standards are reviewed on a regular basis and cross referenced against work undertaken by the Lead LCFS. The annual report is presented to the Director of Finance for approval and is presented to ARAC for approval and assurance of meeting the NHS standards. Additionally, as part of the Quality Assurance process, the Health Board undertakes a self-review exercise to assess continued compliance towards those set standards.</p>
GovS 013 Component 2 Requirement 2	The organisation aligns counter fraud, bribery and corruption work to the NHSCFA counter fraud, bribery and corruption strategy. This is documented in the organisational over-arching strategy or counter fraud, bribery and corruption	<b>GREEN</b>	The Health Board has a Counter Fraud Policy & Response Plan in place which includes the overall strategic aims of counter fraud work and operational response aligned to the NHSCFA counter fraud, bribery and corruption strategy.

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
	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>In addition to this, the Health Board has a Standards of Behaviour Policy which incorporates professional behaviour with reference to fraud, corruption and the Bribery Act 2010.</p> <p>Awareness work around requirements is carried out by both the Corporate Governance Team and LCFS. Proactive work is carried out utilising databases such as the National Fraud Initiative (NFI) to assist in measuring compliance levels. Having proactively promoted the polices there has been a demonstrable increase in returns / compliance.</p> <p>An annual work plan is developed in line with key objectives of the strategy, alignment to national standards and includes response to nationally and locally identified risks. The resource within the annual work plan is proportionally allocated according to need in the context of 4 strategic areas of counter fraud work. The Counter Fraud Policy and work plan are reviewed (within the policy review cycle) and agreed by DoF and Audit Committee.</p>
GovS 013 Component 3 Requirement 3	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	AMBER	Comprehensive risk assessments are carried out in line with the methodology contained within the Health Board's Risk Management Policy. The Health Board's DATIX system has a fraud specific module allowing local managers to add fraud risks to the system. The fraud module is linked to the LCFS who receives automatic updates to new risks added or changes to existing risks. The annual counter fraud work is

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard	Rating	Comments
<p>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 risks within any associated sub company of the NHS organisation.</p>		<p>informed by these risk assessments. The work plan is reviewed and agreed by the DoF and Audit Committee (AC), who monitor progress and receive updates. The level of pro-active resource committed and approved by the DoF and AC, is broadly in line with guidance previously provided by NHS Counter Fraud Authority (NHSCFA). This demonstrates Health Board commitment and support at a senior level to counter fraud work.</p> <p>Actions to improve rating will be undertaken or arrangements have already been agreed and will be embedded in next review cycle. These include:</p> <ul style="list-style-type: none"> <li>• NHSCFA is to develop and release a national fraud risk directory for use at a local level to undertake assessments on an increased basis. Assessed risks will be included on the Finance Risk Register and an organisational fraud risk profile will be developed.</li> <li>• Actions and recommendations arising from a risk assessment will be fed back to Audit Committee by way of an in-committee paper and any outstanding actions recorded and monitored.</li> <li>• Fraud risk assessments will also take into account fraud risks within any associated sub company of the NHS organisation, including primary care partners.</li> </ul>

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
			<p>The new Clue 3 crime recording programme due to be rolled out by NHSCFA on the 01<sup>st</sup> April 2021 will significantly improve the ability to record data associated with known risks and outcomes associated with subsequent proactive work undertaken, allowing the Health Board to demonstrate value associated with such proactivity.</p> <p>The LCFS operates from a dedicated office with a secure storage area for the retention of confidential material. The LCFSs have the full support of the DoF who facilitates access to all NHS systems where required. Use of secure email/file transfer is promoted where required, and liaison with information governance can be demonstrated to ensure integrity of data gathered and held.</p> <p>The LCFS has built good working relationships with key staff groups and regular meetings and/or exchanges of information can be evidenced between them. The LCFS has received referrals for investigation as a result of this cross-functional working as well as identification of fraud risks which can then be managed appropriately.</p>
GovS 013 Component 4 Requirement 4	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.	<b>GREEN</b>	<p>The Health Board has a Counter Fraud Policy &amp; Response Plan in place which includes the overall strategic aims of counter fraud work and operational response aligned to the NHSCFA counter fraud, bribery and corruption strategy.</p> <p>In addition to this, the Health Board has a Standards of Behaviour Policy which incorporates professional</p>

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
	The plan is reviewed, evaluated and updated as required, and levels of staff awareness are measured.		<p>behaviour with reference to fraud, corruption and the Bribery Act 2010.</p> <p>Executive approval of the document is received via the Audit Committee and Policy Review Process.</p> <p>The policy is available to all staff within the counter fraud pages of the intranet and under the policies pages. The Policy is actively promoted within the Health Board s programme of awareness. Issues relating to bribery and fraud are also referenced within the Standards of Behaviour Policy.</p> <p>Staff awareness of these key policy documents is measured using questionnaires and a survey.</p> <p>From the 01<sup>st</sup> May 2021 a Counter Fraud online training package will be mandatory for all employees, this will further embed employees understanding of Fraud Bribery and Corruption within the NHS, further develop a Counter Fraud culture and raise awareness of the Health Board’s policies in relation to this area.</p>
GovS 013 Component 5 Requirement 5	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	<b>GREEN</b>	<p>The Health Board has a Counter Fraud Policy &amp; Response Plan in place which includes the overall strategic aims of counter fraud work and operational response aligned to the NHSCFA counter fraud, bribery and corruption strategy.</p> <p>An annual work plan is developed in line with key objectives of the strategy, alignment to national</p>



## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
	objectives. The plan is agreed, and progress monitored by the audit committee (or equivalent body).		<p>standards and includes response to nationally and locally identified risks. The resource within the annual work plan is proportionally allocated according to risk based need in the context of 4 strategic areas of counter fraud work. The plan is presented to the Audit Committee, who review and agree in conjunction with the DoF.</p> <p>Progress against this work plan is monitored and evaluated throughout the year with regular meetings with DoF and regular reporting to Audit Committee. Objectives and activity are planned around milestones in year to allow progress to be monitored effectively and achievements met.</p> <p>The LCFS has built good working relationships with key staff groups and regular meetings and/or exchanges of information can be evidenced between them. The LCFS has received referrals for investigation as a result of this cross-functional working as well as identification of fraud risks which can then be managed appropriately.</p>
GovS 013 Component 6 Requirement 6	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	<b>RED</b>	No outcome-based metrics have been set previously in the context of counter fraud work. This is a new requirement derived from the new standards and work will be undertaken against this element will be undertaken from the 01 <sup>st</sup> April 2021.

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
	<p>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>An activity has been included in the 2021/22 Counter Fraud work plan to develop a system of outcome based metrics around 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 to enable targets to be set on an annual basis. Reporting of performance against set metrics will also be developed.</p> <p>Clue3, the new case management system, includes recording and reporting mechanisms for proactive and reactive outcomes of counter fraud work. The system is to be rolled out in April 2021.</p>
GovS 013 Component 7 Requirement 7	<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>	<b>GREEN</b>	<p>The Health Board has well documented reporting routes for any party to report incidents of fraud, bribery and corruption. Reporting routes are formalised in the Counter Fraud Policy &amp; Response Plan and Bribery Policy. This includes NHSCFA Fraud and Corruption Reporting Line and Online Reporting Tool. The reporting routes are publicised on the Health Board's intranet and internet sites and are included within the counter fraud awareness programme for the Health Board.</p> <p>The effectiveness is evaluated by use of statistical referral data and this is reported to DoF and Audit Committee regularly. Staff awareness is measured via survey and such an exercise is planned in Q1 and again at the end of Q1 2022 to review the effectiveness of the</p>

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
			<p>introduction of the Counter Fraud mandatory training package.</p> <p>The Health Board has in place an 'All Wales NHS staff to Raise Concerns Procedure', aka whistleblowing policy, which provides reassurance to all staff that concerns will be recorded, reviewed and actioned where appropriate.</p> <p>The LCFS has built good working relationships with key staff groups and regular meetings and/or exchanges of information can be evidenced between them. The LCFS has received referrals for investigation as a result of this cross-functional working as well as identification of fraud risks which can then be managed appropriately.</p>
GovS 013 Component 8 Requirement 8	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 exercise.	AMBER	<p>The Health Board currently utilises the FIRST case management system and will migrate to Clue3 in April 2021.</p> <p>FIRST is an information gathering, intelligence, disseminating and case management toolkit provided by NHS CFA. The FIRST case management system is used by accredited counter fraud specialists to ensure that compliance with CPIA is adhered and to record allegations of fraud, bribery and corruption. Additionally, recorded on the FIRST would be system weaknesses, and progress against the enquiry, alongside documented intelligence surrounding the subject of concern, but has no functionality to record</p>

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
			<p>outcomes of proactive prevention and detection exercises.</p> <p>The Health Board supports all investigations of fraud, bribery and corruption with adherence to legislative requirements and the guidance outlined in the NHS Anti-fraud manual and case file toolkit. This being evidenced in the investigation plans and recorded actions undertaken by the LCFS on the FIRST system. FIRST has been utilised by the LCFS throughout 2020/21, however it will no longer be in use from the 01<sup>st</sup> April 2021.</p> <p>As mentioned, Clue3 will live from the 01<sup>st</sup> April 2021 and it will provide an opportunity to record outcomes of proactive prevention and detection exercises. Outcomes from this work will be recorded on the system from point of rollout. Additionally, a formula has been developed and included within Clue3 to standardise the calculation and reporting of identified fraud loss and ongoing savings/preventions values. Use of Clue3 in these ways will ensure uplift of rating to Green.</p>
GovS 013 Component 9 Requirement 9	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	<b>GREEN</b>	The Health Board currently employs 2 full time Local Counter Fraud Specialists (LCFS). The Lead is qualified, nominated and accredited, whilst the LCFS is again suitably qualified and currently undertaking accreditation by an approved trainer. Following accreditation, the LCFS will be nominated and recorded as an approved LCFS by NHSCFA. Both conduct the

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard	Rating	Comments
	<p>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>full range of anti-fraud, bribery and corruption work on behalf of the organisation.</p> <p>The LCFS' work to a Counter Fraud work plan devised around the 4 strategic areas outlined within the NHS CFA Standards and organisational risks which is approved by the DoF and ARAC. The LCFSs continue to receive relevant training to enhance their abilities to deliver the role effectively</p> <p>The LCFS attend all necessary training and continuous professional development events as required to appropriately fulfil their role on an ongoing basis. Practical application of skills is demonstrable.</p> <p>The LCFS undertakes all interviews under caution in accordance with Code C of the Police and Criminal Evidence Act 1984, and retains documented details surrounding interviews completed.</p> <p>The LCFS completes witness statements in accordance with national guidelines and ensures that competency to deliver the service is maintained and reviewed. Witness statements are reviewed in line with issued guidance to ensure best practice is maintained.</p> <p>NHS Counter Fraud Services Wales provide annual training to the LCFS around topical area, including achieving best evidence by way of witness statements, Interviews of suspects and disclosure of third-party material.</p>

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
			Relevant training will be undertaken in line with emerging risks, in 2021 the Lead LCFS has undertaken Risk Management training, to better understand and deliver Fraud Risk Assessments in line with the standards.
GovS 013 Component 10 Requirement 10	<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>	<b>GREEN</b>	<p>The LCFS has a close working relationship with NHS Wales Shared Services Partnership (NWSSP), internal audit, Primary care Post-Payment Verification, Local Intelligence Network and Payroll in relation to identifying system weaknesses and sharing concerns, regular meetings are held with these parties. In these instances, available information is shared at an early stage and is included for the attention of ARAC. Where anomalies are found they are acted upon promptly resulting in positive outcomes in terms of investigations, recovery of monies and/or risk management/mitigation when appropriate.</p> <p>The Health Board is proactive in ensuring that all appropriate fraud, bribery and corruption guidance is communicated. This being illustrated in relation to global emails, to staff and primary care leads in relation to fraud trends, with clear guidance from NHS CFA included. Follow up reviews and awareness reminder messages are provided to ensure distributed alerts, bulletins and guidance have been understood and adhered to. Risk assessments are undertaken in relation to guidance issued where necessary to effectively manage new and emerging fraud risks.</p>

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard	Rating	Comments
		<p>The Health Board ensures that all new staff are subject to the pre-employment checks as prescribed by regional processes, as recommended by NHS Employers. Assurance is sought from any employment agencies used that the staff they provide have been subject to adequate vetting checks, in line with guidance from NHS CFA and NHS Employers, and where concerns are reported, investigations are taken to gain verification of the checks made. This process will be vetted in 20/21 with proactive exercises planned around use of agency staff and internal recruitment.</p> <p>NWSSP Procurement support the Health Board's tendering process via the multiquote, Bravo and/or OJEU systems and processes which ensures that appropriate checks and systems are in place to meet the requirements of this standard. Standing Financial instructions are adhered to where processes are regularly reviewed and checked. Additional to this, liaison with internal audit can allow review of risks when presented, and promotion of the relevant procurement processes are encouraged through awareness sessions presented by Counter Fraud. Risk assessments have been undertaken in 2020/21 in relation to guidance issued by NHS CFA around Procurement Fraud; controls were assessed as offering good mitigation to fraud risks. Further work will be undertaken on this issue in 2021/22.</p>

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
			<p>NWSSP are responsible for ensuring that appropriate procedures are in place. Appropriate alerts and prevention notices are disseminated to the Accounts Payable Manager, and the relevant financial leads for appropriate signatory assurance, and assessment of validation of invoices, and assessment of stock / service received in line with the contract agreed . The system operated ensures that a robust approach is taken when changes are requested to change bank account details of a supplier to prevent being subject to a fraudulent action. Risk Assessments have been undertaken in line with guidance issued by NHS CFA; controls were assessed as offering good mitigation to fraud risks.</p> <p>LCFS review Final Internal and External Audit reports and meet with the Head of IA to share details on identified risk. This would include instances where data mining or sampling has highlighted outliers or concerns. A PPV programme is undertaken in respect of GPs, Opticians and Pharmacies, with final reports received by the LCFS. Meetings are held with the PPV Manager. Checks on payroll returns are undertaken following payroll runs. These include net pay increases and amendments to permanent data files. The Health Board also participates in the NFI process.</p> <p>The organisation circulates and/or implements all relevant fraud, bribery and corruption prevention guidance, intelligence bulletins and alerts issued by</p>



## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
			<p>NHSCFA or NHS CFS Wales. The organisation also issues local anti-fraud, bribery and corruption warnings and alerts to all relevant staff in a comprehensive, systematic and timely manner. Work is currently underway to develop mechanisms to measure compliance with, and the impact of, the revised policy.</p> <p>Actions aimed at increasing rating in this area include:</p> <ul style="list-style-type: none"> <li>• Proactive exercise around a strategic fraud risk of pre-employment checks was commenced in the last financial year and will be finalised in Quarter 1 2021/22</li> <li>• Further work around risk assessment informing an increase in proactive work will be undertaken in next financial year.</li> <li>• Clue3 will be used to record proactive work and subsequent outcomes.</li> </ul>
GovS 013 Component 11 Requirement 11	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.	<b>GREEN</b>	<p>The Health Board has an ongoing programme of work to raise awareness of economic crime issues amongst all staff, using a range of methods to ensure the widest possible audience.</p> <p>Key methods of delivering this are our virtually delivered presentations and our Counter Fraud mandatory e-learning package, supported by newsletters and intranet pages, all of which promote;</p> <ul style="list-style-type: none"> <li>• the NHSCFA reporting line and online reporting tool,</li> </ul>

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
	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.		<ul style="list-style-type: none"> <li>the Health Board's counter fraud strategy and the role of the LCFS.</li> </ul> <p>Payslip messages and posters are also utilised to raise awareness. Except for payslip messages, all the foregoing covers primary care contractors as well as Health Board sites. Success will be measured using questionnaires and surveys.</p> <p>The Health Board includes Counter Fraud information as part of its induction programme and the LCFS provides an input within the Medicines Management and Managers Passport Programme.</p> <p>Physical attendance at sites within the Health Board have also added to enhancement of an anti-fraud culture. Internal and External Web pages have also been updated, alongside frequent use of global messages and twitter.</p> <p>The LCFS delivered a virtual Fraud Awareness Week, proactively engaging with both employees and the public disseminating counter fraud literature. Bespoke training is offered upon request by service managers and tailored training has been delivered to high risk areas. Many sessions are evaluated through feedback summaries. Statistics are maintained and analysed to assess indicative awareness levels within the Health Board.</p>

## COUNTER FRAUD WORK PLAN 2021/22

Functional Standard		Rating	Comments
<p>GovS 013 Component 12 Requirement 12</p>	<p>The organisation has a managing conflicts of interest policy and registers that include gifts and hospitality that is proactively communicated to all staff.</p> <p>The managing conflicts of interest policy and registers that include gifts and hospitality is fully implemented and is demonstrably effective.</p> <p>The organisation measures levels of awareness of the managing conflicts of interest policy and registers that include gifts and hospitality among staff.</p> <p>The results are used to determine where further awareness raising needs to be undertaken.</p>	<p><b>GREEN</b></p>	<p>The Health Board has a Standards of Behaviour Policy which incorporates professional behaviour (including, declarations of interest, gifts, hospitality and sponsorship) with reference to fraud, corruption and the Bribery Act 2010.</p> <p>Awareness work around requirements is carried out by both the Corporate Governance Team and LCFS. Proactive work is carried out utilising databases such as NFI. here has been a demonstrable increase in returns received by the Corporate Governance Team.</p> <p>Awareness work around requirements is carried out by both the Corporate Governance Team and LCFS. Proactive work is carried out utilising databases such as the National Fraud Initiative (NFI) to assist in measuring compliance levels. Having proactively promoted the polices there has been a demonstrable increase in returns / compliance.</p> <p>An increase in Fraud Risk Assessments will assist in developing actions / proactive exercises to mitigate risks, such as actively promoting declarations of interest and Fraud awareness to high risk groups of staff.</p>

## COUNTER FRAUD WORK PLAN 2021/22

### Appendix A – Mapping of New Government Functional Standards to Previous NHS Counter Fraud Standards Wales

#### Strategic Governance

NHSCFA Standard		2020 NHSCFA Standards Rating	Functional Standard	Notes
1.1	A member of executive board accountable	GREEN	Component 1 NHS Requirement 1A	
1.2	Non-executive or lay members accountable for assurance	GREEN	Component 1 NHS Requirement 1B	
1.3	Employs/contracts accredited LCFS	GREEN	Component 9 NHS Requirement 9	
1.4	Comprehensive risk assessment	GREEN	Component 3 NHS Requirement 3	
1.5	Annual report	GREEN	Component 1 NHS Requirement 1B	
1.6	Counter fraud work necessary tools and resources	GREEN		Referenced in NHS Requirements 3 and 5.
1.7	Lines of communication	GREEN		Referenced in NHS Requirements 3, 5 and 7. Includes evidence in the use of the approved NHS Fraud Case Management System.

## COUNTER FRAUD WORK PLAN 2021/22

### Inform & Involve

NHSCFA Standard		2020 NHSCFA Standards Rating	Functional Standard	Notes
2.1	Ongoing programme of fraud awareness	<b>GREEN</b>	Component 11 NHS Requirement 11	
2.2	Fraud, bribery and corruption policy	<b>GREEN</b>	Component 4 NHS Requirement 4	
2.3	Liaison with organisations and agencies	<b>GREEN</b>		Manual of guidance advises on information requests. Further evidenced by use of the approved NHS Fraud Case Management System.
2.4	Code of conduct (inc. Bribery Act 2010)	<b>GREEN</b>	Component 12 NHS Requirement 12	

### Prevent & Deter

NHSCFA Standard		2020 NHSCFA Standards Rating	Functional Standard	Notes
3.1	Review policies	<b>GREEN</b>		Manual of guidance.
3.2	Use of info/intel to ID anomalies FBC	<b>GREEN</b>	Component 10 NHS Requirement 10	

## COUNTER FRAUD WORK PLAN 2021/22

NHSCFA Standard		2020 NHSCFA Standards Rating	Functional Standard	Notes
3.3	Issue, implement, comply with FBS intel bulletins	<b>GREEN</b>		Amalgamated into NHS Requirement 10
3.4	Pre-employment checks	<b>GREEN</b>		Amalgamated into NHS Requirement 10
3.5	Prevent, deter, detect - Procurement	<b>GREEN</b>		Amalgamated into NHS Requirement 10
3.6	Prevent, deter, detect - Invoice	<b>GREEN</b>		Amalgamated into NHS Requirement 10

### Hold to Account

NHSCFA Standard		2020 NHSCFA Standards Rating	Functional Standard	Notes
4.1	Record on case management system (CMS)	<b>GREEN</b>	Component 8 NHS Requirement 8	
4.2	Use CMS in investigations	<b>GREEN</b>	Component 8 NHS Requirement 8	
4.3	Pursue sanctions	<b>GREEN</b>		Manual of guidance. Further evidenced by use of the approved NHS Fraud Case Management System.

## COUNTER FRAUD WORK PLAN 2021/22

NHSCFA Standard			Functional Standard	Notes
4.4	Witness statements	<b>GREEN</b>		Evidence for NHS Requirement 9
4.5	Interviews under caution	<b>GREEN</b>		Evidence for NHS Requirement 9
4.6	Recovery of losses	<b>GREEN</b>		Manual of guidance. Further evidenced by use of the approved NHS Fraud Case Management System.