

**FRAUD, BRIBERY AND CORRUPTION STANDARDS FOR NHS BODIES (WALES)
DRAFT SELF REVIEW TOOL (SRT) SUBMISSION 2020 (SBUHB)**

KEY PRINCIPLE 1: STRATEGIC GOVERNANCE			
	Standard	Level	Assessment
1.1	A member of the executive board or equivalent body is accountable for provision of strategic management of all counter fraud, bribery and corruption work within the organisation. The accountable board member is responsible for the provision of assurance to the executive board in relation to the quality and effectiveness of all counter fraud, bribery and corruption work undertaken.	Green	The CEO is responsible for ensuring there are appropriate arrangements to counter fraud, and that procedures for dealing with suspected cases are complied with. This responsibility is delegated to the Director of Finance (DoF) who agrees the annual SRT and Work Plan prior to approval by the Audit Committee. All economic crime matters, including progress against the Plan are discussed/reviewed during DoF meetings. Where action is required, this is recorded in the meeting notes and followed up at subsequent meetings. The DoF pro-actively links with other Executive Directors where issues cross corporate portfolios, in order to ensure that appropriate action is taken. NHSCFA QA reports are shared with both the DoF and Audit Committee.
1.2	The organisation's non-executive directors or lay members and board/governing level senior management are accountable for gaining assurance that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present within the organisation. Board level evaluation of the effectiveness of counter fraud, bribery and corruption work undertaken should be documented. Where recommendations have been made by NHSCFA following an assessment, it is the responsibility of the accountable board member to provide assurance to the board surrounding the progress of their implementation.	Green	The Audit Committee (AC) is responsible for ensuring the HB has adequate arrangements to counter fraud that meet NHSCFA Standards, and for reviewing outcomes of work in this area. It is also responsible for reviewing the adequacy/effectiveness of policies and procedures for work related to counter fraud. This includes the Policy & Response Plan. Board support is evident by its inclusion in Standing Orders. The work plan, and so the resource invested, is agreed and monitored by the Director of Finance (DoF) and AC. The LCFS attends AC, with all counter fraud reports signed-off by DoF. If further action is required, this is recorded in minutes and followed up at subsequent meetings. NHSCFA QA reports and SRT are shared with DoF and AC.

	Standard	Level	Assessment
1.3	The organisation employs or contracts in one or more accredited, nominated LCFSs to undertake the full range of counter fraud, bribery and corruption work, including proactive work to prevent and deter fraud, bribery and corruption and reactive work to hold those who commit fraud, bribery and corruption to account.	Green	The Health Board directly employs nominated and accredited LCFS, who conduct the full range of anti-fraud, bribery and corruption work on behalf of the organisation. The nominated LCFS attend all necessary training and continuous professional development events as required to appropriately fulfil their role on an ongoing basis.
1.4	The organisation has carried out comprehensive risk assessments to identify fraud, bribery and corruption risks, and has counter fraud, bribery and corruption provision that is proportionate to the level of risk identified. Risks are recorded and managed in line with the organisation's risk management policy, and are included on appropriate risk registers. Measures to mitigate identified risks are included in an organisational work plan, progress is monitored at a senior level within the organisation and results are fed back to the audit committee.	Amber	Comprehensive risk assessments are carried out in line with the methodology contained within the Health Board's Risk Management Policy. The annual counter fraud work is 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 CFSMS (now NHSCFA). This demonstrates HB commitment and support at a senior level to counter fraud work. Further work will be undertaken in conjunction with the Head of Risk to ensure that fraud risks are fully recorded and embedded within the DATIX system.
1.5	The organisation reports annually on how it has met the standards set by the NHSCFA and NHS CFS Wales in relation to counter fraud, bribery and corruption work, and details corrective action where standards have not been met.	Green	The Health Board produces an annual report on counter fraud work undertaken, in line with NHS Counter Fraud Authority (CFA) guidance. This report is reviewed by both the Director of Finance and Audit Committee, before submission to the Board.

	Standard	Level	Assessment
1.6	<p>The organisation ensures that those carrying out counter fraud, bribery and corruption work have all the necessary tools and resources to enable them to carry out their role efficiently, effectively and promptly.</p> <p>This includes (but is not limited to) access to IT systems and access to secure storage.</p>	Green	<p>LCFS have access to secure IT systems and storage. Internet access is in place, including key sites such as NHSCFA Extranet and FIRST. LCFS also have access to key HB systems, including ESR and Payslips. All Team members have NHS Wales and CJSM e-mail accounts. LCFS accommodation is located in a secure building with access controlled by electronic keypad entry. Access to the LCFS office is through a door secured by an alpha-numeric lock. Case files and other sensitive information are stored in locked filing cabinets. The LCFS reports and has unfettered access to the Audit Committee. The LCFS have full access to all employees of the HB, up to and including those at Exec level, as required.</p>
1.7	<p>The organisation ensures that there are effective lines of communication between those responsible for counter fraud, bribery and corruption work and other key staff groups and managers within the organisation, including (but not limited to) audit, risk, finance, communications and human resources. There is evidence of positive outcomes as a result of this liaison.</p>	Green	<p>The HB has a Counter Fraud Comms Strategy, which is regularly reviewed by LCFS and Head of Comms. The LCFS has put an information sharing protocol (ISP) in place with the Workforce and Organisational Development function, and was involved in producing the all-Wales ISP with NWSSP Audit & Assurance and PPV. The LCFS is also a member of the HB Controlled Drugs Local Intelligence Network. Output demonstrating effectiveness includes successful disciplinary sanctions and requests for assistance received, as well as positive feedback regarding publication of cases as an effective prevention/deterrence tool, and risk areas highlighted to Internal Audit for consideration in their work programme.</p>
STRATEGIC GOVERNANCE RISK		Green	

KEY PRINCIPLE 2: INFORM AND INVOLVE			
	Standard	Level	Assessment
2.1	The organisation has an ongoing programme of work to raise awareness of fraud, bribery and corruption. This should cover the NHSCFA's Fraud and Corruption Reporting Line and online fraud reporting tool, and the role of the accredited counter fraud specialist. Content may be delivered through presentations, newsletters, leaflets, posters, intranet pages, induction materials for new staff, emails and other media, making use of the NHSCFA's fraud awareness <u>toolkit</u> as appropriate. The effectiveness of the awareness programme is measured.	Green	The HB 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. Chief amongst these are our face-to-face presentations and e-learning package, supported by newsletters and intranet pages, all of which highlight NHSCFA reporting line and online reporting tool, and the role of the LCFS. Payslip messages and posters are also utilised to raise awareness. With the exception of payslip messages, all of the foregoing covers primary care contractors as well as HB sites. Success is measured using questionnaires and a survey. The LCFS also participated in the all-Wales working group which produced the e-induction fraud awareness package.
2.2	The organisation has a counter fraud, bribery and corruption policy that follows the NHSCFA's strategic guidance, publicises the NHSCFA's Fraud and Corruption Reporting Line and online reporting tool, and has been approved by the executive body or senior management team. The policy is reviewed, evaluated and updated as required, and levels of staff awareness are measured.	Green	The Health Board has a Counter Fraud Policy & Response Plan (CFP&RP) in place, which prominently promotes the NHSCFA Fraud and Corruption Reporting Line and online reporting tool. The CFP&RP is regularly updated, and publicised via the HB Intranet site. Board level support and sign-off is evident by its inclusion as part of Standing Orders. The HB has also produced a Bribery Policy, which sets out the responsibilities of the Health Board and its staff in preventing bribery and corruption, and provides information and guidance on how to recognise and deal with bribery and corruption issues. Staff awareness of these key policy documents is measured using questionnaires and a survey.

	Standard	Level	Assessment
2.3	The organisation liaises proactively with other organisations and agencies (including local police, local authorities, regulatory and professional bodies) to assist in countering fraud, bribery and corruption. All liaison complies with relevant legislation, such as the <u>Data Protection Act 1998 - General Data Protection Regulation (GDPR)</u> , and with relevant organisational policies. The organisation can demonstrate improved investigative and operational effectiveness as a result of the liaison.	Green	The HB is able to demonstrate effective liaison with external agencies over recent years, which has had a demonstrable positive impact in countering fraud, bribery and corruption. These have included, UK Visas and Immigration, South Wales Police, NMC, the Health & Care Professionals Council, and County Borough Councils. The LCFS also sit on the Western Bay Local Intelligence Network, whose membership includes (amongst others) representatives from South Wales Police, Health Inspectorate Wales, General Pharmaceutical Council and CSSIW. The HB also participates fully with the NFI process.
2.4	The organisation has a fully implemented code of conduct that includes reference to fraud, bribery and corruption and the requirements of the <u>Bribery Act 2010</u> . The effectiveness of the implementation of the process and staff awareness of the requirements of the code of conduct are regularly tested.	Green	The HB Standards of Business Conduct, part of Standing Orders, refers to fraud and the Bribery Act and is available to all staff. It has been publicised via the intranet, and awareness is evaluated via the fraud awareness survey. The HB has also produced a Bribery Policy, again available to all staff. An explanatory note on the Bribery Act has been circulated, with key messages regarding the offer and acceptance of gifts and hospitality included in the Counter Fraud Newsletter. The gifts and hospitality register is reviewed by the Audit Committee. Both the Business Conduct and Bribery Policies are also covered during fraud awareness presentations.
	INFORM AND INVOLVE RISK	Green	

KEY PRINCIPLE 3: PREVENT AND DETER			
	Standard	Level	Assessment
3.1	<p>The organisation reviews new and existing relevant policies and procedures, using audit reports, investigation closure reports and guidance from the NHSCFA and NHS CFS Wales, to ensure that appropriate counter fraud, bribery and corruption measures are included. This includes (but is not limited to) policies and procedures in human resources, standing orders, standing financial instructions and other finance and operational policies. The organisation evaluates the success of the measures in reducing fraud, bribery and corruption, where risks have been identified.</p>	Green	<p>Policies and paper-based procedures are fraud-proofed using the template guidance issued by NHS Protect (now NHSCFA). The LCFS will liaise with the policy owner in order to agree the wording of any proposed changes, as well as the most appropriate way in which to publicise the revised policy. This may include intranet articles, targeted communication to specific staff groups or locations, or presentations. Where appropriate pro-active work will be undertaken to measure compliance with, and the impact of, the revised policy.</p>
3.2	<p>The organisation uses relevant information and intelligence to identify anomalies that may be indicative of fraud, bribery and corruption and takes the appropriate action, including proactive exercises, to address them.</p> <p>Relevant information and intelligence may include (but is not limited to) internal and external audit reports, evidence of primary care work, information on outliers, recommendations in investigation reports and information from payroll. The findings are acted upon promptly.</p>	Green	<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. Pro-active analytical review of Primary Care Dental Contractor Multiple FP17 reports is also undertaken by LCFS. 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 HB also participates in the NFI process.</p>

	Standard	Level	Assessment
3.3	<p>The organisation issues, implements and complies with all appropriate fraud, bribery and corruption intelligence bulletins, prevention guidance and alerts issued by the NHSCFA or NHS CFS Wales.</p> <p>In addition, the organisation issues local counter fraud, bribery and corruption warnings and alerts to all relevant staff following guidance in the NHSCFA Intelligence Alerts, Bulletins and Local Warnings Guidance.</p> <p>The organisation has an established system of follow up reviews to ensure that it remains vigilant and that all appropriate action has been taken.</p>	Green	<p>The organisation circulates and/or implements all relevant fraud, bribery and corruption prevention guidance, intelligence bulletins and alerts issued by NHS CFA 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. Where appropriate, the Health Board will undertake pro-active follow-up work to ensure effective implementation.</p>
3.4	<p>The organisation ensures that all new staff are subject to the appropriate level of pre-employment checks, as recommended by NHS Employers, before commencing employment within the organisation. Assurance is sought from any employment agencies used that the staff they provide have been subject to adequate vetting checks, in line with guidance from NHS CFS Wales, <u>NHS Employers</u> and the <u>Home Office</u>.</p>	Green	<p>The most recent Internal Audit reviews of recruitment process derived reasonable/substantial assurance. Results of previous LCFS pro-active exercises were also positive. Operational recruitment staff have received training from UKBA as well as the Senior Management Team, and a presentation from LCFS confirming the correct route to report suspected fraud. Existing HB staff would be subject to review to ensure their circumstances had not changed upon a change in their roles. Responsibilities for pre-employment checks on agency staff are built into contracts.</p>

	Standard	Level	Assessment
3.5	The organisation has proportionate processes in place for preventing, deterring and detecting fraud, bribery and corruption in procurement.	Amber	Copies of the document 'Pre-Contract Procurement Fraud & Corruption: Guidance for Prevention & Detection' have been provided to key procurement staff dealing with ABMU procurements in order to facilitate risk/self-assessment, as well as to the Director of Corporate Governance. In addition, the HB has taken further steps to strengthen its systems and processes in respect of declarations of interests. The HB has participated full in the NHSCFA nation procurement prevention exercise, and, will continue during the coming year.
3.6	The organisation has proportionate processes in place for preventing, deterring and detecting invoice fraud, bribery and corruption, including reconciliation, segregation of duties, processes for changing supplier bank details and checking of deliveries.	Amber	A copy of the NHSCFA document Guidance for Prevention and Detection of Invoice Fraud has been supplied to the Head of P2P. Regular fraud alerts have also been shared in respect of attempted bank mandate frauds. The LCFS has previously met with NWSSP Audit & Assurance colleagues in order to establish and discuss the work programme and testing undertaken in this area in order to confirm controls in respect of master file amendments have been included.
PREVENT AND DETER RISK		Green	

KEY PRINCIPLE 4: HOLD TO ACCOUNT			
	Standard	Level	Assessment
4.1	The organisation ensures that the case management system is used to record all reports of suspected fraud, bribery and corruption, to inform intelligence held nationally by the NHSCFA and NHS CFS Wales. The case management system is also used to record all system weaknesses identified during the course of investigations and/or proactive prevention and detection exercises.	Amber	All reports of suspected fraud, bribery and corruption are input to the case management system where one piece of reliable information has been identified. All system weaknesses identified are also input to the case management system. The Lead LCFS periodically reviews entries on the case management system.
4.2	The organisation uses the case management system to support and progress the investigation of fraud, bribery and corruption allegations, in line with the NHSCFA's guidance.	Amber	Administration fields and case progress records are updated for all cases. Similarly, all sanctions and system weaknesses are recorded, and case closure reports uploaded. Witness statements and exhibits are not currently being uploaded, as the case management system does not currently support the submission of prosecution files.
4.3	The organisation shows a commitment to pursuing, and/or supporting the NHSCFA and NHS CFS Wales in pursuing, the full range of available sanctions (criminal, civil, disciplinary and regulatory) against those found to have committed fraud, bribery or corruption in primary and secondary care sectors, as detailed in the NHSCFA guidance and following the advice of the Operational Fraud Manager in NHS CFS Wales.	Green	The organisation seeks to apply the full range of sanctions appropriate to the circumstances of each individual case, and fully supports CFS Wales in doing so wherever relevant. Criminal sanctions, internal and external disciplinary sanctions and civil recoveries achieved evidence the commitment to the triple-tracking approach. Executive support and sign-off is evidenced by the inclusion of the Counter Fraud Policy and Response Plan as part of the Health Board's Standing Orders. Where appropriate, criminal sanctions achieved are publicised to maximise the deterrent effect.

	Standard	Level	Assessment
4.4	The organisation completes witness statements that follow best practice, and comply with national guidelines.	Green	Witness statements are completed in line with best practice and national guidelines, covering processes, incidents and exhibits as appropriate. The Health Board uses the Witness Statement Review Template in order to evaluate the statements taken, and to improve this work.
4.5	Interviews under caution are conducted in line with the National Occupational Standards (CJ201.2) and the Police and Criminal Evidence Act 1984.	Green	Interviews under caution are conducted in line with all applicable legislation and best practice. The Health Board uses the Interview Under Caution Review Template in order to evaluate the interviews taken, and to improve this work.
4.6	The organisation seeks to recover, and/or supports the NHSCFA and NHS CFS Wales in seeking to recover, NHS funds that have been lost or diverted through fraud, bribery and corruption, following an assessment of the likelihood and financial viability of the recovery. The organisation publicises cases that have led to successful recovery of NHS funds.	Green	The Health Board Counter Fraud Policy and Response Plan sets out the organisation's policy to take appropriate steps to recover any assets lost as a result of fraud. Records of recoveries are maintained electronically, and as part of the individual case file. Where appropriate, successful recoveries of NHS funds are publicised in order to maximise their deterrent value. Each case is reviewed individually to evaluate and improve the success of work in this area.
	HOLD TO ACCOUNT RISK	Green	
	OVERALL RISK	Green	

I declare that the anti-fraud, bribery and corruption work carried out during the year to date has been self reviewed against the NHS CFA Standards for Providers anti-fraud, bribery and corruption As the responsible member of the executive board or equivalent body I confirm that by ticking this authorisation box the information contained in this self-review for SWANSEA BAY UNIVERSITY LHB is correct and complete.

Signed: Darren Griffiths.....Interim Director of Finance

I declare that the anti-fraud, bribery and corruption work carried out during the year to date has been self-reviewed against the NHS CFA Standards for Providers anti-fraud, bribery and corruption.

As the Audit Committee Chair, and in line with the audit committee's responsibility for the strategic assurance and oversight of counter fraud work as described in section 5.6 of the NHS Audit Committee Handbook, I confirm that the information contained in this self-review for SWANSEA BAY UNIVERSITY LHB reflects the work reported and considered by the Audit Committee.

Signed: Martin Sallis.....Audit Committee Chair