



Business Plan 2023 - 2024

Working together to understand, find and prevent fraud, bribery and corruption in the NHS.



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Foreword

Our business plan for 2023-24 has been created alongside our 2023-26 Strategy. Together, they set out our approach to the coming year and beyond and outline how we will deliver our counter fraud strategy through a combination of activities, including fraud prevention, fraud detection and fraud recovery.

As an arm's-length body of the Department of Health and Social Care, we must align to and support our healthcare system through the work that we do in relation to fraud. This high-level plan sets out how we intend to do that and combines the learning and experience we've developed since our inception in 2017, whilst strengthening our commitment to deliver our new vision: "Working together to understand, find and prevent fraud, bribery and corruption in the NHS."

This business plan outlines how we do things and translates what we do daily into clear objectives and areas of focus over the coming year. This plan doesn't describe everything we will do, but highlights our key commitments for 2023/24 using the four pillars outlined in our strategy – Understand, Prevent, Respond and Assure, which are underpinned by our People and our Resources:

- **Understand** – Understand how fraud, bribery and corruption affects the NHS.
- **Prevent** – We will ensure the NHS is equipped to take proactive action and prevent future losses from occurring.
- **Respond** – When we know that fraud has occurred, we are equipped to respond.
- **Assure** – We can assure our key partners, stakeholders, and the public that the overall response to fraud across the NHS is robust.
- **People** – Supporting our people in an innovative and agile way to underpin and deliver counter fraud activity within the NHS.
- **Resources** – Ensuring we use our resources in an innovative and agile way to support and deliver counter fraud activity within the NHS.

We have set out in more detail what we plan to achieve over this next year, including key deliverables and measurements for each area of focus within the plan.

One aspect of our business plan that is critical to us over the next year is the improvements we have made, and are continuing to make, to our suite of

performance measures. Achieving this will be a huge positive for us, as it will highlight all the important work we undertake and give us tangible results for us to showcase to our stakeholders. I want to be able to showcase our work to our partners and tell them what we're doing, and what it means for them as well as the wider public. This will ultimately lead to a stronger case for investment in the NHSCFA.

Clear and concise performance measures will also challenge us to be better, allow others to hold us to account and give people the opportunity to question us. I'm confident that this will also bring us opportunities to work more closely with our stakeholders, with the ultimate aim of recovering fraud to enable more patient care across the NHS.

Alex Rothwell
Chief Executive of the NHS Counter
Fraud Authority



Our Vision

As part of our new strategy, we have revised our vision so it represents how we tackle fraud, it also represents the NHSCFA's pillars of counter fraud that we will be using as the basis for all activity we lead within the life of the 2023-26 strategy.

Vision

"Working together to understand, find and prevent fraud, bribery, and corruption in the NHS"

Our purpose

To "protect the NHS from fraud, bribery and corruption"

We achieve this by:

- being experts and leaders in our field
- leading the NHS response
- empowering others
- putting the interests of the NHS and its patients first

Our Counter Fraud Pillars

We have simplified how we articulate our purpose by implementing pillars of counter fraud activity:

1. we will **understand** how fraud, bribery and corruption affects the NHS
2. we will ensure the NHS is equipped to take proactive action to **prevent** future losses from occurring
3. we are equipped to **respond** to fraud
4. we can confidently **assure** our key partners, stakeholders and the public that the overall response to fraud across the NHS is robust

At the heart of our fraud-focused approach is an ambition to ensure we are supporting **our people** to deliver counter fraud activity in the NHS using **our resources** whilst striving to identify and pursue opportunities for growth

and innovation.

At the core of our approach is an increased focus on data and data analytics. Within this strategic cycle, we will innovate by exploring insight from data to counter fraud.

This plan will remain agile and responsive to the needs of the counter fraud effort of the wider NHS.

Flexibility of the plan

With the inception of our four counter fraud pillars of Understand, Prevent, Respond and Assure, underpinned by our People and Resources, the NHSCFA will continue to move towards a proactive and impactful response to fraud threats that the NHS faces.

What is different?

Following a review of our operating model in 2022-23, the NHSCFA has reshaped to support, enable, and maximise our counter fraud impact. By doing this work we have also created opportunities to implement some key services for the community and drive collaboration and partnership working that will also support efficiency.

NHSCFA Fraud Hub

The Fraud Hub will be a primary focal point for all health bodies to work in partnership with us to tackle fraud in the NHS. It will provide real time support and access to our counter fraud expertise and guidance to raise the effectiveness of the overall counter fraud response of the local counter fraud community.

The Fraud Hub will provide a collaborative approach to both proactive and reactive counter fraud activity and will aim to deliver improved financial outcomes and sanctions, assist health bodies to take action to prevent losses to fraud, and enable the recovery of NHS funds taken through fraud.

Our relationship with stakeholders will be advisory, constructive, and supportive but challenging where necessary. The Fraud Hub will provide a quantifiable service. The impact and benefit of practical engagement will be measured as will the anticipated improvement in levels of performance by local health bodies

in their functional standards returns and prevention, detection, and enforcement outcomes.

Collaboration and Partnerships

Collaboration will be at the heart of our business. Fraud prevention can and should be included in strategic planning and the development of new process and policy. Using our status as an independent arm's length body we intend to build strong partnerships at a strategic level to influence system wide change. To support this work we will develop bilateral partnerships with key stakeholders and create working relationships with international partners to benchmark performance and capture best practice.

The Health Counter Fraud Board brings together all national partners responsible for counter fraud service delivery. We will maximise the benefit of our membership of this group through the identification of priority areas for collaborative effort. An example of how this will work in practice is the creation of a Strategic Tasking and Coordination Group to deliver focused counter fraud activity based on agreed priorities and clear action plans.

Intelligence and Horizon Scanning

The more we know about fraud in the NHS the more effective our response will be. An enterprise fraud risk assessment will inform our response and understanding and we will use our Strategic Intelligence Assessment (SIA) to drive activity. Systematic horizon scanning will improve our strategic awareness and when required we will respond quickly to emerging threats.

Data

We will innovate by exploring novel insight within data to generate intervention opportunities at a tactical level and to inform strategic change. This will include a range of advanced Data Science techniques, visualisation, and targeted data models. We will actively collaborate with partners in a wide range of analytical areas of counter fraud. We acknowledge that data, data expertise and tools are not only operational assets but key strategic drivers that will be used to tackle fraud in an ever-increasing digital world. Greater use of data will play a key role in our ability to identify system weaknesses and support organisational wide fraud-proofing through process and policy.

Responses to fraud

Whilst enforcement will continue to be a significant tool and an important deterrent in countering fraud there will be an enhanced focus on prevention. A communications strategy will drive targeted campaigns to influence behavioural

change and encourage reporting. Lessons learnt from investigative activity will be identified quickly with best practice shared and more investigative activity will be driven through data insight which will in turn lead to policy changes designed to reduce fraud.

Our people and resources

As part of a strengthened approach to strategic workforce planning our new operating model will enable the response to fraud under the four pillars of activity. Internalisation of our HR function will provide quicker recruitment and stronger support to the workforce, improving areas such as talent management and wellbeing.

There will be an increased focus on performance and accountability with clear data available and visible to the organisation with Executive level oversight and a new transformation function will ensure the organisation can respond to a rapidly changing landscape.

Our integrated approach to delivery

This plan details the high-level programme of work the NHSCFA will implement during the first year of our new three-year strategy. This includes continued working with partners to reduce the financial loss to fraud within the health sector using a network of trained investigators, prevention specialists, intelligence expertise and data experts across the NHS to realise a direct financial value from enforcement and local proactive activity. We will also target key areas of fraud where we can collaborate and share resources to make the greatest impact on fraud within the NHS.

We will continue to embrace technology to facilitate smarter working principles, allowing for a more flexible working environment for our people, whilst continuing to use data to identify areas for collaborative prevention activity across the health sector to strengthen the controls against fraud.

To fulfil our organisational ambitions we will continue to refine and develop our integrated strategic approach. This will ensure our strategies for estates, finances, digital, data, service provision, business planning and workforce are aligned. The SIA details the key fraud threats, vulnerabilities, and enablers within the NHS. Intelligence also assists us in identifying which priority areas should be our focus for the period of the strategy. The SIA informs our Control Strategy, which sets out our decisions as to where and how we can have the most effective influence and impact

on fraud within the NHS. The SIA, Control Strategy, and integrated planning cycle inform our work to achieve the maximum impact over the life of our Business Plan and Strategy.

Financial assumptions

The delivery of this business plan is supported by financial planning that includes some key assumptions:

- the NHSCFA annual Government (DHSC) funding request for financial year 2023-24 is £13.501m
- there will be no further changes in service delivery requirements outside of the current plans
- there are no further cost pressures above the current growth and inflation assumptions
- organisation change undertaken in 2022-23 is expected to achieve a performance improvement of 25% on the base performance target set in 2020-23

The NHSCFA's financial framework

This supports the organisation in delivering its duties in a sustainable manner. As part of the framework we will strive to achieve further investment in NHS counter fraud work by demonstrating it has a positive financial impact. The key elements of the framework are:

- financial management and controls are regularly scrutinised and reviewed at board level
- all opportunities to secure additional funding are identified to achieve best financial outcomes within three years generated by funding constraints
- financial balance is delivered by aligning financial and workforce planning
- routine monitoring of monthly financial position and risks is undertaken by the finance team, underpinned by monthly finance assurance meetings to review and assess the risk of the financial position with accountable budget holders

Our Audit and Risk Assurance Committee (ARAC) oversees all financial aspects of governance, including financial and non-financial risk management. The

mitigations against financial and all other strategic risks are regularly reviewed as part of our risk management framework and are reported to the ARAC.

Our portfolio of key corporate projects

Through our integrated business planning process, we will initiate a series of corporate projects that will be scheduled for delivery/commencement during 2023-24. These areas of work will be governed by a combination of project boards, highlight reports and strategic updates during the performance cycle and accountability process. All of these will be visible on the organisation's performance, programmes, and portfolio management system.

We will also continue to transform the NHSCFA over our strategic period from 2023 to 2026. The programme is to continue the work delivered in 2022-23 and facilitate efficiencies and improvements in service delivery for the sustainable future of the organisation. We will also ensure that the organisation remains fit for purpose within a flexible, agile operating model continually evolving to meet business need and the needs of the NHS.

Understand	<ul style="list-style-type: none"> development and delivery of the NHSCFA Strategic Intelligence Assessment undertake an assessment of loss to fraud reported and error reported introduce data analysis / data science pilots to the NHSCFA to explore the application of advanced techniques understand and report on the scale and extent of possible corruption within the NHS in England to inform future preventative strategies
Respond	<ul style="list-style-type: none"> develop an enterprise level Fraud Risk Assessment which proactively identifies, describes and assesses the risks to fraud across the NHS develop a strategic and operational forward focus for the digital forensics unit
Prevent	<ul style="list-style-type: none"> develop our analytical capability to support counter fraud prevention implement the Single Network Analysis Platform (SNAP) system within the NHSCFA measure the impact of counter fraud interventions undertaken in 2022-23
Assure	<ul style="list-style-type: none"> development of the NHSCFA Business Plan 2024-2025 development of the performance management framework for 2024-2025 delivery of the NHSCFA Annual Report 2023-24 development of the case management system (ongoing)
People	<ul style="list-style-type: none"> implement a range of HR initiatives to support the organisation's people to ensure recruitment, retention and development of a skilled workforce
Resources	<ul style="list-style-type: none"> development and implementation of our Customer Relationship Management (CRM) system develop a range of business cases to attract organisational funding to support our counter fraud ambitions demonstrate the case for change by using data in countering fraud implement the recommendations from the technology review analytical tooling review and refresh decommissioning of the Coventry based office and consideration of alternative workplace model for the Midlands

Delivery Plan 2023-2024

Within this plan we will achieve a fiscal impact on fraud that will contribute to the three-year strategic target of £500m. This will be a combination of initiatives and activities resulting from fraud prevention, fraud detection and fraud recovered.

Counter fraud financial impact will be driven by partnership working in key agreed areas within the strategic tasking and coordinating process to maximise counter fraud impact. We estimate that our year one combined minimum financial impact on fraud will be a minimum of £138m. This also includes counter fraud impact delivered locally and within Arm's Length Bodies.

Strategic Pillar – Understand

Strategic objective – Understand how fraud, bribery, and corruption affects the NHS.

Strategic actions over the life of the strategy (year 1 – 3)

- produce a comprehensive assessment of the threat and effect of fraud against the NHS together with an identification of opportunities to respond to them from intelligence
- deliver a comprehensive intelligence gathering and dissemination function to support all parts of the NHS to evaluate, initiate and deliver an appropriate and effective operational response to fraud
- develop and maintain an enterprise level Fraud Risk Assessment (FRA) which proactively identifies, describes, and assesses the risks to fraud across the NHS, and identifies and evaluates mitigating controls
- enhance our data analytical function to generate insight and counter fraud action from patterns in data indicative of fraud
- develop and maintain a comprehensive assessment of the capacity and capability of the NHS to respond to counter fraud threats, to inform future development opportunities

*NHSCFA will continue to undertake a series of transformational activities and projects over the new strategic period. Some of which may be implemented in this plan. Should investment be realised some longer-term ambitions will be brought forward immediately. It is also important to recognised that some of the projects identified may continue beyond year one whilst others are core business that operate as key projects year on year.

Strategic Pillar – Understand

Strategic objective – Understand how fraud, bribery, and corruption affects the NHS.

Key areas of focus (year 1)	Deliverables
Continue to improve the organisation's intelligence picture on Threats, Vulnerability and Enablers to fraud	<ul style="list-style-type: none"> improved knowledge in key areas of fraud within the NHS by addressing intelligence gaps where possible – increase in confidence in key areas production of the annual SIA
Standardise dissemination and collation of information for intelligence purposes	<ul style="list-style-type: none"> improved timeliness from receipt of intelligence to decision and dissemination to relevant parties
Continue to develop mechanisms for fraud reporting to the NHSCFA with the implementation of smarter online systems	<ul style="list-style-type: none"> improved automation of the online fraud reporting system into the NHSCFA developed in 2022/23
Undertake horizon scanning for new and emerging risks across health	<ul style="list-style-type: none"> proactively conduct horizon scanning and continue to develop its effectiveness across the NHSCFA
Continue to develop advanced data analysis techniques to tackle complex fraud problems with data	<ul style="list-style-type: none"> develop the skill and capabilities within NHSCFA to use advanced data analysis techniques e.g. Machine Learning
Utilise data to support our understanding and drive key decision making	<ul style="list-style-type: none"> continue to develop and refine our insight and reporting capabilities that will inform and support the counter fraud community
Actively pursue access to data and systems that will be used for counter fraud purposes	<ul style="list-style-type: none"> complete a range of sharing and practice agreements across health to key datasets and systems collaborate with partners to develop business systems that will provide key analytical capabilities

Strategic Pillar – Prevent

Strategic objective – We will ensure the NHS is equipped to take proactive action to prevent future losses from occurring.

Strategic actions over the life of the strategy (year 1 – 3)

- develop, co-ordinate and lead a fraud prevention and deterrence programme for the NHS
- coordinate and lead robust fraud prevention and deterrence activities across the health group to protect the NHS from fraud losses
- proactively promote a counter fraud culture within the NHS that develops fraud awareness and understanding across all areas of spend
- develop and share good practice and lessons learned from all aspects of counter fraud activity in the NHS
- influence the delivery of Fraud Risk Assessments and Initial Fraud Impact Assessments across areas of NHS expenditure and promoting the fraud-proofing of all NHS systems and processes
- the innovative use of data to support the opportunities for prevention across key areas of business by designing, developing and delivering proactive analysis
- develop a targeted fraud-focused communications and deterrence strategy

Key areas of focus (year 1)	Deliverables
Fraud prevention activity directed by strategic tasking considerations	<ul style="list-style-type: none"> coordinated fraud prevention campaigns in areas of specific and targeted risk
Development of a comprehensive horizon scanning process and system weakness identification process	<ul style="list-style-type: none"> development of a comprehensive horizon scanning process integrated with priority setting and planning provide lessons learned intelligence to the sector in the form of dynamic fraud prevention guidance and advice on fraud proofing existing systems
Directly support fraud prevention activity at a local level through the Fraud Hub	<ul style="list-style-type: none"> provide direct support and advice in respect of local proactive exercises provide dynamic information on system weaknesses that are an enabler of fraudulent activity provide a high standard of counter fraud guidance to the local counter fraud response
Develop a programme of engagement supporting the promotion of a counter fraud culture across the NHS	<ul style="list-style-type: none"> development of a webinar programme to support counter fraud activity delivery to non-fraud specialists but targeted at subject matter experts and risk owners
Identify the programme of fraud risk assessment across the NHS	<ul style="list-style-type: none"> development with stakeholders, action plans developed across priority area of identified vulnerability
Exploratory use of data to inform future prevention opportunities	<ul style="list-style-type: none"> proactively using data to provide prevention opportunities

Strategic Pillar – Respond

Strategic objective – When we know that fraud has occurred, we are equipped to respond.

Strategic actions over the life of the strategy (year 1 – 3)

- use our understanding of fraud to develop a control strategy, agree priorities, develop action plans, manage strategic and tactical tasking of resources and close intelligence gaps
- through developing a response to allegations of fraud we will prioritise prevention and disruption to reduce harm and loss
- we will conduct and support, criminal, financial and corporate investigations to establish whether a) fraud, bribery or corruption has occurred b) determine or influence appropriate action/sanctions and c) initiate recovery of funds lost
- we will provide support, advice and guidance to the counter fraud community in developing capability and capacity to respond to fraud.
- we will develop our analytical capability to provide insight that presents patterns in data indicative of fraud

Key areas of focus (year 1)	Deliverables
Launch of the NHSCFA Fraud Hub	<ul style="list-style-type: none"> • establishing a new function to provide support and enable an improved counter fraud enforcement response at a local level • establishing a new function to provide support to and enable an improved counter fraud prevention response at a local level • establishing a new stakeholder engagement and relationship management function to develop a more collaborative counter fraud community within the NHS • establishing a new function to provide an improved case management process to capture and realise the activity and impact of all counter fraud activity in the NHS
Together with partners lead both the strategic tasking and tactical tasking coordinating groups to agree priorities and areas of new and emerging fraud to tackle	<ul style="list-style-type: none"> • coordinated and resourced areas of activity agreed with key counter fraud partners to maximise impact across the NHS that will contribute towards the health group financial achievements • production of an agreed strategic action plan
Increase opportunities for prevention	<ul style="list-style-type: none"> • improved integrated response to intelligence and horizon scanning, data analysis and learning from enforcement • produce timely Fraud Prevention Notices, Intelligence Bulletins to enable counter fraud action

Strategic Pillar – Respond

Strategic objective – When we know that fraud has occurred, we are equipped to respond.

Provide an effective national counter fraud enforcement response	<ul style="list-style-type: none"> • undertake national enforcement activity in all instances of serious fraud, bribery and corruption • improved outcomes in both the financial and deterrent impact of NHSCFA enforcement activity • develop a highly skilled enforcement workforce through a robust programme of Continuous Professional Development • provide high levels of assurance relating to enforcement activity via a robust quality management system applied to investigations • extend current scope of accreditation to provide a responsive expert digital forensic capability to support criminal investigations in England, Wales and Scotland
Directly support enforcement activity at a local level through the Fraud Hub	<ul style="list-style-type: none"> • improved financial and deterrence outcomes from local NHS enforcement activity
Innovate using data to support of counter fraud response	<ul style="list-style-type: none"> • scope and develop enhanced analytical capability to proactively find novel insight that may be indicative of fraud

Strategic Pillar – Assure

Strategic objective – We can assure our key partners, stakeholders and the public that the overall response to fraud across the NHS is robust.

Strategic actions over the life of the strategy (year 1 – 3)

- measure, assure and report health bodies' compliance with the Government Functional Standard GovS 013 and NHS counter fraud provisions
- provide a robust evidence base demonstrating the positive impact of the NHS counter fraud response and championing the work undertaken in the NHS counter fraud community
- provide and manage a case management system and reporting tool for the NHS to ensure all counter fraud activity and outcomes are captured
- provide assurance to the DHSC and PSFA that the reported information relating to fraud affecting the NHS (threat levels, response activity and measurable outcomes) have the highest level of validation and statistical integrity
- lead the NHS counter fraud community to drive measurable improvements in the counter fraud response through collaborative partnerships
- protect NHS funds through the reduction of vulnerability to fraud and reduction of losses
- continued development of the NHS counter fraud community

Strategic Pillar – Assure

Strategic objective – We can assure our key partners, stakeholders and the public that the overall response to fraud across the NHS is robust.

Strategic actions over the life of the strategy (year 1 – 3)

Key areas of focus (year 1)	Deliverables
Ensure that health bodies complete and return the required functional standards (GCFFS)	<ul style="list-style-type: none"> full compliance with the Government Functional Standard GovS 013
Assessment of information provided within the submitted standards return, ensuring consistency and accuracy	<ul style="list-style-type: none"> comprehensive and accurate information that reflects work undertaken by the sector
Ongoing development of the case management system to incorporate additional functionality that will support the counter fraud response	<ul style="list-style-type: none"> intelligence functionality incorporated within our case management system continue to develop and provide detailed performance information across the health group to drive improvements
<p>Providing assurance to the DHSC and the PSFA that the reported information relating to fraud in the NHS (threat levels, response activity and measurable outcomes) has the highest level of validation and statistical integrity.</p> <p>Provide value to the DHSC by protecting NHS funds through the reduction of vulnerability to fraud and the reduction of losses</p>	<ul style="list-style-type: none"> positive external validation and assurance of our processes, practice and verification of values including new methodologies that are subject to challenge work with DHSC colleagues to agree validation processes of new methodologies used to demonstrate the impact of prevention, detection, and recovery

Strategic Pillar – Assure

Strategic objective – We can assure our key partners, stakeholders and the public that the overall response to fraud across the NHS is robust.

Strategic actions over the life of the strategy (year 1 – 3)

Assess the training and development needs for the NHS counter fraud community	<ul style="list-style-type: none"> we will explore an appropriate method of delivering training to target audiences
Enable health bodies to provide meaningful reports to their audit committees	<ul style="list-style-type: none"> provide a framework providing all necessary detail to allow audit committees to be able to have an informed view of local counter fraud activity
Undertake a measurement of our stakeholder engagement to assess its effectiveness	<ul style="list-style-type: none"> assess our stakeholder engagement and demonstrate an improvement on the baseline

Strategic Pillar – People

Supporting our people in an innovative and agile way to underpin and deliver counter fraud activity within the NHS.

Strategic actions over the life of the strategy (year 1 – 3)

- a sustainable approach to workforce and succession planning aligned to our People and Workforce Development Strategy to include recruitment and retention initiatives, opportunities for learning and development and access to coaching and mentoring
- building skills and capabilities to be future fit and recruiting in a smart and targeted way
- investing in people to achieve a return on that investment
- managing talent within the organisation and seeking new and emerging expertise where required
- build on strong, safe, legal, and best practice foundations to enable us to deliver a comprehensive, diverse and inclusive portfolio of people related activities
- being a flexible and collaborative “One Team” of professionals who are driven by our Vision, Purpose and Values and Behaviours in order to deliver, which is underpinned by personal performance

Key areas of focus (year 1)	Deliverables
Strategic Workforce Planning	<ul style="list-style-type: none"> • improve recruitment and onboarding processes (underpinned by monitoring and improved metrics in each area as directed by the HR Strategy)
Responsive and Proactive HR Services	<ul style="list-style-type: none"> • develop the HR operating model and team/operational structures • set the parameters for communication into, within and out of HR and develop the internal HR Advisory Service • develop skills, qualifications, and training • review and where possible simplify, streamline, and refine the number of and depth of HR policies and processes and ensure consistent application

Strategic Pillar – People

Strategic Objective – Supporting our people in an innovative and agile way to underpin and deliver counter fraud activity within the NHS.

Strategic actions over the life of the strategy (year 1 – 3)

Inclusive and Effective Leaders and Managers at All Levels	<ul style="list-style-type: none"> • define the skills needed at different leadership and management levels • develop leadership and management model and behaviours • provide access to off-the-shelf management and leadership development programmes, seeking/accessing funding, and support where possible • develop and adopt a 360-degree feedback approach for managers and leaders
A Great Place to Work	<ul style="list-style-type: none"> • adopting the principles of ‘A Great Place to Work’ • develop communications approach and people recognition practices • develop inclusive and responsive recruitment activities that engage prospective employees from application date • develop and or review welcome/inductions programmes for new joiners • develop a wellbeing strategy for our people to include a range of support initiatives, improve health, reduce stress, and build resilience • promote ‘Time to Change’ as a wellbeing and mental health awareness initiative • develop and/or review policies and processes that are intended to improve fairness, dignity and respect within the workplace and encourage a ‘speak up’ culture without fear of retribution through education and communication • review recognition and benefits as a package
Delivering Great Performance	<ul style="list-style-type: none"> • review appraisal process and improve the rate and quality of appraisals across our workforce • develop and/or review the competency/behaviour framework • determine parameters for the collection of high quality and reliable performance data and how to make it available to management to support improvement • implement a talent management system identifying “Star” talent for development • develop and implement a talent management framework

Strategic Pillar – People

Strategic Objective – Supporting our people in an innovative and agile way to underpin and deliver counter fraud activity within the NHS.

Strategic actions over the life of the strategy (year 1 – 3)

Building Skills and Capabilities	<ul style="list-style-type: none"> • support employees in new roles post Evolution • adopt best practice approaches in statutory and mandatory training • establish where skills gaps exist and establish whether skills can be trained/learned or need to be recruited for • explore and improve the use of e-learning
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Strategic Pillar – Resources

Strategic Objective – Ensuring we use our resources in an innovative and agile way to support and deliver counter fraud activity within the NHS.

Strategic actions over the life of the strategy (year 1 – 3)

- ensure access to flexible contract and procurement support
- develop a flexible approach to strategic, business and resource planning
- develop the right working partnerships regardless of the sector they are from
- develop a sustainable long-term financial plan
- develop mechanism that demonstrate return on investment
- understand and enable all appropriate routes for counter fraud activity to take place
- prepare for future delivery and changes in counter fraud approaches
- ensure our IT infrastructure, systems and people are developed to ensure maximum business impact
- adhere to and develop our governance and assurance practices
- our IT will fully support our operational delivery and future ambitions around advanced analytical capability
- our IT will protect the NHSCFA from risks, threats, and vulnerabilities we face from cyber attacks
- continually explore technology to enable business success

Key areas of focus (year 1)	Deliverables
The ability to manage procurement efficiently and effectively	<ul style="list-style-type: none"> • appropriate access to procurement support. • Legal and contractual support in place • development and implementation of our Customer Relationship Management (CRM) system
Integrated Business Planning	<ul style="list-style-type: none"> • flexible business planning approach • allocation of resource when required to support strategic and operational aims • using data to inform key decision making and verification key methodologies • review our priorities to support our planning and strategic delivery and ensure delivery and accountability for action taken within this plan • NHSCFA will prepare for new strategic delivery within the next business planning year
Collaboration working and joint initiatives	<ul style="list-style-type: none"> • working with partners to bring efficiencies of shared resource, capabilities, and expertise

Strategic Pillar – Resources

Strategic Objective – Ensuring we use our resources in an innovative and agile way to support and deliver counter fraud activity within the NHS.

Strategic actions over the life of the strategy (year 1 – 3)

Return on Investment (ROI)	<ul style="list-style-type: none"> development of the appropriate mechanism to demonstrate Return on Investment (RoI) in countering fraud and enabling services demonstrate business line reporting to enhance RoI
IT infrastructure and optimised business solutions	<ul style="list-style-type: none"> scope, develop and deliver a transformed and agile IT service following review IT environment supports future delivery with Cloud technology at the core continue to provision technical solutions to benefit and enhance business need we know of the external threats the NHSCFA faces and digital threats, attempts made and prevented exploration of new and emerging technologies to support effective and efficient operational delivery
Our Governance	<ul style="list-style-type: none"> further development of our governance processes and practice delivery of our governance and audit requirements continue to enhance our assurance practices demonstrable improvement and timely management from audit recommendations
Finance	<ul style="list-style-type: none"> we will manage our existing budget and strive to secure additional funding to support improved financial outcomes across the counter fraud community we will develop and implement organisational cost improvement programmes where required, ensuring capitalisation of areas of efficiency development of a sustainable long-term financial plan in partnership with internal and external stakeholders develop business cases in preparation for funding opportunities

Strategic Pillar – Resources

Strategic Objective – Ensuring we use our resources in an innovative and agile way to support and deliver counter fraud activity within the NHS.

Strategic actions over the life of the strategy (year 1 – 3)

Performance, Programme and Project management approaches to drive and deliver priorities and continued improvement	<ul style="list-style-type: none"> development of a service catalogue that supports strategy, delivery, and capability of the NHSCFA development of a performance culture (year 1 of 3) defining the PMO evolutionary roadmap developing practices, people, tools, and knowledge across the NHSCFA
Transformation to benefit countering fraud in the NHS	<ul style="list-style-type: none"> facilitate the continued transformation of the NHSCFA to maximise impact on fraud within NHS and wider health sector delivery of a fit for purpose infrastructure, IT, Estates, People and counter fraud impact collaboration with partners
Communications	<ul style="list-style-type: none"> provision of strategic and operational communications support to the NHSCFA developing a targeted fraud-focused communications strategy review of systems and processes to ensure effective delivery of communications both internally to our people and externally across the sector

Accountability and performance delivery

Our annual business plan supports delivery of our strategy year on year. The NHSCFA has a framework underpinning its business planning cycle and subsequent performance management and delivery assurance. Quarterly strategic accountability meetings with the DHSC, attended by the NHSCFA's Chair and Chief Executive Officer, provide an opportunity to discuss progress against our objectives and targets.

Our strategy sets out our direction in line with delivery of the strategic pillars of the organisation. Delivery of these is discharged through this business plan. The plan is then supported by divisional and unit business plans to ensure a golden thread and alignment across the organisation's plans. This plan will be actively managed and monitored through a robust performance management framework, with at least monthly consideration of performance at Executive, Senior Management Team, Leadership and Unit level performance reporting.

NHSCFA Board level performance reporting will take place on a quarterly basis together with a Portfolio Report on the delivery of our key projects and programmes. The transparency of our Board reporting is underpinned by quarterly Performance and Assurance Panels where delivery and performance across the entire organisation are reviewed by the Panel.

The Heads of Service for each division along with their management teams actively engage in this process of delivery assurance and mitigation. The Panels are chaired by the Director of Performance and Improvement, who directly escalates any key issues, concerns, or risks to the Senior Management Team (SMT), Chief Executive and Board Secretary. Escalated delivery and performance risks are considered by SMT in the first instance. The mitigations against these and all other strategic risks are regularly reviewed as part of our risk management framework and are reported to the ARAC.

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