

A decorative graphic on the left side of the page, composed of several overlapping curved bands. From top to bottom, there is a light blue band, a dark blue band, a medium blue band, and a large orange band. The bands are arranged in a way that they appear to be part of a larger, partially visible circular or semi-circular structure.

Leading the fight against NHS fraud

Organisational strategy 2017-2020

Our mission is to lead the fight against fraud affecting the NHS and wider health service, and protect vital resources intended for patient care.

Our vision is for an NHS which can protect its valuable resources from fraud.

Our purpose is to lead the NHS in protecting its resources by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive improvements.



01. Foreword



As the chair of the newly established NHS Counter Fraud Authority (NHSCFA), I am proud to present the organisation's strategy for 2017 to 2020.

Fraud affecting the NHS is a blight, taking public funds away from patient care and into the pockets of criminals. The government has made it clear that it will root out these unacceptable activities wherever they occur, in order to preserve scarce public resources and to maintain the public's confidence in the NHS.

The NHSCFA will take the lead in combating fraud in the NHS in England. We will use intelligence to paint a comprehensive and detailed picture of the evolving fraud risks faced by the NHS, and we'll develop creative, innovative and proportionate solutions to address them.

Fraud never stands still, it evolves; this means our counter fraud efforts must also be ready to evolve

to meet new and emerging threats.

This new special health authority will work collaboratively with our key stakeholders in the NHS family and central government to deliver the full range of counter fraud activity across the NHS and the wider health group.

As we develop our strategic, tactical and operational responses to fraud across the health service, we will become better able to target weaknesses that fraudsters are exploiting. It will mean less money gets into the hands of the fraudsters and more funds are spent on frontline NHS services, as they are meant to be. The more successful we are in minimising fraud losses, the more resources will be available to provide patients with the highest quality of care.

I am pleased to be part of this important work and am confident that this strategy will be a crucial building block in the fight against fraud in the NHS.

Simon Hughes
Interim Chair

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

02. Executive summary

This document sets out the strategy for the NHS Counter Fraud Authority (NHSCFA), a new special health authority which leads on combating fraud and other economic crime in the NHS and wider health group.

It describes our strategic approach and direction, key challenges and opportunities, and the resources we will bring to bear on the priority areas identified over the next three years and covered by this strategy. In line with statutory requirements, the NHSCFA will be subject to review every three years; this review will look in part at how we have performed against our strategic priorities.

Nature of the problem – and our solutions

In 2016-17 losses to fraud in the NHS were estimated at £1.25bn per annum. A number of challenges face anyone trying to tackle fraud or

other economic crime in the NHS, including:

- Fraud is significantly underreported, leading to a lack of available data as well as thematic intelligence.
- The understanding of fraud and fraud risks is uneven across the NHS.
- There is a lack of a benchmark for investigations at a local level.

The NHSCFA will be an intelligence-led organisation. We will use intelligence to build a better understanding of the fraud risks faced by the NHS, encourage the reporting of fraud and develop creative, innovative and proportionate solutions to tackle fraud in the health system.

We will investigate to a professional standard organised and/or complex fraud, using technological innovations to help achieve our objectives.

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Foreword

Executive
summary

Introduction

Nature and scale
of the problem

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

Organisational objectives

This strategy maps out five main objectives for the NHSCFA over the next three years:

1. Deliver the DH strategy, vision and strategic plan and lead counter fraud activity in the NHS in England
2. Be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters in the NHS
3. Lead, guide and influence the improvement of standards in counter fraud work
4. Take the lead and encourage fraud reporting across the NHS and wider health group
5. Invest in and develop NHSCFA staff

Looking ahead

We will identify current and future fraud risks and adapt to emerging threats and issues and meet head-on the fraud risks affecting the NHS and wider health group.



03. Introduction

The NHS Counter Fraud Authority (NHSCFA) is a new special health authority charged with the identification, investigation and prevention of fraud within the NHS.¹

Our mission is to lead the fight against fraud affecting the NHS and wider health service, and protect vital resources intended for patient care. Our vision is for an NHS which can protect its valuable resources from fraud. Our purpose is to lead the NHS in protecting its resources by using intelligence to understand the nature of fraud risks, investigate serious and complex fraud, reduce its impact and drive improvements.

For the purposes of this document, the term ‘fraud’ refers to a range of economic crimes, such as fraud, bribery and corruption or any other illegal acts committed by an individual or group of individuals to obtain a financial or professional gain.

The NHS is a large and complex organisation that is facing significant financial challenges, and must constantly change and adapt to meet the health needs of the population. New initiatives and developments, such as the new models of care referred to in the Five Year Forward View, sustainability and transformation plans, devolution and Brexit, all present potential opportunities and challenges for the NHSCFA.

¹When referring to the NHS, we include commissioners and providers of NHS services, special health authorities and independent providers that hold a Monitor licence.

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

This document sets out the NHSCFA's strategic direction for 2017 to 2020. It does this by describing:

- who we are
- the key challenges and opportunities we face
- what resources we will bring to bear to address them
- our strategic approach
- the objectives that will help us to deliver this strategy through the priority areas of action identified in our annual business plans²

The NHSCFA will be the single expert intelligence-led organisation providing centralised intelligence, investigation and solutions capacity for tackling fraud in the NHS in England. The NHSCFA will act as the repository for all information related to fraud in the NHS and the wider health group,

and will have oversight of and monitor counter fraud work across the NHS. We will provide strategic and tactical solutions to identified fraud risks, counter fraud standards and assessment of performance through the provision of comparative data. Working collaboratively with local counter fraud specialists and other stakeholders, we will drive improvements to counter fraud work that is undertaken across the NHS.

Our remit for fraud intelligence activities also includes the Department of Health's non-departmental public bodies and executive agencies.

² See our 3-year delivery plan, which can be found in Annex A.



Foreword

Executive
summary

Introduction

Nature and scale
of the problem

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

Accountability

The NHSCFA will be accountable to its board, which in turn will be accountable to the Department of Health Anti-Fraud Unit (DH AFU) for the delivery of this strategy.

We will work collaboratively with them and our key stakeholders including NHS England, NHS Improvement and the Cabinet Office, to deliver the full range of counter fraud activity across the NHS and the wider health group.

We will ensure that all areas of our work are fully compliant with the HM Government Counter Fraud Professional Standards.³ These standards have been designed to present a consistent cross-government approach to countering fraud, to raise the capability of individuals and through this increase the quality of organisations' counter fraud work.

We will ensure that our staff continue to develop their skills and have access to appropriate training. We'll also ensure that counter fraud activity is carried out in accordance with all relevant legislation.

³These are commonly referred to as the Cabinet Office standards and are expected to be published in 2018.

04. Nature and scale of the problem

All types of financial loss to the public purse reduce the government's ability to provide public services. Financial losses in the NHS due to fraud divert precious resources from patient care and negatively affect the health service's ability to meet people's needs.

Over the years, work to counter fraud by our predecessor organisations and by local specialists across the NHS has produced some excellent results. However, despite these successes, efforts have at times been beset by challenges:

- The level of understanding and knowledge of the nature of fraud in the NHS is uneven across the health system. This is exacerbated by lack of available data, which has resulted in the national picture being limited.
- We lack a minimum quality benchmark for local investigation provision.

- More comprehensive intelligence is needed on specific fraud risks. Without thematic intelligence exploring a particular problem in more detail, there is insufficient intelligence to properly inform the planning, resourcing and focus of specific crime reduction initiatives.
- A lack of thematic intelligence has meant many NHS organisations have been unable to effectively focus their resources on prevention and detection activity where it is likely to have the most impact.
- Fraud is significantly underreported. In some cases, suspicious activity is not identified as being fraudulent and therefore goes unreported. There is also sometimes a mistaken perception that reporting fraud casts the organisation involved in an unfavourable light. Analysis of fraud that has been reported indicates that it does in no way reflect the diversity of services provided by the NHS.

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Foreword

Executive
summary

Introduction

**Nature and scale
of the problem**

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

- Local activity to counter fraud is also inconsistently reported and recorded. Failing to accurately report local counter fraud activity impacts on the overall intelligence picture, and exposes other organisations to risks that could be prevented if information had been appropriately shared.
- There are also inconsistencies at a local level around identifying, detecting and investigating fraud, as well as the process by which sanctions are applied.

In 2016-17 it was estimated that fraud losses within the NHS exceeded £1.25 billion per annum.⁴ This is enough funds to pay for over 40,000 staff nurses, or to purchase over 5,000 frontline ambulances. The table below provides a breakdown of estimated losses in key areas of NHS spend.

The scale of estimated losses, the wide variety of areas affected, and the challenges mentioned above around availability of intelligence and levels of reporting all suggest the need for targeted and coordinated action to effectively tackle the problem.

⁴ NHS Protect strategic intelligence assessment 2016-17.

Table 1: Breakdown of losses in key areas of NHS spend, 2015-16

Thematic area	Estimated annual direct cost (£ millions)					
	Confidence level	Almost certain	Highly likely ⁵	Probable ⁶	Realistic probability ⁷	Total
Help with health costs (patient fraud)		£216.7m	£60.9m	£120m		£397.6m
Payroll and identity fraud				£90.6m		£90.6m
Optical contractor fraud				£48m		£48m
Dental contractor fraud			£73.2m	£20.6m	£26.9m	£120.7m
Pharmaceutical contractor fraud				£100m		£100m
General practice fraud					£81m	£81m
Fraudulent access to NHS care in England					£35m	£35m
European Health Insurance Card				£2.6m	£16.1m	£18.7m
NHS student bursary scheme				£12.9m		£12.9m
NHS pensions			£1.4m	£1.1m		£2.5m
National tariff and performance data manipulation					£90m	£90m
Procurement and commissioning fraud				£165m	£87m	£252m
Fraud against NHS Litigation Authority administered funds					£2.55m	£2.55m
Total		£216.7m	£135.5m	£560.8m	£338.5m	£1.251bn

⁵ High confidence - where there is good quality information or corroborating information from a range of different sources or in situations where it is possible to make a clear judgement, for example, measured losses.

⁶ Moderate confidence - when the information is open to various interpretations or is credible or plausible, but lacks corroboration.

⁷ Low confidence - where information is scant, or very fragmentary, or when sources are of dubious reliability.

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

05. Resources

The NHSCFA will bring a wide range of resources to bear on the problem of NHS fraud.

Intelligence

Through a cycle of intelligence development, the NHSCFA will, in collaboration with others, build a consolidated understanding of the fraud risks facing the NHS and wider health group. This will be achieved through the collection, collation and analysis of information that holds intelligence value, which in turn will deepen and broaden our understanding of fraud risks.

We will produce an annual strategic intelligence assessment which summarises the current and emerging fraud threats, and we will identify, prioritise and target those areas where the intelligence picture is in need of improvement. We will develop our analytical capability to enable the production of quarterly intelligence updates to the NHS.

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Foreword

Executive
summary

Introduction

Nature and scale
of the problem

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

Solutions

The NHSCFA will use the intelligence available to design and develop creative, innovative and proportionate solutions to target fraud risks, in consultation with our stakeholders. This could include whole system review and redesign or the development of tailored guidance, toolkits or other solutions. The NHSCFA will identify and assess cross sector changes in the NHS that affect the information and fraud prevention materials we hold within our systems. As well as developing tailored and targeted fraud prevention and fraud reduction solutions, the NHSCFA will issue counter fraud standards for commissioners and providers of NHS funded services. We will also assess and evaluate local counter fraud work to assist the NHS in complying with the standards.

Investigations

We will lead investigations into serious, organised and/or complex cases of fraud, within a clear professional and ethical framework. Our financial investigators will use powers under the Proceeds of Crime Act to recover losses and investigation costs. Where appropriate we will seek compensation on behalf of NHS organisations subjected to fraud. We will use our expertise in forensic computing to recover data from seized digital items, in adherence with professional standards.⁸

⁸ We are working towards obtaining accreditation to ISO/IEC 17025:2005 as required by the Forensic Science Regulator.

Foreword

Executive
summary

Introduction

Nature and scale
of the problem

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

Staff and organisational development

We will develop a skilled and effective workforce, focusing on the skills needed to manage our systems and processes for efficient, consistent and accountable operations, in line with HM Government Counter Fraud Professional Standards. We will carry out internal quality assurance, ensuring continued compliance with legislation and professional standards, and deliver communications through enhanced digital platforms and social media. By publicising the work of the NHSCFA and raising awareness on the effects of fraud, we will involve NHS and wider health group staff, key stakeholders and the public in proactively contributing to and supporting the organisation's aim to lead the NHS fight against fraud.

Digitalisation and technology

We will develop the NHSCFA into a 'Digital by Default' organisation. This will be achieved by putting technology at the heart of our service delivery. Our services will become digitised, we will harness technological innovation, and as individuals we will look to enhance our digital skills and capabilities to ensure that we maximise the benefits that existing and emerging technologies have to offer. We will develop a proactive approach to data acquisition and analysis, ensuring data analytics informs our business priorities and control strategy.⁹

⁹ The control strategy sets out the organisation's long-term operational priorities and provides a framework for management decisions on prioritising work and resource allocation.

06. Strategic framework

Countering fraud requires a multi-faceted approach that is both proactive and reactive.

Guiding principles

The NHSCFA, working in partnership and collaborating with the NHS and other stakeholders, will adopt broad principles to guide our work to minimise the incidence of fraud and to deal effectively with those who commit fraud against the NHS.

The overall requirement underpinning these principles is effective strategic governance, strong leadership and a demonstrable level of commitment to tackling fraud from senior management within organisations.

The four principles, aligned to the DH AFU's strategy, are to:

- **Inform and involve:** raise awareness of fraud against the NHS, and work with over 1.3m NHS staff, with stakeholders and the public to highlight those risks and the consequences of fraud against the NHS.

- **Prevent and deter:** provide solutions to identified fraud risks, discourage individuals who may be tempted to commit fraud against the NHS and ensure that opportunities for fraud to occur are minimised.
- **Investigate, sanction and seek redress:** investigate allegations of fraud thoroughly and to the highest professional standards, where appropriate seek the full range of civil, criminal and disciplinary sanctions and seek redress where possible.
- **Continuously review and hold to account:** fraud is constantly evolving and continuous re-evaluation and improvement is needed to ensure that we keep ahead of the problem. Where this does not take place, or where there is a reluctance to do so, then organisations must be held to account for their inaction.

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Foreword

Executive
summary

Introduction

Nature and scale
of the problem

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

Commissioners and providers of NHS services will be required to meet specific requirements or standards in each of the four areas outlined above, and will be assessed as part of the NHSCFA's quality assurance process. The relevant standards are available on our website at www.cfa.nhs.uk/counter-fraud-standards

DH strategic objectives

The Department of Health's high level strategic objectives for the NHSCFA form the overarching framework for our work:

- ensure that counter fraud work has the necessary independence from other health service bodies
- establish a solid governance structure that is truly accountable for delivering counter fraud services to the NHS and wider health group
- support the DH in retaining a clear sponsorship role, thus delivering accountability
- maintain close links to the health service to ensure appropriate intelligence flows on fraud, its risks and impact, are available to those with the ability to influence change in the NHS

07. What we seek to achieve

Our vision is for an NHS which can protect its valuable resources from fraud.

To help us achieve this, the initial five organisational objectives for the NHSCFA have been identified as:

1. Deliver the DH strategy, vision and strategic plan, and be the principal lead for counter fraud activity in the NHS in England.
2. Be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters.
3. Lead, guide and influence the improvement of standards in counter fraud work, in line with HM Government Counter Fraud Professional Standards, across the NHS and wider health group, through review, assessment and benchmark reporting of counter fraud provision across the system.

4. Take the lead and encourage fraud reporting across the NHS and wider health group, by raising the profile of fraud and its effect on the health care system.
5. Invest in and develop NHSCFA staff; recognise their expertise and passion to deliver high quality counter fraud work for the NHS; and ensure and demonstrate that our professionals are respected for their contribution and that they feel proud to work for the NHSCFA.

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

08. What we will deliver

The NHSCFA's three year delivery plan sets out the operational priorities that are designed to meet our organisational objectives. To determine our annual and longer term operational priorities, we will employ a control strategy.

This will enable us to ensure that decisions about our long term priorities for fraud prevention, intelligence and enforcement, and the use of resources, are made on the best available assessment of threats facing the NHS and wider health group.

Our annual strategic intelligence assessment will be used to inform the control strategy. Once the control strategy has been agreed, we will develop a tactical plan for each of the agreed priorities below.

The NHSCFA will work in partnership with its stakeholders to deliver our organisational objectives between 2017 and 2020.¹⁰

¹⁰ It should be noted that these may be subject to change as a result of the need to respond to emerging issues and threats. The delivery plan is also subject to annual review in response to strategic intelligence and control strategy assessments.

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Foreword

Executive
summary

Introduction

Nature and scale
of the problem

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

Objective 1 (overarching objective): Deliver the DH strategy, vision and strategic plan, and be the principal lead for counter fraud activity in the NHS in England.¹¹

Where we are: The NHSCFA as a special health authority will provide excellent opportunities to work with the Department for Health and other stakeholders to address the issue of fraud in the NHS and wider health group.

Where we want to go: Our goal is to help deliver the DH strategy, vision and strategic plan, in conjunction with DH AFU, whilst building a comprehensive intelligence picture for the wider health group. We want to establish ourselves as the lead body to combat fraud in the NHS in England.

We will strive to achieve this objective by:

- increasing fraud reporting
- becoming a national fraud reporting centre
- becoming a truly intelligence led organisation and strengthening our intelligence gathering and intelligence analysis capacity
- benchmarking local counter fraud activity against standards as part of a broad effort to improve local counter fraud performance
- formulating strategies and fraud solutions that, in collaboration with local counter fraud specialists and others, can be applied successfully at national and local level
- aligning our staff and activities with the HM Government Counter Fraud Professional Standards

¹¹ For details please see the 3-year delivery plan in Annex A.

Foreword

Executive
summary

Introduction

Nature and scale
of the problem

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

Objective 2 - Be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters.

Where we are: Improved fraud intelligence can have wide ranging beneficial effects across the range of counter fraud activity, from investigation to deterrence and prevention and holding to account. A good intelligence picture will boost the confidence of investigative efforts. An organisation that delivers more balanced intelligence assessments across major areas of spend will have greater confidence in the estimates provided, which will in turn inform local and national crime reduction activity.

By the same token, an incomplete understanding of fraud risks leads to low confidence and potentially ineffective action; crime reduction activity will be more challenging and investigation efforts may be insufficiently aligned to levels of risk.

Our current intelligence picture is incomplete; the national picture is dominated by low confidence estimates, with limited thematic material on specific fraud risks.

Where we want to go: Our goal is a more balanced and accurate strategic intelligence assessment and better thematic assessments across significant areas of spend, leading to increased levels of organisational confidence.

We will strive to achieve this by:

- developing our role as a national fraud reporting centre
- collating all material of intelligence value
- completing strategic intelligence assessments
- using a control strategy to properly determine priorities
- prioritising thematic research
- disseminating intelligence to stakeholders
- proactively identifying and prioritising intelligence gaps

Foreword

Executive
summary

Introduction

Nature and scale
of the problem

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

Objective 3 - Lead, guide and influence the improvement of standards in counter fraud work, in line with HM Government Counter Fraud Professional Standards, across the NHS and wider health group, through review, assessment and benchmark reporting of counter fraud provision across the system.

Where we are: Higher standards in local counter fraud work will improve the identification of fraud, enabling more investigations and leading to more effective prevention.

Currently local understanding of fraud risks is uneven across the NHS, with some local counter fraud specialists not recording fraud incidents in an appropriate and timely manner. Where suspicious activity is not identified as being fraudulent it goes unreported. There is also no agreed local minimum quality standard for fraud investigations, and some organisations avoid publicising fraud for fear of it reflecting badly on them.

An incomplete understanding of local problems will hamper local counter fraud work, with negative effects on awareness, identification, investigation, prevention, and holding those responsible to account. The NHS would continue to suffer a drain on its resources, with funds diverted from their intended purpose: patient care.

Where we want to go: Our goal is raised local standards in counter fraud work across the NHS, leading to improved levels of local counter fraud work and success in the identification, investigation and prevention of fraud.

We will strive to achieve this by:

- formulating strategies, in partnership with those involved in local counter fraud work and others, that can be applied at a local level
- producing fraud solutions and reduction interventions, in partnership with others, that can be applied at a local level
- benchmarking against local counter fraud standards; this will inform organisations and drive improvements
- reviewing assessments of local counter fraud initiatives, and providing organisations with accurate feedback

Objective 4 - Take the lead and encourage fraud reporting across the NHS and wider health group by raising the profile of fraud and its effect on the health care system.

Where we are: Information flows are the backbone of an intelligence led strategy. The current landscape includes significant underreporting of fraud across the health system. In some cases local counter fraud specialists do not record activity in a timely manner; whistleblowers don't know who we are or where to report suspicions of fraud; some NHS organisations fail to report fraud altogether in order to avoid unwelcome publicity and perceived reputational damage, including some sectors with no recorded activity. This situation leads to an incomplete national intelligence picture, where much fraud is not investigated properly, which in turn risks undermining the financial integrity of the NHS.

Where we want to go: Our goal is increased levels of fraud reporting to the NHSCFA, leading to a balanced understanding that more accurately reflects the intelligence picture.

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex



Foreword

Executive
summary

Introduction

Nature and scale
of the problem

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

We will strive to achieve this by:

- assessing every organisation against our counter fraud standards; organisations will be required to demonstrate that they are seeking to improve their counter fraud activities and are implementing any corrective action recommended by the NHSCFA, via progress reports and minutes of audit committee meetings. To facilitate accountability, we will provide copies of assessment reports to audit committees, so that they are fully informed of any issues of concern and can hold their organisations to account.
- providing copies of the reports to coordinating commissioners (for providers) and to NHS England (for commissioners) to ensure that progress against any recommendations is monitored
- benchmarking against local counter fraud standards will inform organisations and motivate their improvement work
- developing a range of communications and marketing strategies to raise the profile of the NHSCFA and thereby the awareness of fraud and how to report it safely¹²
- increasing analytical work to enable the production of more intelligence to the local NHS
- applying a proactive approach to the acquisition of data sets

¹² For details please see the 3-year delivery plan in Annex A.

Foreword

Executive
summary

Introduction

Nature and scale
of the problem

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

Objective 5 - Invest in and develop staff, recognise their expertise and passion to deliver high quality counter fraud work for the NHS; ensure and demonstrate that our professionals are respected for their contributions and feel proud to work for the organisation.

Where we are: Our professional, skilled, and motivated workforce do a better job investigating, analysing and preventing fraud because of the skills acquired and the investment made in them.

A workforce lacking in skills, whose motivation is poor, will deliver inferior products.

Analysis, investigations, crime reduction and prevention solutions will need the right investment to be of high quality and support the efforts to reduce fraud and safeguard NHS funds.

Rapid technological advancement and the changes in the NHS and in the nature of specific fraud risks make continued professional development and investment in the workforce a necessity. We intend to not only skill up our staff to capture the new opportunities ahead of us, but to maintain those skills levels going forward.

Where we want to go: We want to reach, and maintain, a highly skilled and motivated workforce of fraud professionals who deliver high quality work on organisational objectives, thereby contributing to safeguarding our NHS.

Foreword

Executive
summary

Introduction

Nature and scale
of the problem

Resources

Strategic
framework

What we seek to
achieve

What we will
deliver

Looking ahead

Annex

We will strive to achieve this by:

- aligning our staff with the requirements of HM Government Counter Fraud Professional Standards
- producing a series of staff learning and development opportunities to meet identified needs
- improving and promoting the values and behaviours framework and staff use and understanding of it
- promoting and supporting the activities of the staff engagement group
- developing and delivering an internal assurance and governance programme
- measuring the effectiveness of standard operating procedures and the learning and development programme delivered across the organisation

Details of how these objectives will be delivered and measured against are set out in our delivery plan which can be found in Annex A.



09. Looking ahead

In line with legislative requirements, the NHSCFA will be subject to review every three years. This will enable us to demonstrate how we are delivering against our strategic and operational objectives, and allow us to:

- adapt to emerging threats and issues and address current and future fraud risks in the NHS
- ensure, through evaluation of operational performance, that we remain fit for purpose to deliver counter fraud functions beyond 2020
- assess, analyse and report on existing and future fraud risks affecting the NHS and wider health group
- identify requirements for future counter fraud work in the NHS and wider health group

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex



Annex – NHSCFA delivery plan 2017-2020

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

The NHSCFA's organisational objectives are:

1. Deliver the DH strategy, vision and strategic plan, and be the principal lead for counter fraud activity in the NHS in England.
2. Be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters.
3. Lead, guide and influence the improvement of standards in counter fraud work, in line with HM Government Counter Fraud Professional Standards, across the NHS and wider health group, through review, assessment and benchmark reporting of counter fraud provision across the system.
4. Take the lead and encourage fraud reporting across the NHS and wider health group, by raising the profile of fraud and its effect on the health care system.
5. Invest in and develop NHSCFA staff; recognise their expertise and passion to deliver high quality counter fraud work for the NHS; and ensure and demonstrate that our professionals are respected for their contribution and that they feel proud to work for the NHSCFA.

The NHSCFA operational deliverables are listed below, but it should be noted that they may be subject to change as a result of the need to respond to emerging issues/threats. This delivery plan is also automatically subject to an annual review in response to our strategic intelligence assessment and control strategy assessment.

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Deliverable	Key aim	Target time	Organisational objective
We will increase the levels of fraud reporting to the NHSCFA	<ul style="list-style-type: none">■ To target and then increase the level of fraud reporting in specific areas of NHS spend and risk by developing a range of communications and marketing strategies that increase the NHS's understanding of fraud threats and risks, thus increasing levels of reporting and the NHSCFA's profile■ To identify problem areas relating to invoice and procurement fraud within the NHS through the development of an intelligence profile that identifies key enablers to fraud occurring■ To increase the incidence of reporting of invoice and procurement fraud in order to improve understanding of the problem	2017-2018	Objective 4
	<ul style="list-style-type: none">■ To increase the level of reporting in payroll and identity fraud	2018-2019	Objective 3
	<ul style="list-style-type: none">■ To work with stakeholders to help them prevent and detect fraud at the earliest opportunity■ To measure the impact of the targeted areas from year 1■ To react to any organisational/legislative changes in year 1 affecting future programmes (e.g. Brexit)■ To develop and enhance the digitisation programme from year 1	2018-2019	Objective 1
	<ul style="list-style-type: none">■ To target communications strategy on areas where measurement indicates the least effect in years 1 and 2■ To enhance the level of information and accuracy within the Strategic Intelligence Assessment as a consequence of the above action	2019-2020	Objective 2

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Deliverable	Key aim	Target time	Organisational objective
We will increase the profile of the NHSCFA and the work it undertakes	<ul style="list-style-type: none">To develop and produce a wide range of communications and marketing strategies to increase the profile of the NHSCFA and to help counter fraud, along with evaluation measuresTo develop communications and information media in multiple formats (social media, digital media, public relations, print)	2017-2018	Objective 4
	<ul style="list-style-type: none">To evaluate and measure the impact of engagement activity and brand awareness of the NHSCFATo evaluate and review the organisation's digital platforms and their impact	2018-2019	Objective 3
	<ul style="list-style-type: none">To redesign and review material and delivery methodologies in light of technological developments	2019-2020	Objective 4
We will produce an accurate intelligence profile of loss in specific areas	<ul style="list-style-type: none">To understand the levels of threat posed by identity and right to work issues relating to un-vetted staff working in the NHS	2017-2018	Objective 2
	<ul style="list-style-type: none">To produce accurate information on the risks of historic and current pre-employment checksTo produce a statistically viable picture of the loss to fraud in procurement and commissioning in a sample area enabling evidence based statistical comparison work on wider data sets	2017-2018	Objective 2

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Deliverable	Key aim	Target time	Organisational objective
We will produce an accurate intelligence profile of loss in specific areas	<ul style="list-style-type: none">To report on the levels of fraud identified within the CCG area (including dental fraud, pharmaceutical fraud and general practice fraud)	2018-2019	Objective 3
	<ul style="list-style-type: none">To evaluate and report on the targeted areas of fraud loss from the control strategy	2019-2020	Objective 3
We will produce coherent fraud reduction strategies and interventions in response to the identified loss areas.	<ul style="list-style-type: none">To formulate strategies and solutions, working with others, that can be applied at a local level to prevent fraud in the EHIC systemTo develop an intelligence evidence base that allows for the future development of fraud solutions and reduction interventions that, working with others, can be applied at a local level to prevent NHS losses in the area of identity fraud and to increase identification of incidents for reporting	2017-2018	Objective 1
	<ul style="list-style-type: none">To produce fraud solutions and reduction interventions that, working with others, can be applied at a local level to reduce loss to optical fraud by £1m		
	<ul style="list-style-type: none">To produce solutions and interventions as above to reduce fraud loss in the area of agency workers	2018-2019	Objective 3

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Deliverable	Key aim	Target time	Organisational objective
We will produce coherent fraud reduction strategies and interventions in response to the identified loss areas.	<ul style="list-style-type: none">■ To produce solutions and interventions as above to reduce the loss to fraud in the areas of working whilst sick■ To produce solutions and interventions as above to reduce the loss to fraud relating to overseas visitors (subject to changes due to Brexit)	2018-2019	Objective 3
	<ul style="list-style-type: none">■ To produce solutions and interventions as above to reduce the loss to pharmaceutical contractor fraud	2019-2020	Objective 3
	<ul style="list-style-type: none">■ To measure and produce qualitative reports on the effectiveness of interventions introduced to tackle specific loss types in optical fraud	2017-2018	Objective 3
We will review the effectiveness of delivery of identified interventions	<ul style="list-style-type: none">■ To measure and produce qualitative reports on the impact of interventions introduced in the areas of commissioning and procurement fraud■ To analyse the effectiveness of fraud reduction measures introduced to impact identity and payroll fraud■ To measure and report upon the impact of interventions introduced in relation to EHIC fraud (subject to changes due to Brexit)	2018-2019	Objective 3
	<ul style="list-style-type: none">■ To measure and report upon the impact of interventions introduced in relation to EHIC fraud (subject to changes due to Brexit)	2019-2020	Objective 3

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Deliverable	Key aim	Target time	Organisational objective
We will acquire targeted data sets from available sources to improve and enhance the intelligence picture	<ul style="list-style-type: none">■ To establish an information sharing framework, with appropriate partner bodies, to enable the detection and identification of identity fraud and right to work fraud within the NHS workforce using data matching■ To identify and use data sets to identify fraud within the EHIC system	2017-2018	Objective 2
	<ul style="list-style-type: none">■ To acquire and analyse data from the areas of pharmaceutical activity, NHS pensions payment and dental claiming	2018-2019	Objective 2
	<ul style="list-style-type: none">■ To re-measure data in respect of optical claims and potential fraud to produce accurate data on savings produced from interventions■ To use data analytics to identify fraud within the NHS Litigation Authority process	2019-2020	Objective 2
We will develop and deliver organisational and staff development programmes	<ul style="list-style-type: none">■ To produce a series of staff learning and development opportunities to meet identified needs■ To improve and promote the values and behaviours framework and staff use and understanding of it■ To promote and support the activities of the NHSCFA's staff engagement group (SEG)■ To develop and deliver an internal assurance and governance programme	2017-2018	Objectives 3 and 5

Foreword

Executive summary

Introduction

Nature and scale of the problem

Resources

Strategic framework

What we seek to achieve

What we will deliver

Looking ahead

Annex

Deliverable	Key aim	Target time	Organisational objective
We will develop and deliver organisational and staff development programmes	<ul style="list-style-type: none">■ To review impact of the improved values and behaviours framework■ To measure the effectiveness of standard operating procedures and the learning and development programme delivered across the organisation■ To provide an assurance and governance report for the board	2018-2019	Objectives 3 and 5
	<ul style="list-style-type: none">■ To complete review of cycle and continued organisational development, assess improvements needed and set out requirements as appropriate for further counter fraud work	2019-2020	

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