

Business Plan 2025 to 2026



Working together to find, report and stop NHS fraud

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Foreword



This year's Business Plan aligns with the last year of our 2023 to 2026 Strategy. Our strategic pillars of Understand, Prevent, Respond and Assure have been fully embedded in our work for over two years and we are looking forward to completing the last year of our strategic cycle. During this time the counter-fraud profession has evolved rapidly and it will continue to do so. By way of example, artificial intelligence (AI) and technology advances are now embedded in many aspects of our lives and the counter-fraud community is having to actively consider these as both a threat and an opportunity. Another major change is of course the formation of a new government, which has meant we have new relationships to build. With health being one of the government's core missions, including growth and efficiency, and a 10-year plan in development, this provides us with an opportunity to align our work to published objectives. Whilst tackling fraud is our main objective, we

do so in order to contribute to better healthcare outcomes for UK citizens and that will be at the forefront of our mind when delivering this plan.

We have enjoyed strong support from our Sponsor Team at the Department of Health and Social Care (DHSC) and we look forward to working with the team whilst delivering this plan. We will also contribute to the wider Arm's Length Body (ALB) network in health by sharing information, knowledge and expertise wherever possible.

Our work is also supported by the Public Sector Fraud Authority (PSFA) which has continued to grow capacity and capability across the entire government network. As a relatively mature fraud function in government, we are proud that in a recent PSFA audit we were rated good or above in all areas of the functional standard for fraud - the only organisation to have achieved this rating so far. Both the Treasury and PSFA have asked counter-fraud leads to be ambitious in developing our future plans and to focus on how we can deliver a return on investment (ROI). Generating ROI in areas like secondary care will feature heavily in the delivery of this plan as we utilise our network of specialist staff to seek financial value from both enforcement and local proactive activity. This will be carried out alongside our partner ALBs to target priority areas and make the greatest impact on fraud within the NHS.

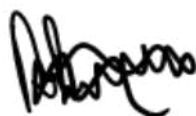
Wider stakeholder engagement will also be a strong feature of this year's plan.

We recognise that significant events such as those that led to the Post Office IT Horizon Inquiry will raise questions about enforcement activity in large organisations. I want the NHS Counter Fraud Authority (NHSCFA) to develop its status as a trusted partner to other healthcare organisations and continue to develop close ties with other counter fraud agencies, government bodies and private sector organisations, including those based internationally. I believe that close collaboration, openness and promoting a culture of integrity is essential in the fight against fraud. The positive opportunities to share experience, effective practice and data are too great to overlook.

On the subject of data, Project Athena is continuing to progress and our growing capability is now being deployed. We will detect patterns in

data indicative of fraud on a large-scale using advanced data science techniques enabling us to respond to the threats that are observed. This will be achieved by maximising the impact of our technical counter fraud capabilities in data management, data science, data engineering and proactive counter fraud response combined. Project Athena will help set a new proactive detection and response to combatting fraud in the NHS.

Finally, I would like to recognise the work of our former Chair, Tom Taylor, who remained in his role throughout last year, culminating in six years of incredible service. His understanding of the CFA was critical to our success and our Interim Chair, Gaon Hart, will take the organisation forward until a permanent Chair is recruited into post later in the year.



Alex Rothwell
Chief Executive
NHS Counter Fraud Authority

Our vision

As we enter the final year of our 2023 to 2026 Strategy we are continuing to work collaboratively with new and existing partners, to understand and respond to fraud when it occurs and use our expertise in prevention to strengthen the system. Our strategic pillars continue to guide us to improve and innovate within an ever-changing landscape.

Vision statement

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

In the first year of our new 2023 to 2026 Strategy, we introduced our four counter fraud pillars of Understand, Prevent, Respond and Assure, which are underpinned by People and Resources. Our strategy sets our direction in line with the delivery of the strategic pillars of the organisation. Delivery of these is discharged through this business plan.

Our pillars of counter fraud activity ensure that we do the following:

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

A foundation 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, efficiency and innovation. More fraud detected, prevented and recovered means more funding where it should belong, in healthcare and patient facing services.

This plan will remain agile and responsive to the needs of the counter fraud effort within the wider NHS and is intended to evolve as risks develop. As the counter fraud landscape continues to evolve and change, it is important that the business plan has sufficient flexibility to allow us to respond to new and changing priorities. For this final year of our strategy, the NHSCFA will continue to develop proactive and impactful responses to the fraud threats faced by the NHS.

Progress on our Strategy

Significant progress has been made on the delivery of our Strategy and the 2024 to 2025 Business Plan, with most areas now delivered. Much of this will be detailed in our Annual Report and Accounts due later in 2025. However, some examples of the achievements for the 2024 to 2025 period are presented below.

The NHSCFA has supported the NHS and wider health group to deliver over £332m of fraud prevented, detected and recovered over the last two years, working collaboratively towards the realisation of the three-year strategic target of £500m. The NHSCFA has reported the delivery of £184.6m against the target of £138.3m in the first year of the NHSCFA strategic cycle and in year two is expecting to report the delivery of £147.7m against a target of £126m. This represents an early delivery of, and overachievement of, anticipated a profiled savings by 26% against the original objective. The NHSCFA is confident that the £167.7m will be delivered in 2025 to 2026, the final year of the current strategic cycle, meaning that the coordinated counter fraud response across the NHS and wider health group will realise in full the £500m of financial benefit to NHS funds. The NHSCFA will continue to maintain performance of and continue to significantly exceed the 3:1 ROI stretch target set by the PSFA.

Our Fraud Hub won a Tackling Economic Crime Award (TECA) for Outstanding Public Sector/Law Enforcement initiative. The award was a recognition of the exceptional impact of the Hub's work on the counter fraud response on a local level and the growth in and its recorded outcomes.

Our LIFE values, standing for Leading, Influence and Empowerment, Fairness and Expertise, are being led and championed across the organisation by the Senior Management Team, via communications and drop-in sessions available to all NHSCFA staff. We benefit greatly from our engaged workforce. They are aligned to and driven by our purpose, in our latest staff survey 95% responded favourably to the question "I am motivated by our purpose, to protect the NHS from fraud, bribery and corruption."

The Evolution Programme led a review of opportunities to improve outcomes from the local counter fraud response, strategic and operational stakeholder engagement, and a requirement to adopt a more target driven culture. There was also a need to review financial stability and internal resilience. Tranche one of the Evolution Programme led to a number of functional reviews across the organisation which identified improvement needs. The fundamental aim of these changes was to improve use of resources within NHSCFA, deliver qualitative outcomes and financial returns to combat fraud in the NHS.

The Procurement Local Proactive Exercise (LPE) was established to drive improvements in the due diligence and contract management capability and reduce procurement fraud vulnerability within the NHS. To date the total number of organisations participating in the LPE is 321 (as per the Counter Fraud Functional Standards Return (CFFSR) in 2023 to 2024), with a total of 546 quality improvement recommendations made.

Project Athena was successfully established with the onboarding of staff and new technology, using advanced data analytics to detect patterns in data indicative of fraud. The project continues to collaborate with partners in the NHS England (NHSE) to counter fraud in secondary care, with positive results which will be declared post publication of this business plan.

The implementation of Real-Time Exemption Checking (RTEC) is a mechanism that allows a pharmacy to check in real time whether a patient must pay for prescribed medicines. The NHSCFA completed an extensive fraud measurement exercise during the year to determine the financial impact of the programme on preventing prescription fraud within the NHS in England. Working with our partners, NHS England and the NHS Business Services Authority, the exercise has demonstrated that fraudulent claims to prescription exemption has decreased by circa £58m as a result of its implementation of RTEC. There will be significant longer term counter fraud benefits of the RTEC system.

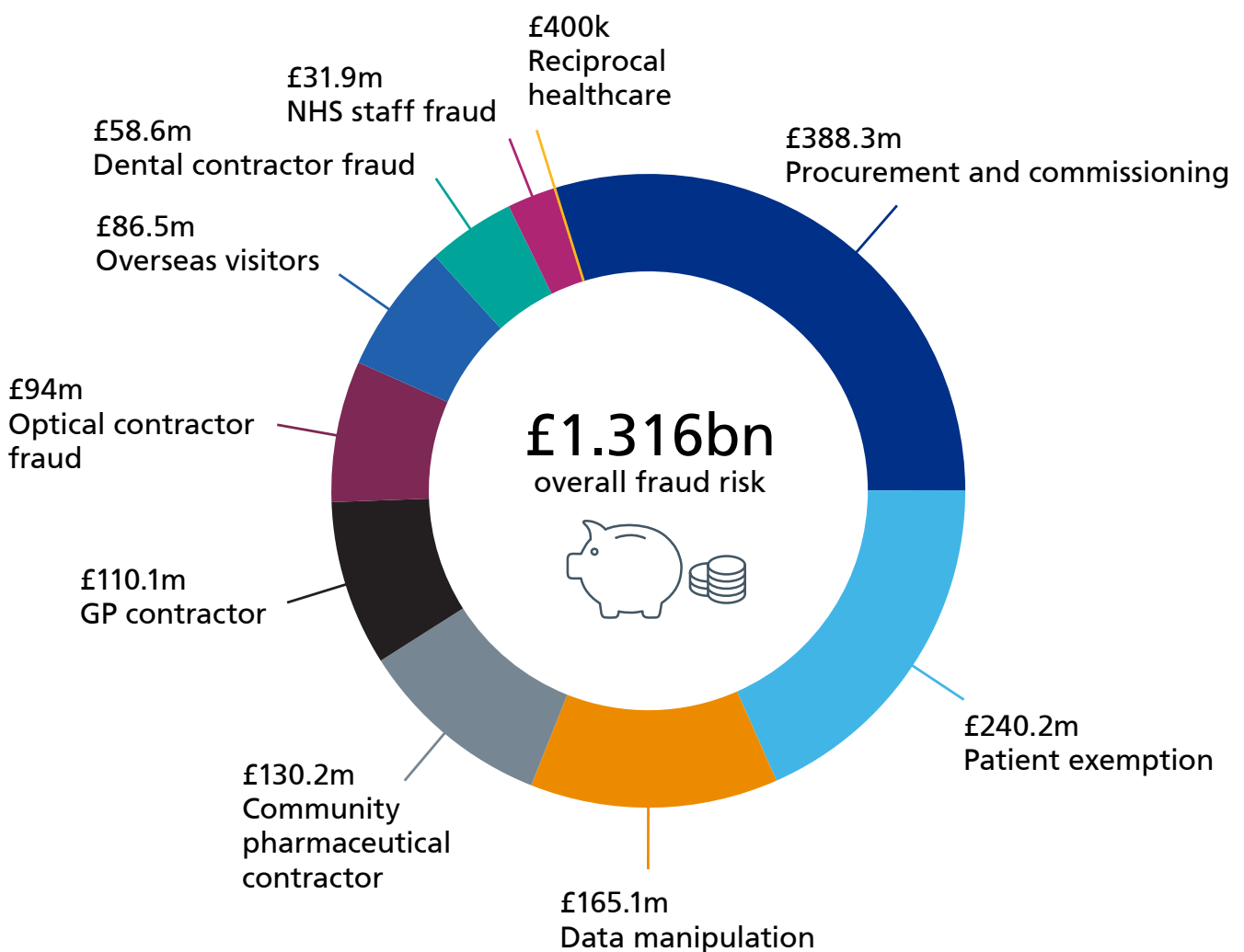
The NHSCFA plays a significant role in the coordination and delivery of health wide fraud targets. During 2023 to 2024 the overall health wide saving achieved was £184.6m, with the NHSCFA budget at £18.9m. The NHSCFA has been commended for and continues to significantly overachieve the PSFA's ROI stretch target of 3:1.

Our integrated approach to delivery

This plan details the proposed high-level programme of work the NHSCFA will deliver during the final year of our three-year strategy. The Strategic Intelligence Assessment (SIA) details the key fraud threats and vulnerabilities, of which, priority areas will be reflected in our Control Strategy which we will address in 2025 to 2026. This integrated business plan captures the outcomes from our integrated planning cycle we use to inform our work to achieve the maximum impact over the life of our Business Plan and 2023 to 2026 Strategy.

Delivery of the plan is subject to changing priorities based on intelligence received, new and emerging threats, available funding and existing resources.

The challenge¹



¹ This figure is an estimate of the vulnerability to fraud, not the actual loss incurred by the health sector

The NHS response

To support the understanding, prevention, response and assurance of fraud, we propose to:

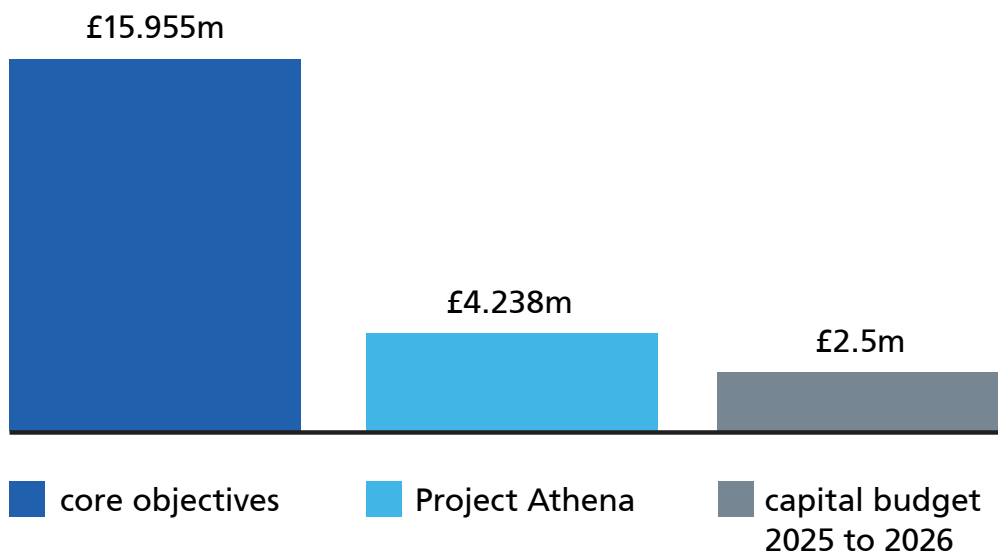
- work with our partners to reduce and recover any financial loss to fraud within the health sector to ensure monies remain in frontline NHS services
- drive strategic stakeholder engagement to improve and deliver the priorities set out in our Control Strategy to prevent, detect and recover money lost to fraud across the health sector
- utilise 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 preventative activity
- work with key partners in primary care, secondary care, Integrated Care Boards and individual health bodies to target key areas of fraud where we can collaborate and share resources to make the greatest impact on fraud within the NHS
- share international learning with the health sector and partners
- develop, strengthen and grow further relationships with key stakeholders across and beyond the NHS to raise the awareness of and reduce fraud

Financial assumptions

The delivery of this business plan is supported by robust financial planning, oversight and management that includes some key assumptions:

- the NHSCFA annual government (DHSC) funding for financial year 2025 to 2026 has been confirmed at £20.193m (excl. IFRS16 funding) which includes £4.238m relating to Project Athena. Therefore, the remaining £15.955m is the authorities baseline funding to deliver its core strategic objectives. The annual capital budget for 2025 to 2026 is £2.5m
- it is anticipated there will be further cost pressures in the region of £500k to £1m above the current growth and inflation assumptions, however a balanced budget will be achieved
- the organisation is waiting on the outcome of a number of 2025 to 2026 spending review funding bids, which will determine whether some areas of activity within this plan will continue

DHSC funding allocation



*NHSCFA receives some income from other sources

Key delivery risks

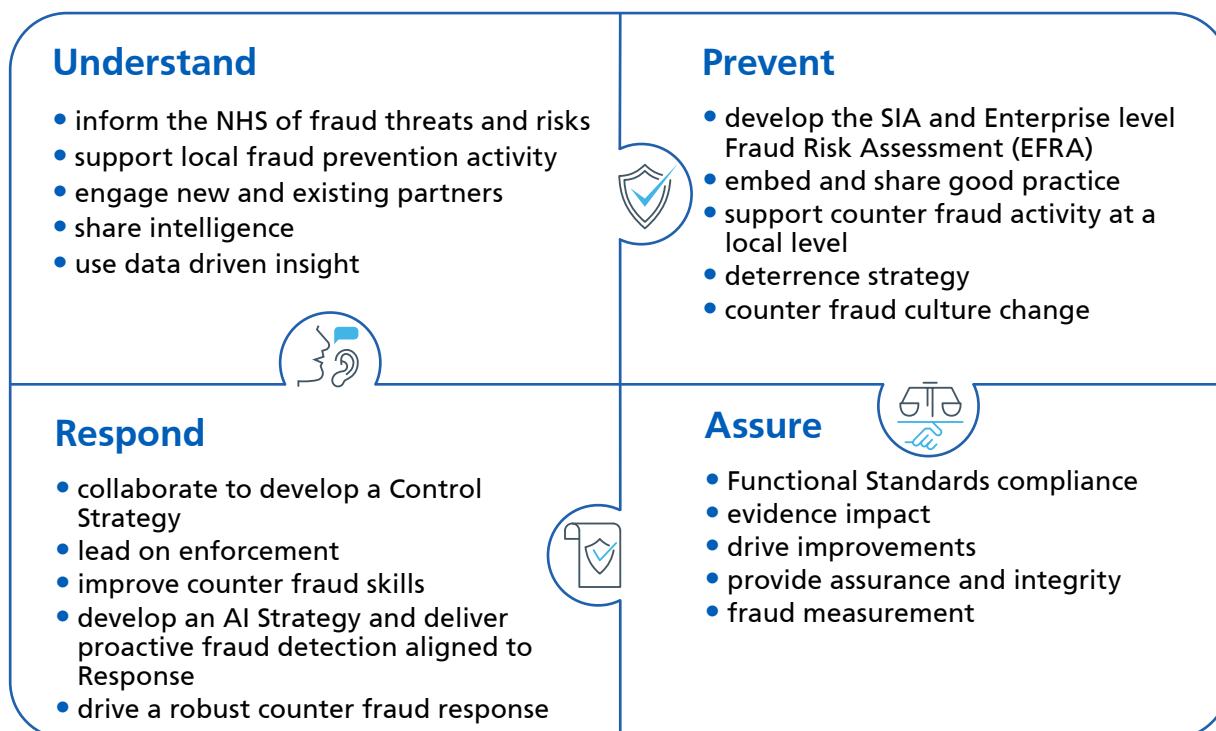
The delivery of this business plan will be overseen by robust governance and oversight which is detailed later in this document. There are some anticipated challenges in the delivery of this business plan, which will be reviewed and managed as part of regular reporting.

Key risks to delivery include:

- ongoing funding challenges and the potential implementation of a multi-year cost improvement programme which may result in some areas of the business plan not being delivered
- new national priorities and alignment with the 10-year health plan will be important and once published later this year, may require a change in the direction of aspects of this business plan
- the NHSCFA does not work in isolation and requires the engagement of the entire health sector to drive counter fraud activity, messaging and culture. Competing priorities, risk averse data sharing approaches and political concerns regarding employee relationships all have the ability to impede counter-fraud activity. As an example, critical support is needed from NHS England and the Business Services Authority in particular to achieve the objectives of the Project Athena
- the use of and exponential development of AI and technology may change the nature and landscape of the environment we work in

2025 to 2026 Business Plan

summary



Further areas for delivery include:

- delivery of the health wide 2025 to 2026 financial target of £167.7m through a growth in fraud prevention, detection and enforcement activity
- transitioning and growing the learning and capabilities established through Project Athena into business as usual activity
- review and enhance the way intelligence is shared across the health sector to enable all parts of the NHS prevent, detect and recover financial loss to fraud
- improve the performance of the Local Counter Fraud Specialists (LCFS) through wider engagement, support and recording of information on systems
- engage at board level in health bodies to improve the response to fraud, supported by transparent fraud reporting via national data systems
- working with NHSE to engage new health stakeholders to get growth in and drive further counter fraud activity
- future proofing our organisation to be able to respond to new and emerging priorities from government, aligning the organisation's work to support the health 10-year plan and governmental healthcare objectives
- further develop our fraud measurement methodologies to improve the evidence of impact

Our key corporate projects

Through our integrated business planning process, we propose to initiate a series of corporate projects, some of which are listed here.



Project Athena will continue to grow, develop and use advanced data analytics and science techniques to detect patterns in data indicative of fraud on a large-scale and respond to the threats that are observed. In this final year of the pilot, the programme will aim to deliver the financial aspirations before work commences to transition to business as usual



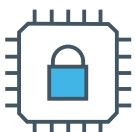
10-year transformation programme - We aim to ensure the organisation remains fit for purpose within a flexible, agile operating model, which is continually evolving to meet the needs of the business and wider NHS, aligning to the Government's 10-year health plan



2026 to 2029 Counter Fraud Strategy - We aim to work with the DHSC and its new Counter Fraud Strategy, our wider stakeholders and partners, to develop the next Counter Fraud Strategy to lead the fight against fraud across the NHS



Develop Fraud Prevention, Fraud Deterrence, Fraud Enforcement and Fraud Response Strategies to underpin Counter Fraud Delivery Plans across the health sector



Counter fraud culture - We propose to lead a programme of engagement and drive a programme of disruption and culture change to reduce the fraud vulnerability across the NHS

Delivery Plan 2025 to 2026

Within this plan, we propose to deliver £167.7m as part of the three-year strategy target of £500m. This will be a combination of initiatives and activities resulting from fraud prevention, fraud detection and fraud recovered. This target is health group wide, which includes fraud impact delivered by the DHSC, locally within health organisations and by Arms-Length Bodies (ALBs).

Strategic Pillar - Understand

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

Our ambition is to

- with the support of our partners across the NHS, deliver a responsive SIA and EFRA to ensure the NHS is fully informed of the threat and effect of fraud against NHS funds, together with an identification of opportunities to respond to them from intelligence
- develop and enhance the way we evaluate and share strategic intelligence across the NHS landscape to ensure the NHS is able to take timely and appropriate action against fraud
- support health bodies to undertake local organisational level fraud risk assessments, to enable them to provide a localised response to the dynamic fraud risk landscape
- engage new and existing partners and stakeholders to broaden reach, strengthen insight and intelligence and set ambitious joint objectives to tackle fraud
- 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 and prevent funds from being lost to fraud
- share fraud risk intelligence across the NHS to drive a more effective counter fraud response across health organisations to prevent fraud
- enhance our advanced data analytics and data science capability to assess threats, generate insight and detect patterns in data indicative of fraud. Driving tangible actions to prevent and deter fraud from occurring. This activity will include the measurement of fraud based on priorities derived from the Control Strategy
- continue to work with partners to access data for counter fraud purposes, providing the expertise in fraud detection, using data at the core and responding to new and emerging threats proactively
- maintain strong relationships with our international network to understand global health care fraud risks and share counter fraud insights

Our ambition is to

- lead the development of a health wide fraud prevention strategy, informed by data and deliver a prevention programme to reduce fraud losses across the NHS
- embed and share good prevention practice to reduce the occurrence and threat of fraud through
 - identifying emerging risks and threats
 - sharing guidance, good practice and lessons learnt
 - horizon scanning and identifying system weaknesses
 - supporting the adoption of new policy and legislation
 - influence fraud risk assessments for new policy/programme development
- support local area-based partnerships to detect, prevent and respond to fraud through the provision of guidance, data modelling and supporting them to use appropriate tools to respond to fraud where found
- develop a deterrence strategy and programme for the NHS to proactively promote a counter fraud culture that develops fraud awareness and understanding across all areas of spend. An effective culture is fostered through a cycle of education, measurement, monitoring and improvement. This will be achieved through:
 - engagement with a cross-section of stakeholders, including Directors of Finance and Audit Committee Chairs
 - implementation of management reporting through national NHS reporting systems, the digital information service designed to help NHS providers improve their productivity and efficiency
 - ongoing promotion and use of the Corporate Dashboard Suite
 - development of a NHSCFA Engagement Strategy and approach to drive key fraud prevention messages and behaviour change across the sector
 - drive the uptake of initial fraud impact and risk assessments
 - support organisations to drive counter fraud training and ownership at front line and operational roles
 - support the increased identification and reporting of fraud
 - drive the LCFS community to be part of the counter fraud profession

Our ambition is to

- use our understanding of fraud to develop a NHS wide Control Strategy to agree and coordinate counter fraud priorities, develop action plans, manage the strategic and tactical allocation of resources and close intelligence gaps
- with the support of our partners across the NHS, lead the development and management of an enforcement strategy for the sector
- improve capacity, capability and drive the professionalisation of the Counter Fraud community through the provision of support, advice and guidance to deliver robust enforcement outcomes via the NHSCFA Fraud Hub
- draw learning from our investigations and response activity to improve practice
- work in partnership with the PSFA to build capability and develop a culture of counter fraud to influence, measure, improve and maintain professional and operational standards, fostered through a cycle of education, measurement, monitoring and improvement
- develop an AI Strategy to support the counter fraud response and where appropriate improve our own drive for efficiency. We will use our advanced data science capability to detect fraud at scale in areas of strategic and operational interest underpinned by expertise and the highest ethical practices in data science
- provide an effective national counter fraud enforcement response to serious fraud, bribery and corruption affecting NHS expenditure through:
 - the NHSCFA National Investigation Service delivering a national enforcement function
 - the NHSCFA Digital Forensic Unit proving a responsive and accredited expert digital forensic capability to support criminal investigations in England, Wales and Scotland
 - review and update processes in relation to disclosure and digital forensics
 - deploying accredited financial investigators and financial intelligence officers to support the progress of criminal investigations and utilise powers under the Proceeds of Crime Act and wider civil powers to recover NHS funds

Our ambition is to

- measure, assure and report health bodies' compliance with the Government Counter Fraud Functional Standard and the NHS's Counter Fraud Requirements
- 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
- lead the NHS counter fraud community to drive measurable improvements in the counter fraud response through collaborative partnerships and providing appropriate support and reporting
- work with and provide assurance to the DHSC and the PSFA through:
 - the development of the new 2026 to 2029 NHSCFA Strategy focussing on:
 - strengthening fraud prevention
 - making fraud personal
 - driving AI and big data
 - stronger focus on financial value
 - developing a continuous improvement mindset through testing, evaluation and learning
 - alignment to the 10-year plan including embedding counter fraud activity in NHS digital transformation
 - strengthening/improving our ability to influence key stakeholders.
 - improving our approach to developing and sharing strategic intelligence across the health sector and using it to drive action against agreed priorities
 - compliance with performance reporting requirements to the DHSC and PSFA
 - drive performance based reporting at an organisational level
 - share information relating to fraud affecting the NHS (threat levels, response activity and measurable outcomes) with the highest level of validation and statistical integrity
 - continue the ongoing development and validation of fraud measurement methodologies

Our ambition is to

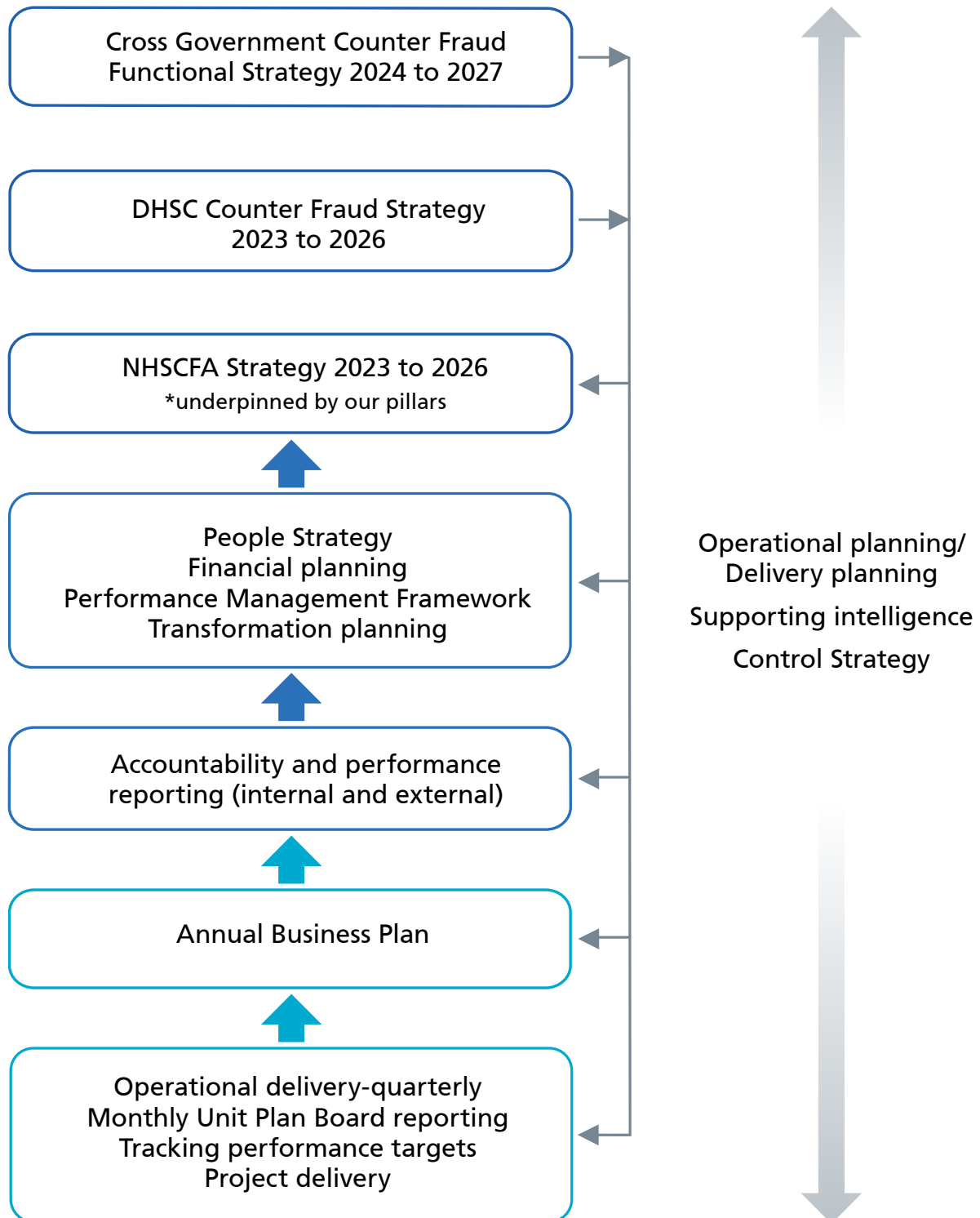
- develop a sustainable approach to workforce and succession planning aligned to our People and Workforce Development Strategy
- develop visible, positive, confident and enthusiastic leaders who exemplify our LIFE values and ensure optimum employee experience for all our staff
- invest in and manage talent within the organisation
- build pipelines for:
 - a flexible and agile workforce
 - sourcing new and emerging expertise where required
 - pursue options that will promote the NHSCFA as an employer that attracts and retains talent
 - creating a truly inclusive environment appropriate for a modern workplace
- build on a strong, safe, legal and best practice foundation to enable us to deliver a comprehensive, diverse and inclusive portfolio of people and workforce services
- be a flexible and collaborative 'One Team' of professionals who are driven by our vision, purpose and values and behaviours in order to deliver
- understand and adopt, where appropriate, the use of technology and automation across the NHSCFA
- develop further insight and utilisation of our workforce data to inform evidence based people and workforce activity

Our ambition is to

- review the Government Functional Standards and implement these in a proportionate manner where relevant
- enable and support good commissioning practice through the review of the target operating model for the provision of commissioning and procurement support
- deliver the NHSCFA integrated business planning process
- review our priorities to support our planning and strategic delivery
- develop the new 2026 to 2029 NHSCFA Business Strategy
- enhance our ROI in partnership with the DHSC
- develop our Digital Strategy and continue to review our current and future technology requirements in line with business needs
- review and strengthen our governance and financial management processes
- deliver a robust performance, programme and project management offer across the NHSCFA and strengthen benefits management and delivery
- facilitate the continued transformation of the NHSCFA through the development of the NHSCFA 10-year transformation plan, in line with the 10-year health plan
- deliver strategic and operational corporate communications
- develop the organisation's future estates strategy for the NHSCFA and optimise the physical and virtual environment where our people work

Performance, governance and accountability

Our annual Business Plan supports the delivery of our Strategy year-on-year. The NHSCFA has a framework underpinning its business planning cycle and subsequent performance management and delivery assurance. The diagram below captures the governance and reporting arrangements for this Business Plan.



The Business Plan will at all times be managed through our integrated planning and coordination group with change control processes implemented to allow flexibility in the delivery of NHSCFA's strategic objectives in delivering the best outcomes for the NHS. This will be supported by a robust performance management framework, with a minimum monthly consideration of performance at Executive, Senior Management Team, Leadership and unit-level performance reporting. As per previous years, key performance indicators (KPIs) and other operational performance measures are used to track the delivery of this business plan, reported through the quarterly NHSCFA Board Performance Report.

The core KPIs that the NHSCFA must report on to the PSFA and government are:

- delivery of the financial target
- production of the SIA
- completion of the counter fraud functional standard returns
- delivery of the annual report of accounts

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 is reviewed by the panel with associated metrics to demonstrate impact and value to counter fraud.

Impact to the sector

The vision of the NHSCFA is to work together to understand, find and prevent fraud, bribery and corruption in the NHS, and return money back to NHS funds where it has been the subject of a fraud attack. The deliverables in this business plan will help to achieve this vision, meaning less funds are lost to fraud and more spent on frontline health care services.

The work of the NHSCFA aims to support growth in the health sector by reducing the restrictions and friction to growth from resources and funds lost to fraud. The impact of fraud affects front line delivery and the efforts of the NHSCFA will help the sector and stakeholders to:

- broaden understanding of and get better engagement on counter fraud messages to increase fraud prevention activity across the sector
- benefit from analysis of big data sets to detect and prevent fraud, supporting stakeholders to take early and proactive action
- drive forward the use of initial fraud risk impact assessments for new large scale initiatives to ensure that systems are not vulnerable to fraud and that controls identified are effectively monitored
- continue to benefit from the fast dissemination of intelligence to support new and existing stakeholders across the health sector to respond to new and emerging threats
- drive positive action to deter and prevent fraud from occurring and where fraud has occurred, take appropriate enforcement action with our stakeholders
- help drive financial efficiency and direct financial benefit within the NHS by preventing funds intended for patient care being subject to fraud attack and, where fraud has occurred, take all steps to recover funds lost and return them back to the NHS
- improve performance against the government's counter fraud functional standards
- utilise counter fraud and financial performance data to drive more counter fraud activity ensuring funds remain within healthcare setting and are not lost to fraud, bribery or corruption



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