

Business plan 2018-19

April 2018

Version 1.0



**NHS fraud.
Spot it. Report it.
Together we stop it.**

Version control

Version	Name	Date	Comment
1.0	Richard Hampton	06/04/18	Final version

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Executive summary

The NHS Counter Fraud Authority (NHSCFA) is a special health authority with a remit to identify, investigate and prevent fraud within the NHS.

Established in November 2017, the NHSCFA is independent from other NHS bodies and directly accountable to the Department of Health and Social Care (DHSC).

The DHSC Anti-Fraud Unit (DHSC AFU), as the NHSCFA's departmental sponsor, recognises that the assessment of intelligence enables both the identification of key fraud risks and national prioritisation of action to tackle them. The DHSC AFU defines four key areas of work at the root of this intelligence led strategy:

- **Inform and Involve** – ensuring a high level of counter fraud awareness and identification and ownership of fraud risks across the NHS, the wider Health Group and stakeholders. It is also vital to have wider public engagement and support for this work. The NHSCFA will work to continue to change the culture and perceptions of fraud so it is not tolerated at any level. Working relationships with stakeholders will be strengthened and maintained through active engagement. The NHSCFA will proactively publicise the dangers of fraud and their success in tackling it.
- **Prevent and Deter** – working collaboratively to develop solutions at the earliest possible stage and undertaking urgent prevention and deterrence interventions when a problem is identified. Preventing and deterring crime across the NHS and the wider Health Group reduces the opportunity for fraud to occur or to re-occur, and will discourage those individuals who may be tempted to commit fraud. Finding a permanent solution to eradicate identified areas of fraud and emerging risks is more effective than detection and punishment. Those individuals who are not deterred should be prevented from committing fraud by robust systems, which will be put in place in line with policy, standards and guidance. The NHSCFA will work with the DHSC AFU who will coordinate the national response to the problem and hold Health Group to account.
- **Investigate & sanction** - thoroughly investigate allegations of fraud to the highest professional standards and, where appropriate, seek the full range of civil, criminal and disciplinary sanctions. Those who have committed fraud against the health service will be identified, prosecuted where appropriate and redress for losses will be sought. Redress will be pursued by restraining assets and enforcing recovery through the relevant legal channels in partnership with the police and other crime prevention agencies as appropriate.
- **Continuously review & hold to account** - fraud does not stand still and continuous re-evaluation and improvement is needed. Where this does not take place, or where there is reticence to do so, then organisations must be held to

account for their inaction. It is important that progress is evaluated in tackling fraud to ensure that all involved in addressing the risks are ahead of the evolving fraud problem. The nature of fraud, as an often hidden or silent crime, can make this evaluation challenging. It must also be considered that fraud cannot simply be perceived in terms of the financial loss but also in terms of harm to the organisation, its reputation and its patients in ways that cannot be measured in financial terms.

The NHSCFA will work collaboratively with the DHSC and other key stakeholders to deliver its agreed priorities and meet the organisational objectives as set out in the NHSCFA strategy and three year delivery plan.

This business plan sets out how the NHSCFA will meet its organisational objectives. Working to the NHSCFA's values of Fairness, Expertise, Integrity, Objectivity, Professionalism, and Vision, we will deliver our core business objectives and our specific priorities for 2018-19 which are as follows:

- Fraud in relation to NHS Help with Health Costs (patient charge evasion)
Patients claiming entitlement to NHS funded treatments or services, such as free or discounted prescriptions, dental treatments or optical services, when they are not eligible is a prevalent fraud risk affecting the NHS
- Pharmaceutical contractor fraud; threats associated with the production and supply of bulk blank prescriptions.
Pharmaceutical contractor fraud occurs when these contractors claim for remuneration and the reimbursement of fees by the NHS for services that have not been provided.
- Fraud in relation to procurement and commissioning in the NHS; threats associated with post-contract invoice manipulation
Procurement and commissioning fraud in relation to post contract invoice manipulation occurs when payments are made by the NHS from fraudulently submitted claims for work either partially or not carried out.
- Driving improvements in standards of counter fraud work in the NHS
The NHSCFA aim to 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.

Specific priorities are identified through a detailed control strategy process that employs the evaluation of intelligence in our annual Strategic Intelligence Assessment (SIA). The SIA utilises the Management of Risk in Law Enforcement environments (MoRiLE) national model to identify key thematic risk areas and capabilities to take direct action.

The structured risk modelling methodology and language used in our assessment is consistent with that used by the vast majority of law enforcement agencies and functions in the United Kingdom. The MoRiLe process considers a number of factors in addition to the loss to fraud estimated in the Strategic Intelligence Assessment which include (among others) the impact on the community, public expectation, reputational and political influences and the capacity and capability of the NHSCFA to effect change.

1. About us

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

As a special health authority focused entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and is directly accountable to the Department of Health and Social Care (DHSC). The NHSCFA was established on 1 November 2017.

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 that 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.

From data gathered in 2016-17, in 2017-18 we estimated that fraud losses within the NHS exceeded £1.29 billion per annum¹. This should be seen in the context of total health spending of over £120.5 billion².

All types of financial loss to the public purse reduce the government’s ability to provide public services. Financial loss in the NHS due to fraud or other unlawful activity diverts precious resources from patient care and negatively impacts the health service’s ability to meet people’s needs.

The NHSCFA is the single expert intelligence-led organisation providing centralised intelligence, investigation and solutions capacity for tackling fraud in the NHS in England. We act as the repository for all information related to fraud in the NHS and the wider health group, and we have oversight of and monitor counter fraud work across the NHS. We provide strategic and tactical solutions to identified fraud risks, set counter fraud standards and assess performance against these standards by NHS bodies through the provision of comparative data. Working collaboratively with NHS bodies, including their local counter

¹ A breakdown of this figure will be published in the near future.

² Department of Health annual report and accounts 2016 to 17, available at <https://www.gov.uk/government/publications/department-of-health-annual-report-and-accounts-2016-to-2017>.

fraud service providers and specialists and other stakeholders, we drive improvements in counter fraud work that is undertaken across the NHS.

The NHSCFA will work with organisations across the NHS, other arm's-length bodies and the DHSC to obtain better information and intelligence on the types of fraud the Health Group is exposed to and assist in putting in place effective measures to better prevent, deter and investigate fraud. The NHSCFA will also be better equipped to provide valuable information to the Health Group on weaknesses and risks that can expose the NHS to serious financial loss.

The NHSCFA's departmental sponsor is the DHSC Anti-Fraud Unit, which holds the NHSCFA board to account for the delivery of its strategy. This is set out in our strategy document 'Leading the fight against NHS fraud: Organisational strategy 2017-2020'³.

Our remit covers the NHS and the wider health service in England. In Wales we provide specialist counter fraud support functions to the Welsh Government by an arrangement under section 83 of the Government of Wales Act 2006.

We employ over 170 members of staff in three offices in London, Coventry and Newcastle.

Our strategic approach

Countering fraud requires a multi-faceted approach that is both proactive and reactive. The NHSCFA, working in partnership with the NHS and other stakeholders, adopts four 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.

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

The four principles, aligned to the DHSC Anti-Fraud Unit's strategy, are to:

1. **Inform and Involve** – ensuring a high level of counter fraud awareness and identification and ownership of fraud risks across the NHS, the wider Health Group and stakeholders. It is also vital to have wider public engagement and support for this work. The NHSCFA will work to change the culture and perceptions of fraud so it is not tolerated at any level. We will strengthen and maintain our working

³ Available on the NHSCFA website at <https://cfa.nhs.uk/about-nhscfa/what-we-do>.

relationships with stakeholders through active engagement. We will proactively publicise the dangers of fraud and our success in tackling it.

2. **Prevent and Deter** – working collaboratively to develop solutions at the earliest possible stage and undertaking urgent prevention and deterrence interventions when a problem is identified. Preventing and deterring crime across the NHS and the wider Health Group reduces the opportunity for fraud to occur or to re-occur, and will discourage those individuals who may be tempted to commit fraud. Finding a permanent solution to eradicate identified areas of fraud and emerging risks is more effective than detection and punishment. Those who are not deterred should be prevented from committing fraud by robust systems, which will be put in place in line with policy, standards and guidance. The NHSCFA will work with the DHSC AFU, who in turn will coordinate the national response to the problem and hold the Health Group to account.
3. **Investigate and sanction** -- thoroughly investigate allegations of fraud to the highest professional standards, and where appropriate seek the full range of civil, criminal and disciplinary sanctions. Those who have committed fraud against the health service will be identified, and prosecuted where appropriate. Redress for losses will be pursued by restraining assets and enforcing recovery through the relevant legal channels, in partnership with the police and other crime prevention agencies as appropriate.
4. **Continuously review and hold to account** - fraud does not stand still and organisations must continually re-evaluate and improve their counter fraud measures. If they fail or are reluctant to do so, they must be held to account for it. It is important to evaluate progress in tackling fraud, as this ensures that all involved in counter fraud work are ahead of the evolving threat. The nature of fraud, which is often a hidden or silent crime, can make this evaluation challenging. It must also be considered that fraud cannot simply be perceived in terms of the financial loss but also in terms of harm to the organisation, its reputation and its patients in ways that cannot be measured in financial terms.

Organisational objectives

Our vision is for an NHS which can protect its valuable resources from fraud. To help us achieve this, the five organisational objectives for the NHSCFA have been identified as:

1. Deliver the DHSC Counter Fraud Strategy, 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.

Our values

All NHSCFA staff are expected to act in accordance with our six principles of good practice:

- Fairness
- Expertise
- Integrity
- Objectivity
- Professionalism
- Vision

2. Context

Fraud stands apart from most others types of crime, as the victim is often unaware that an offence has occurred. Fraud is by its nature a hidden crime. Losses can go unnoticed for some time before they are discovered. Fraud is not randomly distributed, and fraudsters seek out weaknesses in controls and scrutiny and exploit them where they can.

Some NHS-specific examples of areas where controls and scrutiny may be lacking are:

- high-volume processes and payments systems where the focus is on speed of transactions
- limited post-payment verification at local level
- reliance on generic audit techniques to combat fraud

- reluctance to apply meaningful challenge (regarding conflicts of interest and single tender waivers, for example)
- separation in responsibilities between budget holders, policy holders and administrators

Another challenge to effective counter fraud work is that fraud is underreported due to a range of factors. Long-term solutions to fraud and other unlawful activity will necessarily involve a proactive and collaborative approach, particularly given the complex, diverse and changing nature of the NHS, and the fact that a single instance of fraud could affect multiple organisations.

Underreporting and the hidden nature of fraud highlight the need for an intelligence-led approach to countering fraud. Good quality intelligence is central to the development of an effective counter fraud strategy.

Ignorance of the true nature of the threat to the NHS results in staff underestimating the financial impact of fraud on their organisations. This means it is essential to raise awareness among NHS staff about what fraud is and the impact of fraud on the health service.

3. Organisational priorities

The NHSCFA annually reviews the strategic picture of fraud across the NHS and wider health group. This enables us to set our priorities through a strategic tasking exercise process, undertaken in accordance with the NHSCFA control strategy. The control strategy process involves the evaluation of intelligence in the annual Strategic Intelligence Assessment, which uses the Management of Risk in Law Enforcement environments (MoRiLE) national model to identify key thematic risk areas and capabilities to affect direct action.

The structured risk modelling methodology and language used in our assessment is consistent with that used by the vast majority of law enforcement agencies and functions in the United Kingdom.

The MoRiLe process considers a number of factors in addition to the loss to fraud estimated in the Strategic Intelligence Assessment: these include (among others) the impact on the community, public expectations, reputational and political influences and the capacity and capability of the NHSCFA to effect change.

This process also ensures that decisions about long term priorities and resources are made on the best available intelligence assessment of threats.

As a result of this exercise, the NHSCFA's control strategy priorities for 2018-19 are as follows:

- **Fraud in relation to NHS Help with Health Costs (patient charge evasion)**

Patients claiming entitlement to free or discounted NHS treatments or services, such as prescriptions, dental treatments or optical services, when they are not eligible is a prevalent fraud risk affecting the NHS.

- **Pharmaceutical contractor fraud; threats associated with the production and supply of bulk blank prescriptions**

Pharmaceutical contractor fraud occurs when these contractors claim for remuneration and the reimbursement of fees by the NHS for services that have not been provided.

- **Fraud in relation to procurement and commissioning in the NHS; threats associated with post-contract invoice manipulation**

Procurement and commissioning fraud in relation to post contract invoice manipulation occurs when payments are made by the NHS from fraudulently submitted claims for work either partially or not carried out.

- **Driving improvements in standards of counter fraud work in the NHS**

The NHSCFA aims to 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.

These control strategy priorities also support and contribute to the 2018-19 DHSC cross-system priorities for arm's-length bodies, specifically in the areas of financial control and digital delivery.

Our 2018-19 operational objectives and deliverables for each of the control strategy priorities are listed in Appendix 1 below. These objectives and deliverables may be subject to change as a result of the need to respond to emerging issues or threats. This business plan is also automatically subject to regular review in year in response to our strategic intelligence assessment and control strategy assessment.

A new strategic intelligence assessment will be produced by the end of 2018-19; this will help inform priorities for the following financial year, in line with the process described in section 4 above.

A three-year delivery plan covering the period 2017-2020 is provided in our strategy document 'Leading the fight against NHS fraud'. This three-year plan is organised around a number of core business objectives; details of our planned work against these objectives in 2018-19 are provided in Appendix 2. The three-year plan is subject to regular review in the same way as the business plan.

4. Evaluation

Performance measures

The NHS is a large, complex and multifaceted system faced with diverse fraud risks. We will work to continuously build on and improve the intelligence we have, ensuring we make accurate assessments of the threats affecting the NHS.

Closing intelligence gaps is an essential step towards developing effective measures to mitigate fraud risks. In closing these gaps we will increase the quality of the intelligence used to estimate losses to fraud, bribery and corruption in the NHS. Whilst we are confident that in some areas our estimates are 'almost certain', increasing the quality of the intelligence used will increase the level of confidence of our estimates in those areas identified in the Strategic Intelligence Assessment as being less certain.

The NHSCFA has a clearly defined governance framework linked to management reporting tools and backed up by an auditable assurance process. This enables the organisation to develop and deliver a range of evidence based solutions, guidance and toolkits that, once adopted and implemented by the risk owners, will lead to measurable reductions in the level of fraud. These will be measured as a reduction in financial losses or in the number of incidents reported.

Measurement will be achieved by the production of statistically reliable metrics (in accordance with the NHSCFA policy "Tackling NHS fraud: a matrix model to identify, measure and evaluate fraud prevention") demonstrating that interventions introduced as a result of NHSCFA work provided the opportunity for local changes in practices to reduce the incidence or impact of fraud on health services and finances.

Review of performance

The NHS continues to evolve to meet the changing health care needs of the population, set against significant financial challenges. Our strategy for tackling fraud will keep pace with these changes by constant review and adaptation.

Monitoring performance is an important part of the NHSCFA's approach to ensure that the organisation is fulfilling its strategy commitments and performing to the very highest

standard. Annual reports on our performance against identified objectives will be produced annually.

The NHSCFA was established on 1 November 2017 with a three-year term. Key deliverables were identified for its counter fraud work, both in the short and long term. Deliverables for 2018-19 are listed in the appendices below.

Appendix 1 – Control strategy priority areas

Fraud in relation to Help with Health Costs (patient charge evasion)			
Objectives 2018-19		Deliverables 2018-19	Organisational Objective
1.	To collate and assess historic and current fraud prevention activity to mitigate patient charge evasion (dental, optical and pharmaceutical) across the NHS	<ul style="list-style-type: none"> ▪ Deliver a landscape review report of historical and ongoing projects by health sector stakeholders that have an impact on patient charge evasion. This report will outline opportunities to mitigate the risk of fraud in this area. Engage and influence the Digitising Exemption Checking Project to recommend fraud prevention digital solutions around patient charge evasion. ▪ Establish where possible an accurate picture of the actual losses and types of charge evasion in relation to prescriptions. ▪ Produce a statement of solutions with recommendations for preventing fraud in patient prescription charge evasion categories (in Dental, Optical and Pharmaceutical) to NHS England and DHSC. Recommendations will include measures to increase financial controls to reduce losses to fraud, which, if implemented by the risk owner, will reduce the losses to fraud by £277.6 million. ▪ Develop a programme of disruption initiatives and campaigns aimed at increasing awareness and understanding among the public and NHS staff of patient charge evasion, increasing 	Objectives 1,2,3 and 4
2.	To conduct research to gain a greater understanding of the motivating factors behind patient charge evasion		
3.	Review effectiveness of existing control measures within NHS England and its contracted services (for example: NHSBSA, Capita)		
4.	Develop and propose fraud prevention activity/solutions for any identified gaps to the risk owner (NHS England)		

		reports in this area by 5%.	
Pharmaceutical contractor fraud; threats associated with the production and supply of bulk blank prescriptions			
5.	Review existing procedures for weaknesses and assess the opportunities and risk of abuse in obtaining bulk blank prescriptions	<ul style="list-style-type: none"> ▪ Production of a thematic intelligence assessment outlining the key weaknesses and areas open to abuse or fraud in the production and supply of bulk blank prescriptions, with the aim of providing a probable figure of fraud due to drugs being obtained by the use of illicitly obtained prescriptions. ▪ Production of a statement of solutions to key stakeholders, focused on actions to reduce opportunities for fraud to occur in the supply chain of blank bulk prescriptions, which, if implemented by the risk owner, will reduce the losses to fraud by 50%. ▪ Deliver a communications and stakeholder engagement campaign to increase disruption activity around pharmaceutical contractor fraud, primarily the supply of bulk blank prescriptions, increasing reports in this area by 5%. 	Objectives 1,2,3 and 4
6.	To develop fraud prevention activity/solutions relating to identified threats and enablers of fraud		
7.	Development of a targeted communications and engagement programme to promote awareness of the NHSCFA and its work, including fraud prevention initiatives		
Fraud in relation to procurement and commissioning in the NHS; threats associated with post contract invoice manipulation			
8.	To understand the threat posed by post contract invoice manipulation	<ul style="list-style-type: none"> ▪ Collect and analyse invoice data from key stakeholders and identify trends and patterns relating to suspicious or potentially fraudulent activity. 	Objectives 1,2,3 and 4
9.	To raise awareness of the threat posed by post contract fraud		

<p>10.</p>	<p>To develop a plan of fraud prevention and disruption activity in response to threats identified</p>	<ul style="list-style-type: none"> ▪ Collect and analyse data from finance and procurement professionals across the NHS, to identify system weaknesses relating to post contract invoice manipulation. ▪ Engage with finance and procurement professionals to better understand the threat risks encountered. ▪ Disseminate and discuss the results of the pilot exercise with NHS Shared Business Services and NHS organisations involved to inform the development of solutions. ▪ Update, disseminate and promote guidance on the prevention and detection of invoice fraud to NHS Professionals and local counter fraud specialists. ▪ Plan a programme of fraud prevention and disruption activity in response to objective 8 (for implementation in 2019-2020). 	
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Driving improvements in standards of counter fraud work across the NHS

<p>11.</p>	<p>To develop a comprehensive understanding of the requirements to enable and facilitate effective counter fraud work to take place across the NHS</p>	<ul style="list-style-type: none"> ▪ Deliver a targeted research and evaluation exercise to identify key requirements, information needs, perceptions of the counter fraud framework, opportunities and challenges within the provision of counter fraud activity across the NHS and produce a report identifying targeted action that will facilitate effective local counter fraud work. ▪ Deliver an evaluation of current impact, deliverables, standards and effectiveness of counter fraud activity across the NHS to identify where value can be added to facilitate 	<p>Objectives 1,2,3 and 4</p>
<p>12.</p>	<p>To develop a programme of activity to develop a more effective framework to better enable counter fraud work across the NHS to take place</p>		

		<p>improvement. Deliver an action plan to bring about improvements in local counter fraud work.</p> <ul style="list-style-type: none"> ▪ Develop and deliver a clear strategy for the digital platforms upon which counter fraud services within the NHS can be enabled. Provide an improved case management system that delivers a 10% increase in both usage and user satisfaction. Deliver increased compliance with standards relating to investigation work. Review and improve the platform that enables sector access to information and guidance, delivering a 10% increase in user activity to access information. <p>Develop and establish targeted local engagement and communication through:</p> <ul style="list-style-type: none"> ▪ Establishment of an engagement group led by an NHSCFA board representative ▪ NHSCFA engagement with 100% of all established LCFS forums ▪ Engage with 100% of all LCFSs and LCFS services providers during 2018-19 ▪ Establishment of a quarterly local counter fraud newsletter ▪ Wider counter fraud engagement with over 7000 NHS contacts 	
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Appendix 2 – Core business objectives

Core Business	Deliverables 2018-19	Organisational objective
A. We will increase the levels of fraud reporting to the NHSCFA	<ul style="list-style-type: none"> i. By increasing the level of reporting by 5% ii. Increase and deliver prevention activity to a range of stakeholders by 5%. iii. Increase the use of our digital guidance library by 5% 	Objectives 1 and 3

Core Business	Deliverables 2018-19	Organisational objective
B. We will increase the profile of the NHSCFA and the work it undertakes	<p>We will deliver two targeted communications and engagement programmes and also promote awareness of the NHSCFA and its work, including fraud prevention initiatives, and the outcomes of completed investigations to heighten the prevention and deterrence message. Our targets are</p> <ul style="list-style-type: none"> ▪ 5% increase on website hits ▪ 25% increase on social media followers ▪ increase level of fraud reporting by 5% ▪ 5% increase in media coverage (measured by advertising value 	Objective 1 and 4

	<p>equivalent)</p> <ul style="list-style-type: none"> ▪ 25% increase in the number of stakeholder engagements 	
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Core Business	Deliverables 2018-19	Organisational objective
C. We will produce an accurate intelligence profile of loss in specific areas	By delivering an enhanced Strategic Intelligence Assessment increasing levels of confidence in estimates in two targeted areas.	Objective 2

Core Business	Deliverables 2018-19	Organisational objective
D. We will produce coherent fraud prevention strategies and interventions in response to the identified risk areas.	By delivering fraud prevention activity/solutions for two specific risk areas.	Objective 3

Core Business	Deliverables 2018-19	Organisational objective
E. We will review the effectiveness of delivery of identified interventions	By delivering an evaluation report with findings and recommendations into the effectiveness of control measures adopted in the NHS to tackle agency fraud using a sample of 50 health bodies.	Objective 3

Core Business	Deliverables 2018-19	Organisational objective
F. We will acquire targeted data sets from available sources to improve and enhance the intelligence picture	We will target NHS SBS, NHSBSA and the Home Office to ensure data sharing agreements are fit for purpose and review all others to ensure validity and relevance.	Objective 2

Core Business	Deliverables 2018-19	Organisational objective
<p>G. We will develop and deliver organisational and staff development programmes</p>	<ul style="list-style-type: none"> i. We will align NHSCFA staff development with Government Counter Fraud Professional (GCFP) standards in the areas of Investigation and Intelligence. ii. We will deliver effective learning and development solutions to maintain staff knowledge and skills aligned to the GCFP standards, by providing 100% of staff with appraisals and a personal development plan. iii. We will produce and deliver standard operating procedures in Investigation (case management and security and continuity of evidence). iv. We will provide an assurance and governance reporting programme for the NHSCFA Board and deliver assurance reports in specific areas (including in 2018-19 the Tactical and Tasking Coordination Group, case management and security and continuity of evidence, and staff attendance). 	<p>Objectives 3 and 5</p>

Appendix 3 – Our structure

The NHSCFA's organisational structure, set up to deliver our aims, includes four main business areas:

- Intelligence and Fraud Prevention unit
- Operations unit
- Business Support unit
- Finance and Corporate Governance unit

The **Intelligence and Fraud Prevention** unit is made up of the following teams:

- **Intelligence.** This team leads on the collection, collation and analysis of information that holds intelligence value. They develop processes to enable the best available understanding of current threats and emerging trends at operational, tactical and strategic levels. This enables the identification of threats that may not be apparent when considered locally or in isolation. The team also leads on managing the process of generating fraud referrals and investigation of cases reported on the Fraud Information and Reporting Systems Toolkit (FIRST).
- **Fraud Prevention.** Informed by the intelligence assessment of the risks and vulnerabilities to fraud loss in the NHS, this team provides high level assurance that the NHSCFA is constantly identifying and assessing cross sector changes to the NHS that affect the currency of the information and crime reduction material that we produce for the NHS. The team will review expected, anticipated or future possible fraud reduction opportunities, proactively identifying areas of vulnerability, and produce solutions and information in the form of materials directly aimed at preventing loss occurring in the first place. It will lead on the management, coordination and development of an NHSCFA counter fraud resource centre accessible to local counter fraud specialists. The NHSCFA will ensure that the importance of preventing fraud is at the forefront of our thinking and will produce fraud prevention solutions, guidance and toolkits that are regularly updated to keep relevant with the evolving NHS.

The **Operations** unit is made up of the **National Investigation Service (NIS)**, which conducts investigations into serious, organised and/or complex cases of fraud, bribery and corruption within a clear professional and ethical framework. This includes services provided by the Forensic Computing Unit to recover data from seized digital items, and the work of accredited financial investigation staff who seek to recover losses and investigation costs through the use of the Proceeds of Crime Act 2002. The successful investigation of fraud will enable the NHSCFA to seek to apply a range of sanctions

against fraudsters, and, where possible, to recover funds that can be reinvested back into the NHS.

The **Business Support** unit is made up of the following sections:

- **Organisational Development.** This team combines work streams such as communications, media relations and stakeholder engagement with staff training, professional development and corporate programme delivery. The team works with colleagues and stakeholders to raise awareness of NHS fraud and publicise the work of the NHSCFA. It is also responsible for developing a skilled workforce, in line with the government's counter fraud professional standards. We will continue to raise awareness of fraud affecting the health service, ensuring staff, service users and the public understand of the impact of this crime. Increased awareness of fraud will lead to an increase in reporting, allowing the NHSCFA to take appropriate action against those committing fraud.
- **Information Systems and Analytics.** This team leads on the NHSCFA's digital, data and information strategies, ensuring they support the organisation's strategic goals and objectives. It combines the data analytics, system security, system development and support and e-learning workstreams. The team also has responsibility for the ongoing management of all digital technology used within the organisation.
- **Quality and Compliance.** The team has responsibility for the development and management of the NHSCFA's intelligence-led, evidence-based quality assurance and compliance framework. The team reports on its findings using this framework to assist NHS commissioners and providers in raising standards and improving the performance of those delivering counter fraud work in the NHS.
- The **Finance and Corporate Governance** unit supports the board of the NHSCFA in the achievement of its strategic direction and organisational aims. The unit has responsibility for the delivery of robust independent governance and assurance systems (including information governance) to support the work of the NHSCFA and ensures that the strategy to protect NHS resources from fraud, bribery and corruption is delivered.

Appendix 4 DHSC AFU strategic objectives

The DHSC'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 DHSC 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