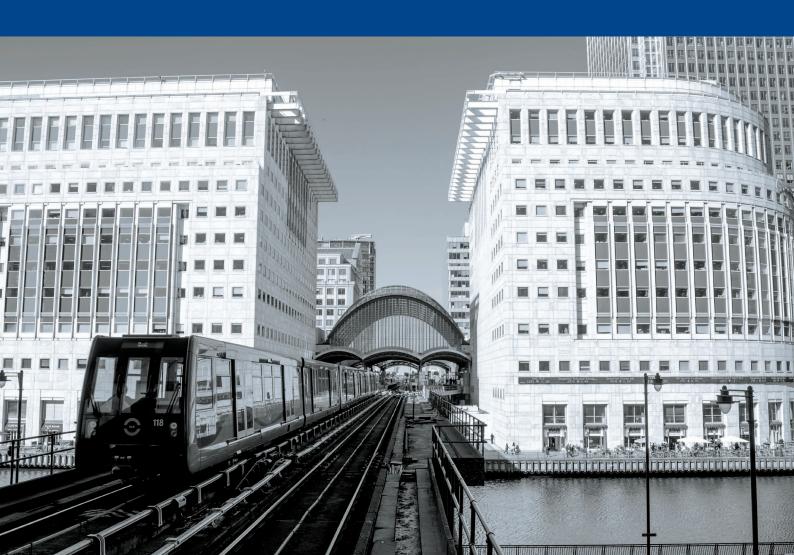




# **Strategy** 2023 - 2026

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



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# Foreword from Chief Executive

I am proud to share the NHSCFA's 2023-2026 Strategy. This document sets out our key priorities for the coming years and details how we are going to deliver them to reduce fraud affecting the NHS.

Healthcare expenditure in 2021 was estimated at £277bn, which was an increase in nominal terms of 7.4% on spending in 2020. The NHSCFA has assessed, that, in the context of a 2021 to 2022 NHS budget in England of almost £150.614bn¹, that the NHS is vulnerable to fraud, bribery and corruption to an estimated £1.198bn².

There are more than 1.2 million full-time equivalent staff working in the NHS<sup>3</sup> across 219 trusts (including 10 ambulance trusts), as well as 42 regionally based Integrated Care Systems<sup>4</sup>. The NHS also has a developing relationship with private sector health providers. It is a complex landscape to operate in and means that the development of a shared strategy and a shared understanding of risk is challenging – but that is why the NHSCFA exists. To protect the budget in such a complex and diverse organisation our task requires strong relationships in all areas of the business. In recognition of the collaborative effort required to deliver against our objectives we have therefore created a new vision:

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

At the heart of our strategy is a collaborative approach. There will be many opportunities in the next three years for the NHSCFA to influence the development of a stronger response to fraud and in creating this strategy we asked ourselves and our stakeholders where our focus should be. The result of this work is the creation of four key pillars of activity, supported by our people and our resources, which describe not only our current approach but what we believe we will need to achieve to drive vulnerability down and increase the amount of fraud we detect, prevent and recover. These pillars of activity will form the basis of everything we do.

Underpinning the strategy is a desire to maximise the use of data and data

- 1. The Governments revised 2021 to 2022 mandate to NHS England and NHS Improvement (publishing.services.gov.uk)
- 2. Annual reporting trends | Strategic Intelligence Assessment (cfa.nhs.uk)
- 3. Record numbers of staff working in the NHS date of source 27 October 2022 https://www.gov.uk/government/news/record-numbers-of-staff-working-in-the-nhs
- 4. Key facts and figures about the NHS 13 January 2022: https://www.kingsfund.org.uk/audio-video/key-facts-figures-nhs

analytical techniques. In a highly digitised environment, I believe this is the key to unlocking more savings. We will pursue the opportunities that exist with vigour whilst respecting the inherent requirements of privacy and security.

For this strategy to be a success, we need to promote The International Public Sector Fraud Forum principles to combat fraud:

There is always going to be fraud - It is a fact that some individuals will look to make gains where there is opportunity, and organisations need robust processes in place to prevent, detect and respond to fraud and corruption.

**Finding fraud is a good thing** - If you do not find fraud you cannot fight it. This requires a change in perspective, so the identification of fraud is viewed as a positive and proactive achievement.

There is no one solution - Addressing fraud needs a holistic response incorporating detection, prevention, enforcement and redress, underpinned by a strong understanding of risk. It also requires cooperation between organisations under a spirit of collaboration.

**Fraud and corruption are ever changing** - Fraud, and counter fraud practices, evolve very quickly and organisations must be agile and change their approach to deal with these evolutions.

**Prevention is the most effective way to address fraud and corruption** - Preventing fraud through effective counter fraud practices reduces loss and reputational damage. It also requires less resources than an approach focused on detection and recovery.

This strategy is the start of a new phase of working for the NHSCFA.

It will develop and evolve during its lifetime, and it will ensure that every pound spent on the NHS is used for its intended purpose – patient care and protecting the nation's health.





# Chair welcome

I am pleased to introduce our 2023-2026 Strategy, which outlines how we intend to work collaboratively with the health sector to find and prevent fraud within the NHS.

Since our last strategy was launched back in 2020, the changes we have seen in the wider world have been unprecedented. As a result, the NHS is under more pressure than ever to treat patients and save lives. Despite this, it is still a target for fraudsters, and it is up to us at the NHSCFA to lead the sector in reducing fraud in the years to come.

In the last three years we have continued to develop and grow our organisation since our inception in 2017. It has been my pleasure to witness the organisation grow from strength to strength and much has been achieved in this time that we can all be proud of. The NHSCFA's new strategy for the next three years outlines our approach for the future, and how we are going to respond to our new priority areas.

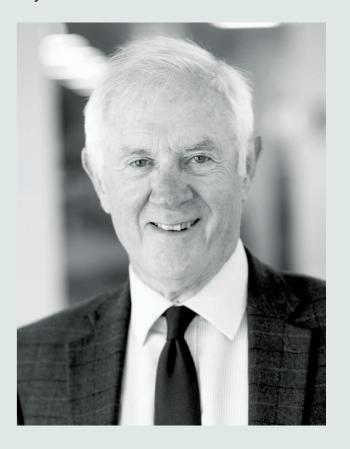
At the core of our strategy are our four pillars – Understand, Prevent, Respond and Assure – which will enable us to deliver a fraud-focused approach. Alongside this, we remain committed to supporting our people and using all resources available to us to grow and innovate in the future.

The primary aim for the NHSCFA is ultimately to provide value for money for the public, and this strategy clearly and concisely sets out how we intend to

achieve this over the next three years. I would like to thank all our colleagues and stakeholders for their considerable efforts in creating this strategy, and it will form the basis of all our work over the next three years.

On a personal note, this year will be my final year as Chair of the NHSCFA, and it has been a privilege and an honour to represent this organisation. I am confident that the NHSCFA will continue to thrive under Alex Rothwell's leadership, and I will be sure to follow its progress over the coming years.

**Tom Taylor**Chair of the NHS Counter Fraud Authority



# Current context, risks and challenges

# The nature and challenge of fraud

Fraud is the most commonly experienced crime in the UK and poses a significant challenge. The very nature of fraud changes over time and evolves to take account of new opportunities and different methodologies. Crime groups attack the UK public sector and government departments, including the NHS, and billions are estimated to be lost to tax and benefit fraud each year<sup>5</sup>.

Healthcare expenditure in 2021 was estimated at £277bn, which was an increase in nominal terms of 7.4% on spending in 2020. The NHSCFA has assessed, that, in the context of a 2021 to 2022 NHS budget in England of almost £150.614bn<sup>6</sup>, that the NHS is vulnerable to fraud, bribery and corruption to an estimated £1.198bn<sup>7</sup>.

The challenge for the Government in protecting the public sector from fraud remains significant, with increasing pressure to support those who may be struggling, be it for economic or health reasons.

Fraudulent activity in the NHS means money intended for patient care and funded by the taxpayer ends up in the pockets of those who did not legitimately earn it. This means less money is available to spend on frontline health services such as patient care, health care facilities, doctors, nurses and other staff. There is a reduced ability to invest in new and improved equipment and technology, fewer clinical interventions, and a general diminution in the sustainability of an NHS which remains free at the point of delivery. It is important that there is a demonstrable benefit in having a strong and effective counter-fraud capability.

#### Continually reviewing and assessing risk

This estimated vulnerability represents less than 1% of the entire NHS budget in England.

5. Fraud - National Crime Agency

6. The Governments revised 2021 to 2022 mandate to NHS England and NHS Improvement (publishing.services.gov.uk)

7. Annual reporting trends | Strategic Intelligence Assessment (cfa.nhs.uk)

That calculation is derived through:

- reporting routes that we manage
- loss measurement exercises
- comparators with similar areas in government where more is known

# Our annual strategic intelligence assessment identifies risk in three categories:

- financial vulnerability
- likelihood of the risk occurring
- the impact if it does occur

Cyber-enabled fraud is the most prevalent crime in the UK and current analysis and threat reporting shows no sign of abatement. The scale of NHS finances and associate payments, and the personal data that is held, make the NHS at risk of cyber-enabled fraud.

Consequences include payment-diversion fraud, data theft, and system-unavailability through routes such as phishing and ransomware, facilitated through exploitation of IT vulnerabilities, credential-theft and account compromise and whaling (the targeting of senior executives through social engineering including phishing).





# **Working across the Four Nations**

We have a collective determination to work together to find, report and stop NHS fraud across the UK. By understanding how each territory operates we can continue to develop and deliver the most effective counter fraud measure across England, Scotland, Wales, and Northern Ireland, ensuring that NHS funds go to patient care and not into the hands of fraudsters.

4 Nations Partners across England, Scotland, Wales and Northern Ireland - Graham Dainty, Counter Fraud Wales, Donna Scott, Health & Social Care Northern Ireland, Gordon Young, NHS Scotland, Tricia Morrison, NHS Counter Fraud Authority



# Our vision, purpose & values

We have developed our vision from the previous Strategy to make the focus on working collaboratively and to additionally highlight the risks from bribery and corruption.

#### **Our Vision**

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

### **Our Purpose**

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

We achieve this by:

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

## **Our Values and Behaviours are**







Influence and **Empowerment** 



Fairness



Expertise

### **Nolan Principles**

Everything we do within NHSCFA is underpinned by the Nolan Principles<sup>8</sup>

# Our response

### **Delivering our Strategic Pillars**

To achieve our vision, we have identified four fraud-focused pillars which will translate into delivery:

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

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

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

Our strategy aims to build on the momentum harnessed from the previous strategy. Anticipating and responding to changes in our external environment we will be increasingly proactive, collaborative and agile in our approach to delivery and prioritisation and be driven by intelligence and data.

Our Strategic Pillars are aligned to the four objectives set out in the DHSC Counter Fraud Strategy 2023-26 which centres around minimising loss by demonstrating continuous improvement in preventing, detecting and recovery in the following key areas:

- proactivity and prevention
- utilising digital and data analytics
- collaboration and coordination
- response and enforcement

Our annual integrated planning together with a health groupwide control strategy and strategic tasking approach will ensure we are focusing on the right priorities which will have the most impact.

# Overall savings target

Overall counter fraud savings for the life of this strategy, encompassing prevented fraud, detected fraud and recovered funds, will be £500m. This is an aggregated target across the health family coordinated and led by the NHSCFA.



# **Working with** The NHS Business Services Authority

The NHS Business Services Authority has a lot of high-volume transactional work, and we are responsible for over £39bn in NHS spend. We take tackling fraud and loss very seriously and our inhouse fraud team work closely with a range of counter fraud stakeholders including DHSC Anti-Fraud Unit, NHS England Counter Fraud Team and NHSCFA. Working in partnership with the NHSCFA helps us both maximise our potential.

Michael Brodie CBE - CEO, NHS Business Services Authority

# **The Strategic Pillars**

Strategic Pillar - S Understand		
Strategic objective	Understand how fraud, bribery and corruption affects the NHS.	
Why it is important	The more we know how fraud affects the NHS, the more effective our response will be. We will develop and manage a range of processes, tools, knowledge and expertise to ensure we have a comprehensive understanding of the threat.	
Strategic actions years 1 to 3	<ul> <li>produce a comprehensive assessment of the risk, threat and impact of fraud against the NHS together with recommendations to respond to them from intelligence</li> <li>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</li> <li>develop and maintain an enterprise level Fraud Risk Assessment (FRA) which proactively identifies, describes and assesses the risks to fraud across the NHS and identifies and evaluates mitigating controls</li> <li>enhance our data analytical function to generate insight and counter fraud action from patterns in data indicative of fraud</li> <li>develop and maintain a comprehensive assessment of the capacity and capability of the NHS to respond to counter fraud threats, to inform future development opportunities</li> </ul>	
End state 2026	<ul> <li>an improved intelligence picture with increased confidence in the assessment of fraud affecting the NHS</li> <li>timely dissemination of actionable intelligence</li> <li>a comprehensive suite of fraud risk assessments conducted and evaluated</li> <li>effective horizon scanning for new and emerging risks across the health sector</li> <li>data will support our understanding and drive key decision making. This will underpin our response, prevention and assurance across the NHS</li> </ul>	

Strategic Pillar - Prevent				
Strategic objective	We will ensure the NHS is equipped to take proactive action to prevent future losses from occurring.			
Why it is important	Taking positive action to prevent fraud from being committed is the most effective and efficient way of protecting public funds.			
Strategic actions years 1 to 3	<ul> <li>develop, co-ordinate and lead a fraud prevention and deterrence programme for the NHS</li> <li>coordinate and lead robust fraud prevention and deterrence activities across the health group to protect the NHS from fraud losses</li> <li>proactively promote a counter fraud culture within the NHS that develops fraud awareness and understanding across all areas of spend</li> <li>develop and share good practice and lessons learned from all aspects of counter fraud activity in the NHS</li> <li>influence the delivery of Fraud Risk Assessments and Initial Fraud Impact Assessments across areas of NHS expenditure and promoting the fraud-proofing of all NHS systems and processes</li> <li>the innovative use of data to support the opportunities for prevention across key areas of business by designing, developing and delivering proactive analysis</li> <li>develop a targeted fraud focused communications and deterrence strategy</li> </ul>			
End state 2026	<ul> <li>new systems and processes adopted by DHSC and the NHS are routinely fraud risk assessed in design</li> <li>emerging risks are identified and responded to collaboratively across the sector through effective horizon scanning and fraud risk assessments</li> <li>operational intelligence and lessons learned reviews inform a programme of fraud prevention action (systems weakness)</li> <li>data analysis is used to direct/inform prevention activity across the sector</li> <li>focused communications campaigns and the associated impact is realised</li> <li>promotion of impactful counter fraud activity across the system as a means of revenue protection and widely adopted across the system</li> <li>value of counter fraud activity more widely recognised and improved awareness and confidence in counter fraud function</li> </ul>			

# **The Strategic Pillars**

Strategic Pillar - Respond		
Strategic objective	When we know that fraud has occurred, we are equipped to respond.	
Why it is important	Our response is increasingly proactive and led by our understanding of the threat. Enforcement resources are suitably trained and configured to maximise the impact of investigation.	
Strategic actions years 1 to 3	<ul> <li>use our understanding of fraud to develop a control strategy, agree priorities, develop action plans, manage strategic and tactical tasking of resources and close intelligence gaps</li> <li>through developing a response to allegations of fraud we will prioritise prevention and disruption to reduce harm and loss</li> <li>we will conduct and support, criminal, financial and corporate investigations to establish whether a) fraud, bribery or corruption has occurred b) determine or influence appropriate action/sanctions and c) initiate recovery of funds lost</li> <li>we will provide support, advice and guidance to the counter fraud community in developing capability and capacity to respond to fraud</li> <li>we will develop our analytical capability to provide insight that presents patterns in data indicative of fraud</li> <li>timely information and intelligence are disseminated for action</li> </ul>	
End state 2026	<ul> <li>strategic priorities are agreed and the response to those priorities defined and resourced</li> <li>action is initiated to meet intelligence requirements and performance targets are set for all key stakeholders</li> <li>prevention and disruption activity is routinely initiated, recorded, monitored and utilised</li> <li>investigative activity and resulting outcomes are recorded with performance monitored and published</li> <li>NHS counter fraud professionals have awareness of and access to appropriate professional development and training</li> <li>a reduction in vulnerability to fraud</li> <li>our response is quantified as a demonstration of impact</li> <li>data modelling and analytical learning will support the formulation of 'fraud flags' in data which are indicative of fraud</li> <li>all investigation, risk assessment and prevention activity are comprehensively recorded on our fraud management system</li> </ul>	

Strategic Pillar - Assure		
Strategic objective	We can <b>assure</b> our key partners, stakeholders and the public that the overall response to fraud across the NHS is robust.	
Why it is important	The public expects the organisation to mitigate effectively against the risk of fraud. Utilising our technical expertise, impartiality and independence we will lead on providing assurance through standard setting, legislative levers, providing a sound basis for statements on loss and being the organisational voice on matters of fraud.	
Strategic actions years 1 to 3	<ul> <li>measure, assure and report health bodies' compliance with the Government Functional Standard GovS013: Counter Fraud and NHS counter fraud requirements</li> <li>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</li> <li>Continued development of a case management system and reporting tool for the NHS to ensure all counter fraud activity and outcomes are captured</li> <li>provide assurance to the DHSC and PSFA that the reported information relating to fraud affecting the NHS (threat levels, response activity and measurable outcomes) have the highest level of validation and statistical integrity</li> <li>lead the NHS counter fraud community to drive measurable improvements in the counter fraud response through collaborative partnerships</li> <li>protect NHS funds through the reduction of vulnerability to fraud and reduction of losses</li> <li>continued development of the NHS counter fraud community</li> </ul>	

# Strategic Pillar -**End state** • compliance with the Government Functional Standard GovS013: 2026 Counter Fraud has increased across all parts of the NHS demonstrating a return on the investment in the NHSCFA and the wider health group • lead the wider health group to achieve a total value of £500m over the strategic period relating to counter fraud activity • methodology to deliver return on investment performance is embedded across the health group • provide and publish detailed performance information across the health group to drive improvements • increased volume and quality of information and intelligence entered onto our case management system positive external validation and assurance of our process, practice and verification of values • international benchmarking informs our approach to continuous improvement • the work to tackle fraud in the NHS is one in which the national and local counter fraud response is demonstrably working in partnership within an effective professional framework

# **Enabling the delivery of our Strategic Pillars**

To underpin our four Strategic Pillars, we have set out two further enabling Pillars

Strategic Pillar - Our People		
Strategic objective	Supporting <b>our people</b> in an innovative and agile way to underpin and deliver counter fraud activity within the NHS.	
Why it is important	Our people are the greatest asset within the NHSCFA, they provide the foundation for all work we undertake to counter fraud.	
	To combat fraud together we need to ensure our people have the right skills now and are supported to develop to meet future needs of the counter fraud agenda. Our values of Leading, Influencing, Fairness and Expertise (LIFE) underpin our organisational culture.	

## Strategic Pillar - Our People

# Strategic actions years 1 to 3

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

# End State 2026

- making the best use of our people and the skills they have with a forward-thinking workforce plan
- an integrated and responsive HR service
- people are proud to work here, are proud of the work we do and feel included, valued, supported and fairly and equally recognised for their efforts
- a refreshed performance management structure that sets clear, fair expectations supported and informed by organisational health and management data to aid delivery and decision making
- personal and professional development for all staff to build on existing potential
- our people fully embrace our core values
- our people are developed to be flexible, empowered and driven to achieve counter fraud goals

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# **Strategic Pillar - Our Resources**

# **Strategic** objective

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

# Why it is important

We have the right resources, both financial and infrastructure, to facilitate our counter fraud impact across the sector.

Our resources within the NHSCFA provide the basis of how and what we deliver. They help us maximise our impact across the NHS, support the targeting of key support and counter fraud areas, and enable our successful delivery. Our resources underpin our ability to be agile and responsive which in turn makes our productivity and impact more efficient.

Our resources also support the NHSCFA to remain compliant with key legislation.

# Strategic actions years 1 to 3

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

## **Strategic Pillar - Our Resources**

## End state 2026

- a fully integrated strategic, financial, people, technology plan
- closer alignment of resources with our partners and joint initiatives to support efficiencies and removal of duplicated effort
- flexible model in place to support and develop key areas of **NHSCFA's** business
- budgets will be effective and efficiently managed
- financial planning will include a forward plan and opportunity
- business cases will be developed to attract funding and opportunity to counter fraud activity
- our IT will fully support operational delivery in countering fraud
- the correct infrastructure in place to enable a range of new initiatives
- technology will work hand in hand with the business to achieve maximum efficiency
- IT will underpin our ability to digitally innovate and impact counter fraud

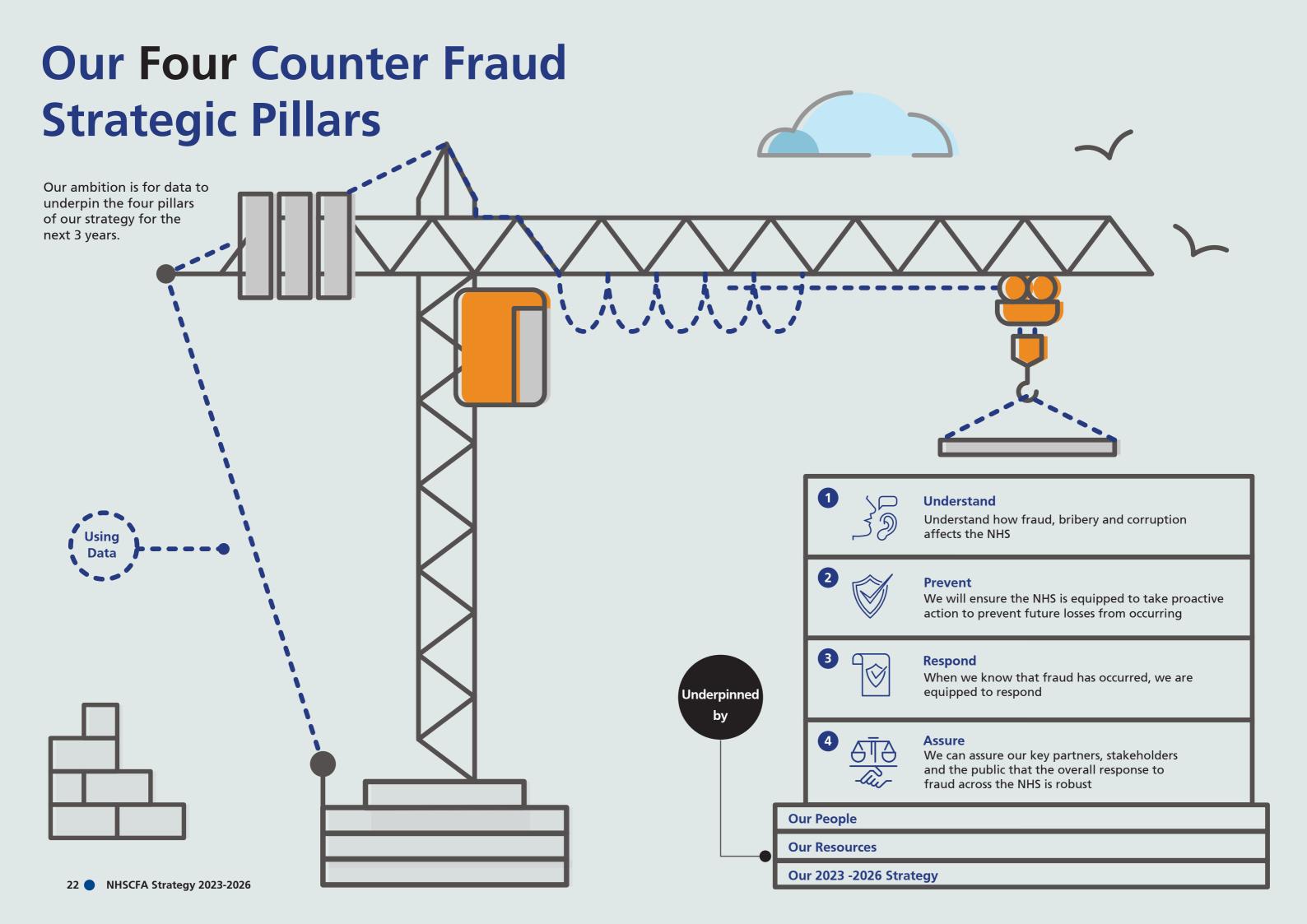


# **Working with the Public Sector Fraud Authority**

Fraud is an often unseen and underestimated problem, and it takes money away from critical services on which the public rely.

I welcome the new strategy from the NHSCFA which recognises the extent of the challenge faced, and makes a commitment to real, meaningful and measurable action. It is underpinned by continuing to build a deep understanding of the problem - and seeking to prevent it where possible.

Mark Cheeseman OBE - CEO, Public Sector **Fraud Authority** 



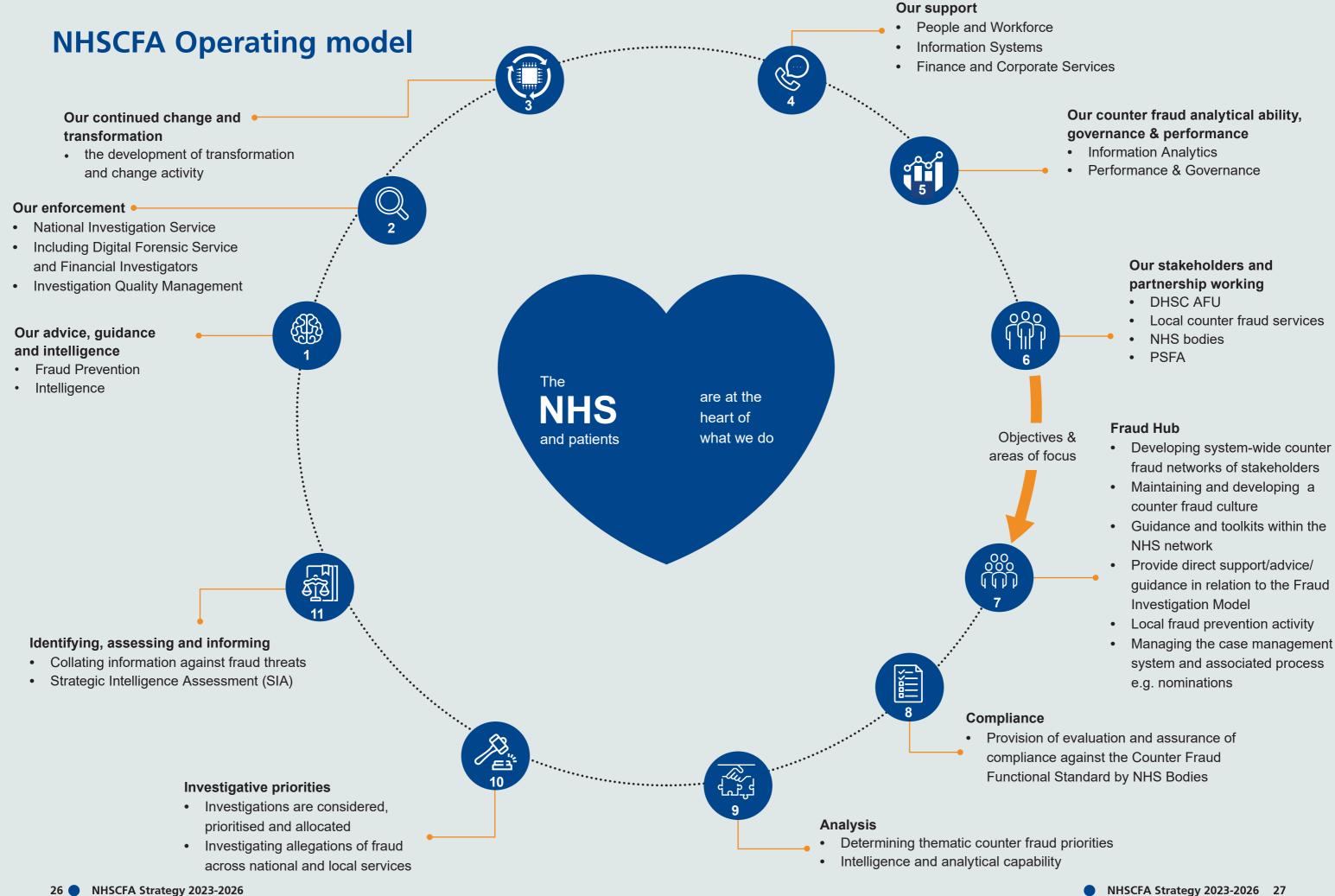
# How we work

Our operating model, developed under our Evolution and Change programme, has been a major force running through our previous strategy. As we enter our new strategic period, there will be a renewed focus on stakeholder engagement with the aim of delivering an enhanced counter fraud response across the NHS and wider health sector. This includes ensuring we deliver the right things in the best possible way and at the highest quality, whilst remaining within our existing budget. The business model below sets out how this works in practice.

## **Key features are as follows**

- Enhanced intelligence capability, strengthening how resources could be better utilised, key partners better engaged with and functions aligned.
- The concept of a fraud hub focused on supporting, enabling, assisting, and guiding health bodies on fraud - bridging the gap between our national fraud response and the local counter fraud response. Harnessing existing resource and continuing our efforts to engage with our key counter fraud community partners to understand the barriers and challenges to fighting fraud in the sector.
- A strengthened investigative team structure within the National Investigation Service (NIS), with the development of a quality management system for enforcement and enhancing the approach to financial investigation and use of financial intelligence.
- A strengthened fraud prevention function, aligning to the fraud hub, incorporating elements of deterrence, and keeping up to date with policy and systemic changes in the NHS through horizon scanning.
- Enhanced planning, strategic development, and support to the NHSCFA's Strategy. Centralisation of data analytical functions in relation to oversight of techniques, data, resilience, and skills and enhancing our capability to identify potential fraud using latest innovations.
- Enhanced and strengthened business support functions to fully support organisational aims and objectives. Incorporating resilience and cover whilst aligning and embedding with the NHSCFA's integrated planning approach. This includes the need for a longerterm estates and IT strategy alongside provision for HR, workforce development and communications.





NITISCIA Strategy 2025-2020

# Stakeholder engagement

### Key stakeholders who have shaped our thinking

The development of this strategy provided an opportunity for renewed collaboration and engagement across the counter fraud community and beyond. A key guiding principle in the development of our strategy was the importance of undertaking real and meaningful engagement not just with our own people but with a wide range of external stakeholders to inform the direction of the strategy and the future delivery plans in a meaningful manner. There are several key themes and considerations across all the engagements which have shaped the strategic pillars and actions we will undertake over the life of this strategy.

## Our people

To help the organisation think about our strategic aims for 2023-2026, we undertook a number of internal workshops to gather our people's views. Over the course of the workshops, some consistent considerations and themes emerged:

# **Emerging Themes (Our People)**

the appropriate response to tackling fraud

career pathways

- Raising profile as the national body
- More proactive approach to fighting fraud less reactive
- Stronger vision and strategic objectives
- Use of data key to tackling fraud on a larger scale
- Sharing and developing intelligence with key stakeholders
- Having the right capabilities and a professionally developed workforce

- Recognising new and emerging skill sets required i.e., cyber fraud
- Importance
   of having the
   right IT and
   infrastructure
   to support the
   delivery of the
   strategy

- Actionable intelligence
- counter fraud strategic positioning
- opportunities to collaborate
- improved engagement across the sector
- clarity and consistency of message
- earlier engagement in consultation of key policy changes /systems in the NHS
  - improved integration of intelligence, FRAs and horizon scanning
  - showing return on investment and wider outcomes
  - ethical approach key

# **Local counter fraud community**

In December 2022, we invited Local Counter Fraud Specialists to participate in a webinar to share thoughts around strategic aims, vision, objectives, and over the next three years.

A number of consistent considerations and themes emerged:

- understanding of NHS pressures
- reciprocal engagement with local counter fraud community
- improved local support
- more championing and sharing success
- intelligence sharing and centralised intelligence

- publicity
- share practice
- operational support
- focus on most reported frauds at a local level
- consistency of approach and message
- local priorities and national priorities
- operational support
- focus on most reported frauds at a local level
- Fraud Risk Assessments
- training support CPD
- communication
- better promotion of success stories
- local priorities and national priorities

# Wider stakeholder group

In January 2023, counter-fraud professionals from across the NHS participated in a set of three workshops run by the NHSCFA to share their experience and input into the NHSCFA's 2023-26 Strategy. Partners across the NHS were brought together to discuss their counter fraud goals and blockers, move towards a data-driven approach to countering fraud, and shape how this strategy can meet the needs of the entire health system.

Over the course of the **three** workshops, some consistent considerations and themes emerged:

- need to raise the profile of fraud across the public sector
- promote the notion that finding fraud is a good thing
- appetite for an NHS-wide approach to counter fraud strategy with common standards and agendas
- a data driven approach should drive more preventative and agile capabilities, potentially through improved tooling like AI
- strengthen expertise in fraud risks and prevention within the counter fraud community and across NHS staff
- demonstrate the value of a counter fraud function to the NHS
- demonstrate the value of a counter fraud function to the NHS
- focus on formalised, regular collaboration and data/ intelligence sharing across organisations
- NHSCFA to act as leader of a national approach, share guidance and training and develop common frameworks

# **Our stakeholders**



# Key strategic partnerships and collaborations

### **Public Sector Fraud Authority (PSFA)**

The Public Sector Fraud Authority (PSFA) has produced a mandate<sup>9</sup> explaining how it works within government, what its responsibilities are and its mission and principles for leading fraud work within ministerial departments and public bodies. The strategic response to fraud for the wider health group and NHS is detailed in the DHSC Counter Fraud Strategy 2023-2026, the NHS England Counter Fraud Strategy 2023-2026 and within this strategy for 2023-2026 (web accessible version)

The PSFA will provide oversight of the DHSC response to fraud.

### **DHSC Anti-Fraud Unit (DHSC AFU)**

It provides briefing, advice and support to the Accounting Officer and Ministers on all aspects of the fraud threat/ counter fraud response, governance and control, as required. The DHSC AFU is the departmental sponsor team for the NHSCFA.

The DHSC AFU also provides support and co-ordination in the development and delivery of counter fraud work and holds to account those responsible for actions. Their role is to investigate allegations of fraud and corruption in both the Department, its ALB's and companies owned by the Secretary of State where the health service is not affected.

The DHSC AFU also seeks to ensure fraud prevention is built into DHSC policy development at the earliest possible stage and promotes awareness of fraud risks across the health group. The DHSC AFU has representation at the Government Counter Fraud Function (GCFF) and on the Board of the Government Counter Fraud Profession (GCFP).

As part of the wider cross- government counter fraud agenda, the DHSC AFU engages with the PSFA and other government departments at a strategic level to prevent and deter fraud.

#### **NHS England**

NHS England provides national leadership for the NHS by promoting high quality health and care for all. They support NHS organisations to work in partnership to

deliver better outcomes for patients and communities, at the best possible value for taxpayers and to continuously improve the NHS. NHSCFA collaborate in many areas of counter fraud and enforcement as we collectively strive to minimise the hidden cost of fraud to deliver high quality health care, value and improve the NHS.

The recent merger of NHS England, NHS Digital and Health Education England provides greater opportunity for counter fraud collaboration and impact across the health system.

### **NHS Business Services Authority**

NHS Business Services Authority (NHSBSA) provide a range of critical central services to NHS organisations, NHS contractors, patients and the public. NHSCFA and NHSBSA collaborate in many areas from targeted counter fraud project work to data provision for key counter fraud analysis.

### Working collaboratively with key partners

We continue to work collaboratively with our key partners within the health family and beyond.

Our aims and objectives closely align with those of the DHSC, NHSBSA, NHSE, UK Health Security Agency, NHS Resolution, NHS Blood and Transplant and all health bodies in England.

## **Local Counter Fraud Community**

The overall response to fraud in the NHS is driven by a community of Local Counter Fraud Specialists operating within every health body in England, providing counter fraud services to every Director of Finance and Audit Committee across the sector. The NHSCFA works collaboratively and in partnership with this community of NHS counter fraud expertise and works to enable, support and provide guidance and assistance to the work that they do at a local level. Their role is critical in protecting the NHS from fraud and providing an effective and coordinated response when fraud is committed.

#### **Counter Fraud Board**

The following six organisations (NHSCFA, NHSBSA, NHSE, UKHSA, DHSC AFU and PSFA) are members of the DHSC chaired Counter Fraud Board (CFB) which provides a collaborative approach and strategic oversight of the DHSC counter fraud response. CFB members have contributed to the development of each other's counter fraud strategies.

To achieve the best outcomes from counter fraud activity we actively engage with partners both at a strategic and local level.

## **Counter Fraud Liaison Group (CFLG)**

The DHSC chaired CFLG brings together counter fraud leads from each of the DHSC Arm's Length Bodies (ALBs) and a representative from the companies owned by the Secretary of State for Health and Social Care, providing a forum/wider network to support each other.

Meeting each quarter, the group promotes best practice between organisations and share fraud risks that may impact other public health sector organisations and wider. The aim is to set an engaging and relevant agenda, bringing in expert speakers from across government including the PSFA who provide updates from the centre.

### **Control Strategy and Strategic Tasking Group (CSSTG)**

The purpose of the CSSTG is for members of the wider health group to collectively agree priorities and areas for counter fraud activity for the forthcoming financial year and strategy cycle. This will form the Control Strategy process for counter fraud within the NHS and, when applicable the wider health group. This will assist all involved to complement each other's work more effectively and avoid any unnecessary duplication or gaps.

The Control Strategy creates an 'intelligence led' approach to enable the right issues to be tackled at the right time and ensure resources are allocated accordingly. The Control Strategy will not tackle every fraud issue within the NHS but will assist in identifying those where our collective, albeit limited resources will have the most impact.

# **Delivery mechanisms**

### Financial strategy and risk management

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

- financial management and control are regularly scrutinised and reviewed at board level
- all opportunities to secure additional funding are identified to achieve best financial outcomes within three years generated by government (DHSC)

- funding constraints
- financial balance is delivered by aligning financial and workforce planning
- routine monitoring of monthly financial position and risks is undertaken by the finance team, underpinned by monthly finance assurance meetings to review and assess the risk of the financial position with accountable budget holders

Continuation of 'flat cash' government (DHSC) funding levels over the period of 2023 to 2026 or a reduction in funding, could create significant risk to the delivery of our annual business plan and achievement of our vision.

The NHSCFA's Audit and Risk Assurance Committee oversees all financial aspects of governance, including financial and non financial risk management. The mitigations against financial and all other strategic risks are regularly reviewed as part of our risk management framework and are reported to the Audit and Risk Assurance Committee.

# **Our integrated** approach to delivery

To fulfil our ambitions for our organisation we will continue to refine and develop our integrated strategic approach.

This will ensure that all our strategies around estates, finances, digital, data, service provision, business planning and workforce are aligned.

The Strategic Intelligence Assessment (SIA) details the key fraud threats, vulnerabilities, and enablers within the NHS. The SIA assists us in identifying which priority areas should be our focus for the period of the strategy.

The SIA informs our control strategy, which sets out our decisions as to where and how we can have the most effective influence and impact on fraud within the NHS. The SIA, control strategy, and integrated planning cycle inform our work to achieve the maximum impact over the life of our business plan and strategy.

# Strategic accountability and performance management framework

The NHSCFA's annual business plan supports delivery of our strategy year on year. Quarterly strategic accountability meetings with the DHSC, attended by the NHSCFA's chair and chief executive officer, provide an opportunity to discuss progress against our objectives and targets.

Monthly performance review and engagement meetings are held with our departmental sponsors, DHSC AFU to discuss progress against delivery of our objectives and targets.

Strategic level Key Performance Indicators (KPIs) have been developed for each of the Strategic Pillars in this strategy. These KPIs are delivered through our organisational business plan, which in turn is supported by divisional and unit business plans.

The business plan will be closely monitored at board and executive level through a board-level performance report, underpinned by quarterly performance and assurance panels where all areas of delivery are reviewed with the senior managers responsible for them.

These panels are chaired by the Director of Performance and Improvement. This provides a framework for performance management and delivery assurance in relation to ongoing delivery of our strategy and business plan.

Our Performance and Improvement Programme Management Office (PMO) will support robust oversight and assurance of the annual plan and the annual review cycle to ensure core elements of our strategy are delivered and emerging risks are suitably managed and escalated.

# Our strategy on a page

# **Our Vision**

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

## **Our Purpose**

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

We achieve this by:

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

# **Our Values (LIFE)**



# **Our Strategic Pillars**

Understand, Prevent, Respond, Assure, Our People, Our Resources

# How we deliver



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