

Strategy 2020 to 2023



Contents

Foreword	3
Our Vision, purpose and strategic objectives	5
Delivering our Objectives:	6
Lead and influence	6
Reduce fraud loss	6
Support and empower our people	6
Effective use of our resources	6
At a glance - our successes by 2023	7
How we work:	
Our Business Model	12
Challenges	13
Our role in the fight against fraud	13
Collaboration and Partnerships	14
Examples of our work	14
Looking Back:	
What we have achieved – our past successes	15
Looking forward:	
Our integrated approach to delivery	16
Planning for 2023 and beyond – our long-term ambitions	17
Delivery Mechanisms:	
Financial Strategy and Risk Management	17
Strategic Accountability and Performance Framework	18
Our Products:	
Products provided to the public	19
Products provided to the sector	19
Appendices:	
Annex A – The challenges we face and our response	20
Annex B – NHS specific challenges and our response	21

Foreword

NHS Counter Fraud Authority’s vision and purpose is to lead and proactively support the NHS to understand, find, prevent and respond to fraud.

This strategy document explains how we intend to use our resources and commitment over the next three years (2020-2023) in the fight against NHS fraud.

At the time of writing, the NHS is responding to the greatest challenge it has faced since its creation, the COVID-19 pandemic. We remain grateful to our frontline NHS colleagues and are proud of the exceptional work they are undertaking in response to the pandemic. We will respond to new threats created.

We work within the internationally recognised **5 Principles of Fraud and Corruption framework**:

- 1. There is always going to be fraud
- 2. Finding fraud is a good thing
- 3. There is no one solution
- 4. Fraud and corruption are ever changing
- 5. Prevention is the most effective way to address fraud and corruption

Losses to fraud

We estimate that the NHS is vulnerable to over £1.2 billion worth of fraud each year. When criminals succeed in defrauding the NHS, this results in money being taken from its intended purpose, patient care, and placed into criminals’ pockets instead. We realise that fraud is a complex and evolving threat and criminals constantly seek to exploit weaknesses in people and systems and constantly update their methods.

What we have already achieved

Since our establishment in 2017, working in partnership with the wider NHS counter fraud community, we have achieved significant results. In 2019-20 we collaborated with partners and detected £17.3M of money lost to fraud, recovered £9.6M and prevented losses to fraud of £99.2M.



¹ International Public Sector Fraud Forum: A Guide to Managing Fraud for Public Bodies

What we are setting out to achieve

Our collaborative approach is at the heart of our strategy. We will provide the wider NHS with the support, guidance and tools to enable effective counter fraud responses at national and local levels.

We will work with our sponsor branch, the Department of Health and Social Care Anti-Fraud Unit to achieve our objectives. We will promote a culture where individuals and organisations take responsibility for finding and fighting fraud.

We will collaborate with the Government Counter Fraud Function which works to find and fight fraud across the public sector. We will also support the development of the Counter Fraud Functional Standard and Profession², this approach we will expand our insight and will strengthen our fight against fraud in the NHS.

We will also enable our own people to be the best in their roles so that we can deliver against the objectives set out in this strategy. This includes achieving financial targets in respect of fraud prevention, detection and recovery, whilst complying with stringent financial controls on our expenditure.

NHSCFA values all its people and sets out this commitment as part of the NHSCFA people strategy.

Our new people pledge is that by 2023 we will operate as one organisation, with one vision, working as one team and that our people feel empowered, valued and engaged to perform at their best. As part of this, we will be promoting and supporting equality, diversity and inclusion in the workplace as well as placing a greater emphasis on mental health and wellbeing.

We want to create an inclusive culture that values diversity in how we treat each other and interact with those that we come into contact with, going beyond our statutory requirements. As part of our commitment to mental health and wellbeing, we have already pledged our organisation to the Time to Change programme, demonstrating a change in how we think and act about mental health in the workplace and we want to continue to strengthen this within the next three years.

Effective counter fraud measures are an important part of ensuring that every pound spent on the NHS is used for its intended purpose. COVID-19 has brought this into very clear focus. Our success will benefit the people who rely on the NHS - all of us.



Tom Taylor
Chair



Susan Frith
Chief Executive

² <https://www.gov.uk/government/groups/counter-fraud-standards-and-profession#government-counter-fraud-function>

Our vision

Our vision is to lead and proactively support the NHS to understand, find, prevent and respond to fraud.

Our purpose

Our purpose is to:

- Provide leadership and expertise in counter fraud as a valued NHS partner
- Collaborate nationally and locally with the NHS to understand fraud threats, vulnerabilities and enablers
- Deliver intelligence-led counter fraud services to find, respond to and prevent fraud
- Reduce the impact of fraud on the NHS
- Work with partners to deliver financial savings that can be reinvested in patient care

What we will achieve

Our ambition is that in three years' time we will be:

- Recognised for pioneering counter fraud initiatives that deliver real savings for the NHS, spearheading the fight against fraud in the NHS
- A valued partner for the whole NHS in fighting fraud, with leaders at national and local level looking to us to innovate and provide knowledge and expertise
- Recognised internationally as a leader in finding and fighting healthcare fraud

Our strategic objectives

To achieve our vision, we have identified four strategic objectives which will translate our ambitions into delivery:

- We will lead and influence the NHS to find, prevent, and reduce fraud, recovering losses and putting money back into patient care
- We will work with partners to reduce fraud loss in the NHS
- We will support and empower our people to be the best in their roles and feel valued
- We will effectively use our resources, identify and pursue opportunities for growth and innovation and reduce our operating costs

Our annual integrated planning approach will ensure that we are doing the right things. This strategy will remain dynamic and flexible to ensure our objectives adapt and anticipate the changing environment. This includes the emerging fraud risks, especially considering the COVID-19 pandemic and its impact globally and nationally on our economy and society.

Delivering our Objectives

Lead and influence	
Key Actions	Key Measures
Improve awareness of fraud, including how it occurs and its impact, among people working in the NHS	Achieve NHSCFA's financial targets through - direct engagement with partners - raising awareness of fraud - supporting local counter fraud activity
Empower fraud champions to support NHS colleagues in understanding and reducing local fraud risks	95% of NHS organisations will have embedded fraud champions to support local counter fraud functions.
Engage NHS decision makers and influencers to foster leadership and cross-system collaboration in fighting fraud	We will increase our stakeholder satisfaction by 5% each year
Develop capability through targeted support to NHS organisations, enabling deeper understanding of local fraud risks	We will have 50% of Local Counter Fraud Specialists and 100% of applicable NHSCFA people as members of the Government Counter Fraud Profession
Share our expertise with the Government Counter Fraud Function from a healthcare fraud perspective	
Increase and improve the quality of fraud reporting	We will increase the conversion of fraud referrals (incidents) to reports by 4% and reports to fraud cases by 4% each year, supported by our business systems and improved fraud reporting tools ³
Support the health sector in meeting the Counter Fraud Functional Standard	98% of NHS bodies will make an annual return against the Counter Fraud Functional Standard ⁴

³The referrals received are evaluated by the NHSCFA Central Intelligence Team (CIT). When sufficient information has been collated these referrals are forwarded via the case management system to Local Counter Fraud Specialists (LCFS) as Information Report (IRs). It is the responsibility of the LCFS to investigate these IRs and where they are able to confirm the suspicion with at least one piece of evidence the IRs can be translated into formal investigations.

⁴Governments Functional Standards, GovS 013: Counter Fraud, Counter fraud, bribery and corruption, V1.1, Date Issued: June 20204

Reduce fraud loss	
Key Actions	Key Measures
Build and deliver data analytical capability and approaches internally and with strategic partners for fraud detection and prevention	Development and application of robust analytical techniques to highlight anomalies or patterns in behaviour indicative of fraud Identify and introduce innovative approaches for use of data within the counter fraud area by using machine learning and associated tools by 2023 Work with partners to pilot exercises to understand more about data and its vulnerabilities focusing on addressing problem questions using data.
Collaborate with key NHS partners (such as NHS Business Services Authority, NHSE/I, NHS Digital and NHSX) and the Cabinet Office, using technology to design fraud out of NHS systems	Implement intelligence development and fraud prevention strategies Measure the impact of fraud prevention guidance and advice Undertake loss analysis and measurement work to inform the intelligence landscape Undertake COVID-19 post event assurance Identify and measure the reduction in vulnerability of losses to fraud
Collect counter fraud financial and activity data in order to monitor and influence meaningful system change	Together with partners we will prevent, detect and recover a combined minimum total of £400m over the life of this strategy The return on investment of 5:1 will be achieved as a result of national and local counter fraud activity over the period of this strategy (including enforcement and fraud prevention). The value of reactive enforcement activity by local counter fraud functions will represent a return on investment of 2:1
Collaborate strategically to reduce the NHS's vulnerability to fraud and measure reduction in financial loss	
Increase the value of fraud detected and prevented across the NHS	
Support NHS leaders deliver effective value for money in counter fraud services	

Support and empower our people	
Key Actions	Key Measures
Adopt the principles of the Great Place to Work to support and enable people’s health and wellbeing	90% of our people will receive agreed learning and development programmes
Build a sense of belonging, wellbeing and strong cross-organisational team working through innovative internal communication and engagement	
Consistently achieve, recognise and capture high-quality performance	
Empower people to innovate by creating a safe and supportive environment to develop and implement new ideas, learn from mistakes and celebrate success	We will observe an increase of 10% in our people’s satisfaction rating
Invest in the development and learning of our people, and in a robust IT infrastructure to enable our people to succeed	
Offer smarter, flexible working that best meets our needs and drives effective work	
Invest in our leaders to encourage open, honest and supportive cultures, where people feel they add value and are treated fairly	We will observe a 10-percentile point improvement in how well people feel they are led.
Demonstrate the behaviours we expect of our leaders	
Demonstrate a continued commitment to corporate social responsibility	
Promote equality, diversity and inclusion in our workforce, applying clear, fair and consistent policies	We will monitor organisational health metrics including equality, diversity and inclusion data through timely corporate performance reporting to SMT and Board

Effective use of our resources	
Key Actions	Key Measures
Identify and explore opportunities to secure additional funding and investment by demonstrating positive financial impact	We will achieve best financial outcomes in investment and income generation
Work with NHS partners to develop shared programmes of intervention, including identifying opportunities for income generation	
Integrate financial, business and workforce planning, translating our strategy into effective, resourced deliverables	We will achieve an integrated planning approach which underpins our annual Organisational and Divisional Plans
Develop effective performance and project management approaches to drive delivery of our priorities	95% corporate projects deliver on time and to budget. Return on investment is maximised and tangible benefits are realised. Robust governance and assurance arrangements are in place
Reduce operating costs through review and rationalisation of estates to embrace and reflect new ways of working	We will successfully reduce our estate by 15% Reduce costs of travel and subsistence by 20% each year against 19/20 baseline

Delivery of Strategic Objectives at a glance

Our Vision

To lead and proactively support the NHS to understand, find, prevent and respond to fraud

Our Purpose

- Provide leadership and expertise in counter fraud as a valued NHS partner
- Collaborate nationally and locally with the NHS to understand fraud threats, vulnerabilities and enablers
- Deliver intelligence-led counter fraud services to find, respond to and prevent fraud
- Reduce the impact of fraud on the NHS
- Work in partnership to deliver financial savings that can be reinvested in patient care



Our Objectives

- 1. Lead and influence**
We will lead and influence the NHS to find, prevent, and reduce fraud recovering losses and putting money back into patient care
- 2. Reduce fraud loss**
We will work with partners to reduce fraud loss in the NHS
- 3. Support and empower our people**
We will support and empower our people to be the best in their roles and feel valued
- 4. Effective use of our resources**
We will effectively use our resources, identify and pursue opportunities for growth and innovation and reduce our operating costs



Our Successes by 2023

1. Lead and influence

- More people understand NHS fraud, are engaged with the counter fraud agenda and report fraud
- A network of fraud champions is embedded in NHS providers
- All NHS organisations are supported in achieving compliance with the Government Counter Fraud Functional standard
- Membership of the Government Counter Fraud Profession is available to the whole NHS counter fraud community in England, with all eligible professionals empowered and supported to become members
- Our stakeholders have high levels of satisfaction in the services we provide

2. Reduce fraud loss

- National and local counter fraud activity will result in measurable financial benefits
- We have a process to measure value for money in local counter fraud functions for both proactive and reactive counter fraud work
- Targeted intervention by the NHSCFA in partnership with health bodies and counter fraud providers will have delivered measurable results
- Data and technology drive efficiencies in how we work and innovate our services

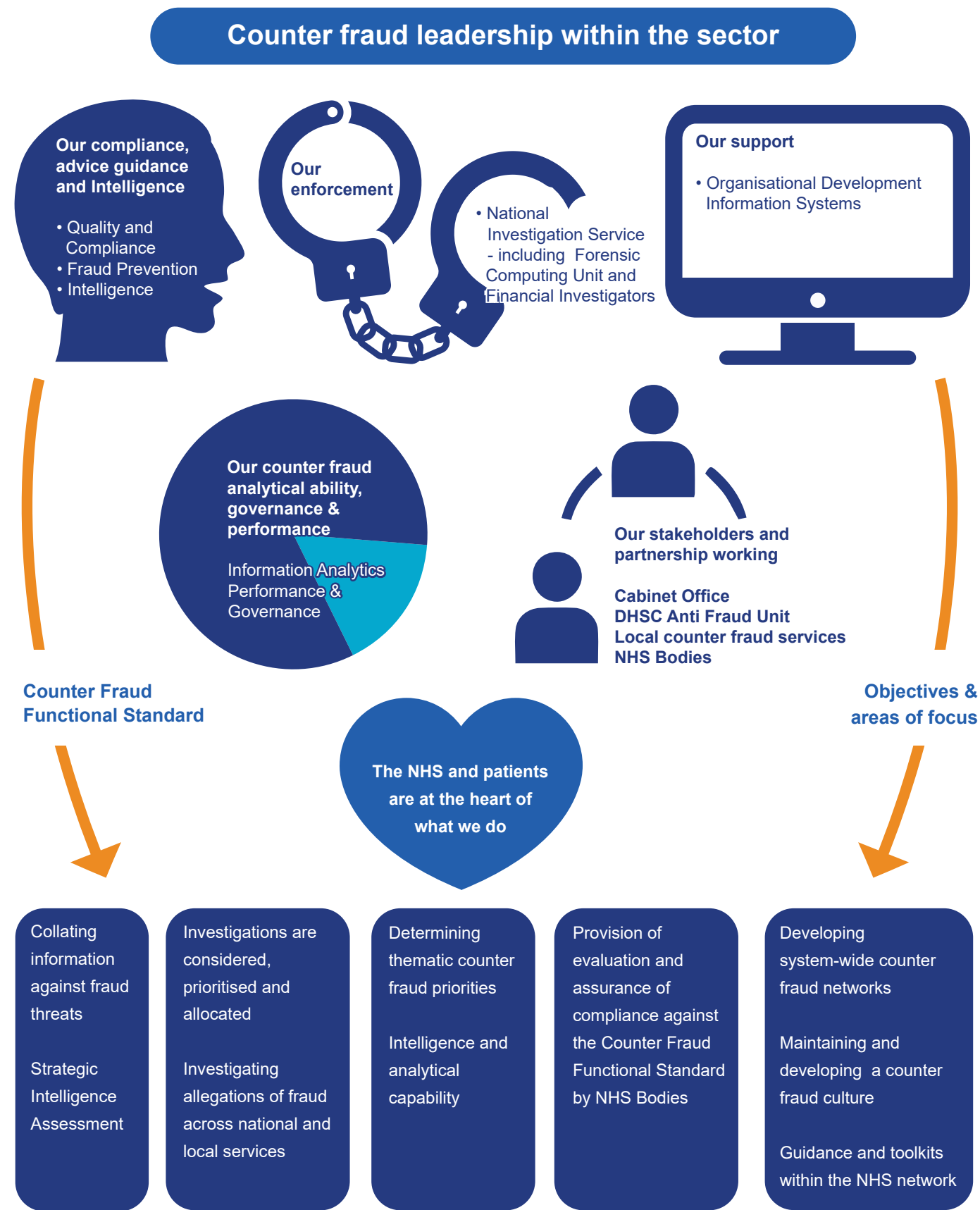
3. Support and empower our people

- We will demonstrate the benefits of adopting smarter working principles
- Leaders are seen to create an open, empowering and supportive culture, where people feel they add value and are treated fairly
- Our people have access to the learning and development they need
- Equality, diversity & inclusion and mental health are promoted and supported in the workplace

4. Effective use of our resources

- We consistently deliver financial balance by integrated alignment of financial, business and workforce, translating our strategy into effective and resourced deliverables
- We have effective performance and project management approaches to drive delivery of our priorities
- All opportunities to secure additional funding and investment are identified & pursued
- We have lower operating costs through rationalisation of our estate, ensuring accommodation is of a high standard but reduced in size where appropriate
- We will work with NHS partners to develop shared programmes of intervention including identifying opportunities for income generation

Our Business Model



Challenges and responses

All organisations can experience the risk of fraud, and most encounter similar challenges when fighting it. The NHS is not exempt from the risk fraud presents and faces some specific challenges. The NHSCFA is unique in that we are the only authority within the NHS that has specialist knowledge and appropriate powers to tackle this problem head on.

NHS fraud is a serious crime. We have identified general challenges all organisations face in fighting fraud, as well as some challenges that are specific to the NHS. (see annexes A and B).

Our role in the fight against fraud

Fraud against the NHS has a serious impact on patient care by targeting taxpayers’ money that funds NHS services. Our role is to be the single, expert, intelligence-led organisation providing national intelligence, investigation and solutions capacity for tackling fraud, bribery and corruption in the NHS in England.

The Secretary of State has set four priorities for the whole of the NHS:

- Prevention: because prevention is better than cure.
- People: because we need more people working smarter.
- Technology: because patients and clinicians demand better.
- Infrastructure: because buildings matter too.

We have set out a number of examples in this document which demonstrate that our work to tackle fraud in the NHS reflects these priorities.

Collaboration and influence

As we set out earlier, collaboration is key. We will provide leadership, share our expertise with NHS organisations at a local and national level. We want to support organisations to influence their counter fraud work to bring about measurable and sustainable improvements for us all.

Key partnerships

Working with key partners and stakeholders, we will review fraud risks and develop counter fraud solutions. We want to continue our partnership work to support the implementation of solutions and assess their impact.

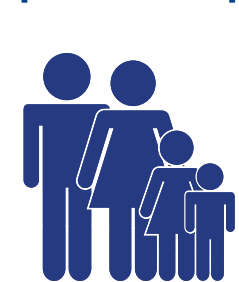
This will ensure the NHS is able to measure the impact of counter fraud work. We want to support organisations to reduce fraud vulnerabilities and achieve financial savings by stopping and preventing fraud.

Following the UK’s exit from the European Union, and as new trading relationships with the EU and the rest of the world are agreed, we will continue to monitor the impact on fraud risks facing the NHS.

Collaborators and partnerships



patients



public



NHS Counter Fraud Community



Department of Health & Social Care



CPS



NHS Resolution



Cabinet Office



NHS Digital



NHS England and Improvement



NHS Business Services Authority

Our work to fight fraud

Our work includes the following:

- Delivery of a Strategic Intelligence Assessment.⁵
- The use of data analytics to identify patterns in behaviour indicative of fraud
- Investigation of allegation of serious fraud, bribery and corruption in relation to NHS expenditure. All NHSCFA investigators are members of the Government Counter Fraud Profession who perform alongside NCA accredited Financial Investigators.
- The NHSCFA operate two Forensic Computing laboratories, both of whom are operating under the accreditation of ISO 17025:2017 in relation to the imaging and analysis of computers and digital storage devices.
- Using powers under the Proceeds of Crime Act 2002 which mirror those available to other law enforcement agencies by our financial investigators
- Using specific and unique powers stipulated in the National Health Service Act 2006 to support investigations, allowing us to serve production notices on NHS organisations, NHS contractors or any service providers to the NHS.
- Identifying fraud risks and providing specialist support to implement solutions and sustainable improvements at a local and national level to reduce fraud vulnerabilities
- Communicating via a range of channels to publicise counter fraud successes, improve fraud awareness and support fraud champions.

⁵ The Strategic Intelligence Assessment (SIA) details the key fraud threats, vulnerabilities and enablers within the NHS and is produced on an annual basis

Some past successes have included

- ✓ **Reducing fraud loss by working in collaboration to**
Detect £17.3M of fraud against the NHS
Prevent £99.2M or fraud against the NHS
Recover £9.6M of fraud against the NHS
- ✓ **Supporting and empowering our people by**
Developing specialist investigator training linked to the Counter Fraud Functional Standard

Delivering a bespoke Strategic Leadership Programme

Introducing a people-driven professional development pathway
- ✓ **Leading and influencing by**
Speaking and exhibiting at major UK conferences in the healthcare and law enforcement arena

Achieving national press and TV coverage and activity across multiple communications channels

Participation in “Fraud Squad NHS” TV programme which reached 7.5 million views on initial screening
- ✓ **Making the best use of our resources by**
Reducing our estate footprint through smarter working

Development of cutting-edge in-house data analytics.

Achieving and maintaining a recognised accreditation for our Forensic Computing Unit



Our integrated approach to successful delivery

We have made considerable progress and achieved a range of successes during the period of our previous strategy (2017-2020). We now face a unique set of challenges and opportunities over the lifespan of this strategy and beyond. To fulfil our ambition for our organisation we require an integrated strategic approach. This will ensure that all our strategies around estates, finances, digital, data, service provision, business planning and workforce are aligned.

Development of an integrated three- year planning cycle in line with the delivery of this strategy is essential to this. We also need to identify our key projects and programmes, and deliver them through a consistent organisational approach and common standards.

The Strategic Intelligence Assessment (SIA) details the key fraud threats, vulnerabilities and enablers within the NHS. With limited resources at our disposal, the SIA assists us in identifying which priority areas should be our focus for the period of this 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 Strategic Intelligence Assessment, Control Strategy and integrated planning cycle will inform our work to achieve the financial targets set over the lifespan of the strategy. This will be a mixture of direct savings from NHSCFA activity and wider savings due to behaviour change

through our fraud prevention, recovery and assurance work.

With the response to COVID-19 dominating the work of the NHS during 2020, issues relating to the pandemic will feature heavily in our strategy, including the following in particular:

- An increase in funding for the procurement of goods and services, with a reduced level of scrutiny during this period, means that vulnerabilities remain and potentially have increased. Procurement fraud will therefore continue to be a key area of focus for the NHSCFA for the life of this strategy, with COVID-19 post event assurance underpinning this work in 2020-21.
- The dynamic nature of people deployment within the NHS has been identified as a fraud vulnerability, therefore the NHSCFA will prioritise fraud prevention activity in relation to agency and bank staff from 2021-2023.
- Continued collaboration with the NHSBSA and access to data in order to tackle fraud taking place in the pharmaceutical area during 2020-21. Targeted prevention activity will take place during 2021-2023.
- We will work collaboratively with partners to tackle fraud taking place in General Practice in 2021-22, with updated analysis on Help with Health Care Costs (patient fraud) in 2022-23.

Our control strategy will be aligned to a 3-year planning cycle and support the delivery of our financial targets of £400 million as a result of national and local counter fraud activity (fraud prevented, detected and recovered).

Planning for 2023 and beyond – our long-term ambitions

We will continue to seek opportunities for the NHSCFA to increase its influence over the NHS Counter Fraud sector. As the lead body we will seek accountability for the outcome of all counter fraud work across the NHS we will also continue to support the development of an NHS counter fraud community that aligns national and local counter fraud services. Our aim in doing this is to achieve improved outcomes and deliver a one system approach to successfully tackling fraud across the NHS.

This will be achieved by:

- Establishing a secure position for the organisation with investment for our basic corporate and service functions, operational delivery capacity and cutting-edge data analytics
- Creating a secure core organisational structure that provides a platform for the NHSCFA to build counter fraud services, that deliver improved capability, capacity and outcomes for the NHS.
- Advising and informing investment choices to deliver local counter fraud services that significantly improve return on investment.
- Pursuing NHSCFA's inclusion in relevant legislation to support data driven counter fraud work for the NHS.
- Using our influence to change the focus of local counter fraud provision and hold it to account. Enabling the sector

to better manage fraud risk and actively seek fraud out - "find it to fight it" - across all areas.

- Continuing to improve fraud detection levels so that prevention, enforcement and recovery outcomes are enhanced, and greater sums are saved or recovered.
- Create sustainability within the NHSCFA, in service areas that can generate income.
- Identifying opportunities across the healthcare system to further develop the capability, capacity and professionalisation of the counter fraud function.

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 is regularly scrutinised and reviewed at board level
- All opportunities to secure additional funding are identified in order to achieve best financial outcomes within three years generated by parliamentary 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’ parliamentary funding levels over the period of 2020 to 2023, or a reduction in funding, could create significant risk to the delivery of our annual business plan and achievement of our vision.

The authority’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.

Strategic accountability and performance 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.

Strategic level key performance indicators (KPIs) have been developed for each of the four objectives in this strategy (see measures listed above under each objective). 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 Products

Products provided to public	
NHSCFA website	https://cfa.nhs.uk/
Strategic Intelligence Assessment Annual report and accounts Business plan	All available on our website
Fraud prevention guidance	Available on our website: - on the main Guidance page - in the COVID-19 counter fraud guidance section - in the NHS Fraud Reference Guide
Information on successful prosecutions and recoveries	Available on our website
Fraud awareness toolkit	Available on our website

Products provided to sector	
NHSCFA Extranet	https://extranet.cfa.nhs.uk/ (authorised users only)
National benchmarking reports	Available at https://portal.cfa.nhs.uk/ (authorised users only)
Fraud prevention notices	Available on the NHSCFA Extranet
NHS counter fraud manual	Available on the NHSCFA Extranet
Guidance for counter fraud professionals	Available on the NHSCFA Extranet (includes operational guidance and procedures which complement the NHS counter fraud manual, as well as guidance COVID-19 related fraud)
Contact directory of key counter fraud people in NHS organisations	Available on the NHSCFA Extranet
NHS counter fraud standards	Available on our website
Intelligence bulletins (IBURNS)	Available to LCFSSs on the FIRST case management system

Annex A: The challenges we face and our response	
Challenges	Our response
Fraud is a hidden crime. To fight it, you need to find it.	- We will use intelligence, analytics and technology to highlight patterns, risks and vulnerabilities. - We will improve our systems for NHS fraud reporting. - It is always better to prevent fraud before it takes place, therefore we will use our expertise to develop and share preventative advice and guidance. - We will provide assurance that local counter fraud efforts are in line with the required standards required to minimise the risk of fraud to the NHS. - Finally, we need all staff and stakeholders to let us know if they suspect fraud against the NHS - if you spot it, report it.
People can be reluctant to recognise that fraud is a problem.	We will develop a comprehensive programme of engagement that highlights the risk of fraud and how organisations can protect themselves against it.
Criminals actively look to exploit weaknesses in people and systems. They only have to be successful once to make money, while organisations must be vigilant all the time.	- We will work to ensure that our prevention guidance provides a barrier before any exploitation can take place. - We will provide timely notifications of risks and actions to take in order to defend against this sort of attack on patient resources.
Criminals constantly innovate and update their methods.	We will constantly review and update our intelligence, use data to counter threats and identify those who conduct fraudulent activities against the NHS.
Fraud can be complex and multifaceted. There are many different types of fraud, and while criminals are a small minority, this minority includes a wide range of people (staff, contractors, patients, suppliers, organised criminals).	We will promote an anti-fraud culture within the NHS, where fraud is not tolerated, and we will encourage all NHS organisations, NHS partners and their people to be part of the solution to fight fraud.
If fraud is not recognised as a problem, the organisation can become more vulnerable through lack of investment in counter fraud provision or inadequate assurance about its effectiveness or value for money.	- NHSCFA is driving forward the government's new Counter Fraud Functional Standard across the NHS. - We will continue to provide data enabling NHS organisations to benchmark their counter fraud performance against their peers.

Annex B: NHS-specific challenges and our response	
NHS-specific challenges	Our response
The NHS is not a single organisation but a complex system, with multiple levels of delegation and a variety of funding streams. This means that the NHS faces some unique fraud risks and mounting a coordinated response to fraud is a challenging task.	- We will use our expertise to focus on areas or organisations identified as at significant risk. - We will use enforcement to ensure that fraud is driven from the NHS by pursuing prosecution and other appropriate sanctions recovery of monies fraudulently acquired.
People working in the NHS are rightly focused on delivering the best possible care for patients using available resources. In this context, fraud can be seen as a secondary concern.	- We will use a wide range of engagement tools and techniques to raise the profile of fraud and increase awareness of the impact it has on the NHS. - We aspire to embed Fraud Champions in every NHS organisation to support counter fraud messaging and provide support at a strategic level
Certain types of fraud carry a direct risk to patient safety (e.g. false identity, fake qualifications).	- We will continue to provide advice and guidance to the sector regarding fraud risks that directly impact patient safety. - We will act immediately when we receive information on this type of fraud risks and share it with the appropriate organisations.