

Business plan 2019-20

May 2019

Version 1.0



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

Version control

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1.0	Business plan 2019-20	May 2019	Final version for publication

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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 focussed entirely on counter fraud work, the NHSCFA is independent from other NHS bodies and is directly accountable to Ministers through the Department of Health and Social Care (DHSC). The NHSCFA was established as a Special Health Authority on 1 November 2017 and is an integral partner in the delivery of the DHSC Counter Fraud Strategic Plan 2017-2020¹.

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 2017-18, in the 2019 Strategic Intelligence Assessment we estimated that fraud losses within the NHS exceeded £1.27 billion per annum. A breakdown of this estimation by thematic areas and with associated confidence levels can be found in the organisation’s 2018-19 annual report². This figure should be seen in the context of total health spending of over £120.5 billion³.

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.

¹ <https://www.gov.uk/government/publications/dhsc-counter-fraud-strategic-plan-2017-to-2020>

² NHSCFA Annual Report and Accounts 2018-19, available at <https://cfa.nhs.uk/about-nhscfa/corporate-publications>

³ Department of Health and Social Care Annual Report and Accounts 2017-18
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/728780/Department_of_Health_Annual_Report_Accounts_Web_Accessible_NEW.pdf

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As the single expert intelligence-led organisation providing centralised fraud intelligence, investigation and solutions for tackling fraud in the NHS in England, the NHSCFA will:

- Act as the repository for all information related to fraud in the NHS and the wider health group.
- Have oversight of and monitor counter fraud work across the NHS.
- Provide strategic and tactical solutions to identified fraud risks.
- Set counter fraud standards and assess NHS bodies' performance against these standards.
- Work collaboratively with NHS bodies and local counter fraud service providers, specialists and other stakeholders.
- Drive improvements in counter fraud work that is undertaken across the NHS.

The NHSCFA will collaborate with organisations across the NHS, other arm's-length bodies, across government departments and with the DHSC, obtain relevant information and intelligence on the types of fraud the wider health group⁴ is exposed to and work with partners to put in place effective measures to better prevent, deter and investigate fraud. The NHSCFA will also 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 2017-2020'⁵.

The board are committed to the continued development of general effectiveness and good governance; through the audit and risk committee they will support a control environment that delivers rigorous internal controls and ensures that key performance indicators are monitored and the organisation delivers on agreed targets. The board will support the development and delivery of the organisation's strategy and plans, and support the executive team to drive the NHS counter fraud agenda forward.

Our remit covers the NHS and the wider health service in England and in relation to intelligence it includes DHSC and its non-departmental public bodies and executive agencies. 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.

⁴ The wider health group includes DHSC and its arm's-length bodies and non departmental public bodies, and the NHS and its arm's-length bodies.

⁵ Available on the NHSCFA website at <https://cfa.nhs.uk/about-nhscfa/what-we-do>

We employ and are committed to the continuous professional development of over 160 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 works in partnership with the NHS and other stakeholders and 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 are required⁶ to meet specific standards in each of the areas defined by the four principles. The standards are available on our website at www.cfa.nhs.uk/counter-fraud-standards.

The four principles, aligned to the DHSC Counter Fraud Strategic Plan⁷, are to:

- **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 relationships with stakeholders through active engagement. We will proactively publicise the dangers of fraud and our success in tackling it.
- **Prevent and deter** – working collaboratively to develop solutions at the earliest possible stage and undertake 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

⁶ Required under the NHS standard contract in the case of providers, and as adopted by NHS England for commissioning organisations.

⁷ DHSC Three Year Strategy <https://www.gov.uk/government/publications/dhsc-counter-fraud-strategic-plan-2017-to-2020>

hold the health group to account.

- **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.
- **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, to ensure 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. Fraud must be seen in terms of harm to the organisation, its reputation and its patients, not simply as a financial loss.

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:

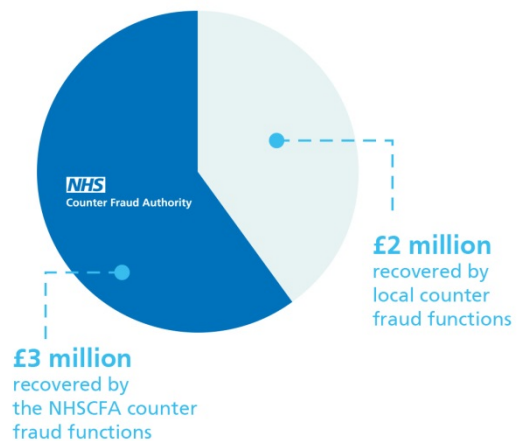
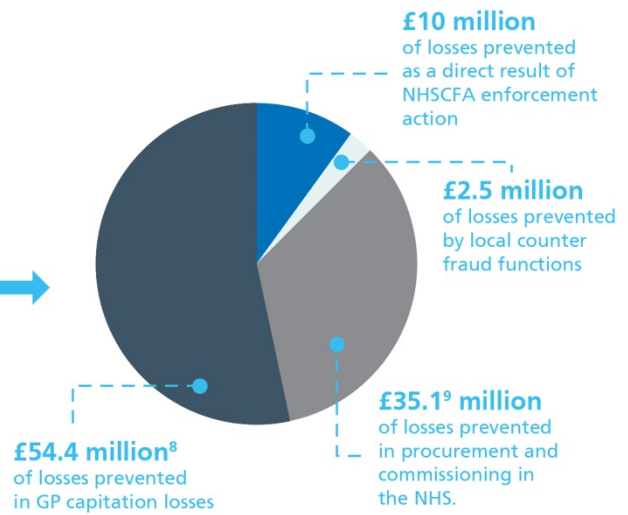
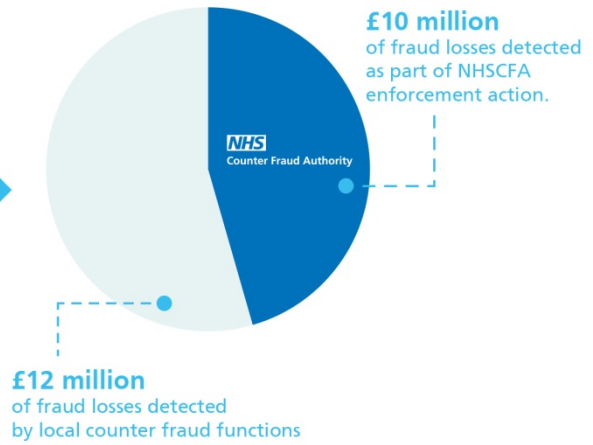
1. Deliver the DHSC Counter Fraud Strategy, and be the principal lead for counter fraud activity in the NHS in England.
2. Be the single expert intelligence led organisation providing a centralised investigation capacity for complex economic crime matters.
3. Improve standards in counter fraud work, 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. Drive improvements in the level and quality of fraud reporting across the NHS and wider health group, by raising the profile of fraud and its effects 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.

Financial targets

The NHSCFA will measure the financial impact of NHS counter fraud work carried out at both national and local level against a set of targets, which are set out below. The targets will be met through interventions at both national and local level. These high-level, stretching targets have been agreed with the DHSC and for the first time the NHSCFA will report on the value of prevented fraud resulting from local and national work. For detected and recovered fraud the target is to double those achieved in 2018-19.

The NHSCFA will identify:



This marks a shift in emphasis towards measuring financial impact, with a focus on delivering measurable results in year. The Strategic Intelligence Assessment will continue

to deliver an annual high-level estimate of fraud loss as an NHS fraud ‘temperature check’ for the NHS and wider health service.

Management of financial resources

The NHSCFA will deliver its work within a robust financial control environment. Through the board and audit and risk committee we will address all internal and external audit recommendations and meet our corporate and good governance responsibilities. In accordance with legislative requirements, the NHSCFA will prepare and deliver financial accounts and an annual report within the required timelines.

The NHSCFA will also deliver all objectives and targets set out in this business plan within its parliamentary funding for 2019-20⁸. The authority will appropriately utilise the parliamentary funding and all other available funding streams to successfully perform its delegated functions.

The NHSCFA will identify through collaboration the financial impact of our work, and value the tangible benefits across the NHS in line with its organisational targets.

NHSCFA planning

The NHSCFA was established as a Special Health Authority on 1 November 2017 by the NHS Counter Fraud Authority (Establishment, Constitution, and Staff and Other Transfer Provisions) Order 2017, under the National Health Service Act 2006. The NHSCFA will work with the DHSC to deliver successful outcomes in NHS counter fraud work. We will demonstrate the success of our strategy and plans to support the DHSC in presenting evidence to Parliament that demonstrates the requirement for ongoing, coordinated work to tackle NHS fraud.

Our values

The NHSCFA works within and celebrates a shared set of values and behaviours. This is demonstrated through all our people modelling the NHSCFA’s six principles of good practice in all that they do:

- **Fairness** - Demonstrating a commitment to equality and diversity, in particular: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; sex; sexual orientation.

Behaving in a supportive way to colleagues.

- **Expertise** - Showing a commitment to keeping up to date with new ideas and ways of working and to continuous personal development.

⁸ The DHSC Group financial plan for 2019-20 is not yet finalised.

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Having the necessary knowledge and skills to undertake your role.

- **Integrity** - Behaving in an honest and ethical way appropriate to the aims of NHSCFA and the wider NHS.

Ensuring that the way that you act and undertake your work is beyond reproach.

- **Objectivity** - Being non-judgmental and impartial.

Being open-minded.

Maintaining balance in thinking and behaviour at all times.

- **Professionalism** - Acting as a positive role model for colleagues.

Supporting organisational aims and vision.

Expectation of high standards from self and others.

- **Vision** - Constantly seeking to see and understand the bigger picture.

Knowing how you fit into and contribute to the organisation and the NHS.

2. Context

Fraud stands apart from most other 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, all organisations will be a target for fraud at some point, with fraudsters seeking out weaknesses in controls and scrutiny to exploit them where they can.

Across the NHS there is a reliance on generic audit techniques to combat fraud. Because of the complexity of the NHS, its structure, the high volume of payments processed in the system and the high value of transactions, there is a need for a regular review of systems from a fraud perspective, to ensure controls are as robust as possible.

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 fraud threat to the NHS results in staff underestimating the financial impact 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.

EU Exit

The NHSCFA will monitor the impact of EU Exit on the NHS fraud landscape using its existing intelligence gathering structures and methodology. Identification of potential fraud vulnerabilities will be addressed in our strategic intelligence analysis during the financial year and we will work collaboratively with the DHSC Anti-Fraud Unit to address emerging fraud risks. As the single expert counter fraud organisation, the NHSCFA will support the NHS in England as changes in the landscape becomes clear and we will seek to deliver fraud prevention solutions to support the system where vulnerabilities are identified. We will, if required, reprioritise our work should the risks identified as a result of EU Exit planning affect fraud vulnerabilities in the NHS.

3. Organisational priorities

The NHSCFA reviews the strategic picture of fraud across the NHS and wider health group on an annual basis. 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 effect change.

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 estimated financial loss to fraud 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 2019-20 are as follows:

- **Fraud in relation to Community Pharmaceutical Contractors**

NHSCFA will work in collaboration with the NHS Business Services Authority (NHSBSA) to identify key areas of loss to fraud and identify potential fraud by contractors providing community pharmacy services. This will provide opportunities to identify and develop fraud referrals or intelligence packages on individuals and/or companies for investigation/disruption activity.

- **Procurement and commissioning fraud**

This work will allow for the full implementation of the local fraud prevention activity resulting from work carried out in 2018-19 (when this area has also been an organisational priority). The activity will also feed into the cross-cutting theme of maximising the effectiveness and capability of the local counter fraud provision and their contribution to the sector-wide picture of, and reaction to, fraud in the NHS.

- **Fraud in relation to General Practice contractors**

This priority area will focus on GP capitation fees to increase confidence in our assessment of the losses to fraud in this area and form a basis for fraud prevention activity. Working collaboratively with NHS England on fraud prevention, we will develop and share reports detailing GP surgeries identified as having irregular patterns of capitation for intervention activity and proposed solutions that could be adopted by NHS England to reduce and maintain capitation levels within an agreed level of tolerance.

- **Improving fraud outcomes in the NHS**

Engagement with those who manage delivery and support counter fraud provision in the NHS will be focussed on the effectiveness of this work in terms of the financial impact of enforcement activity. There will be a drive to increase the number of sanctions imposed as a result of local counter fraud work and improve the quality of referrals enabling enforcement action to be taken.

The four control strategy priorities also support and contribute to DHSC's 2019-20 cross-system priorities for arm's-length bodies, specifically in the areas of financial control and digital delivery. In addition to control strategy priorities the NHSCFA will also pursue an organisational objective to improve the intelligence picture we have across the variety of thematic areas of spend in the NHS. Continuing collaboration with NHS partners in areas that were NHSCFA priorities in previous years will be maintained. This ensures that the focus on fraud prevention is not lost over time.

Our 2019-20 priority activities for each of the control strategy priorities are listed in Appendix 2 below. These activities 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 2019-20; this will help inform priorities for the following financial year, in line with the process described above.

In addition to this priority work the NHSCFA will work with DHSC colleagues to explore the opportunities that may be offered by improvements to the framework contracts to provide counter fraud services at a local level. The NHSCFA will also seek the opportunity to bring local counter fraud specialists working in the NHS into the Government Counter Fraud Profession.

Working in partnership with DHSC and the NHS, the NHSCFA will establish clearer lines of accountability for counter fraud work, we will continue to ensure that appropriate data sharing arrangements are in place and we will create and deliver a counter fraud champions network.

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 2019-20 are provided in Appendix 3. 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 governance framework is under continual improvement to ensure this process is robust and challenging. This enables the organisation to develop and deliver a range of evidence-based solutions, guidance and toolkits. The NHSCFA will collaborate and work with our partners to develop and deliver the evidenced based solutions needed to achieve 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 provide the opportunity for local changes in practices to reduce the incidence or impact of fraud on health services and finances. The NHSCFA will also be able to report effectively on the value of fraud prevention interventions, both in terms of proactive prevention measures and the value of fraud prevented as a result of investigative and disruptive action.

The NHSCFA will use a clear methodology for the recording of the preventative value of investigations and disruptive interventions to ensure that there is an effective capture and recording of that information across the NHS. This methodology will replicate a tested industry approach. To maintain the integrity of the approach the NHSCFA will share and agree its methodology with the Cabinet Office Fraud Prevention Panel.

Targets have been set and agreed for the period of this business plan against which the performance of the organisation will be monitored, measured and reviewed. This includes figures for fraud prevention, detected fraud and recovered fraud, and will be achieved through a variety of activities, many of them carried out in collaboration with NHS partners, including but not limited to the NHSBSA and DHSC.

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. Reports on our performance against identified objectives will be produced annually.

The NHSCFA was established as a special health authority on 1 November 2017, with a legislated three-year term. Key deliverables were identified for its counter fraud work, both in the short and long term.

Appendix 1 – Our structure

The NHSCFA's organisational structure, set up to deliver our aims, includes four main business areas (see Figure 1 below).

The **Intelligence and Fraud Prevention Division** is made up of the following units:

- **Intelligence.** This unit collects, collates and analyses information that holds intelligence value. They enable the best available understanding of current threats and emerging trends at operational, tactical and strategic levels. This insight enables threats to be identified that may not be apparent when considered locally or in isolation. The unit also manages the generation and development of fraud referrals for investigation as cases on the NHS fraud case management system.
- **Fraud Prevention.** Led by intelligence, this unit is constantly assessing the landscape of the NHS and how any changes to it affect the fraud prevention guidance it produces for the NHS. The unit reviews unexpected, anticipated or future possible fraud prevention opportunities, proactively identifies areas of vulnerability, and produces solutions and information directly aimed at preventing losses to fraud. The unit develops and maintains the NHSCFA's counter fraud resources available to local counter fraud specialists.

The **Operations Division** is made up of the following units:

- **National Investigation Service (NIS).** This unit conducts investigations into serious, organised and/or complex cases of fraud, bribery and corruption within a clear professional and ethical framework. NIS functions include both fraud investigations and the work of accredited financial investigation staff who seek to recover losses via the application of the Proceeds of Crime Act 2002.
- **Forensic Computing Unit (FCU).** This unit provides a comprehensive expert service to recover digital evidence for use in criminal, civil or disciplinary proceedings relating to NHS offences.
- **Quality and Compliance.** This unit analyses data from a range of sources to assess and reports on the effectiveness of counter fraud activity across the NHS and wider health group and identifies areas to enable measurable improvement in local NHS counter fraud work.

The **Business Support Division** is made up of the following units:

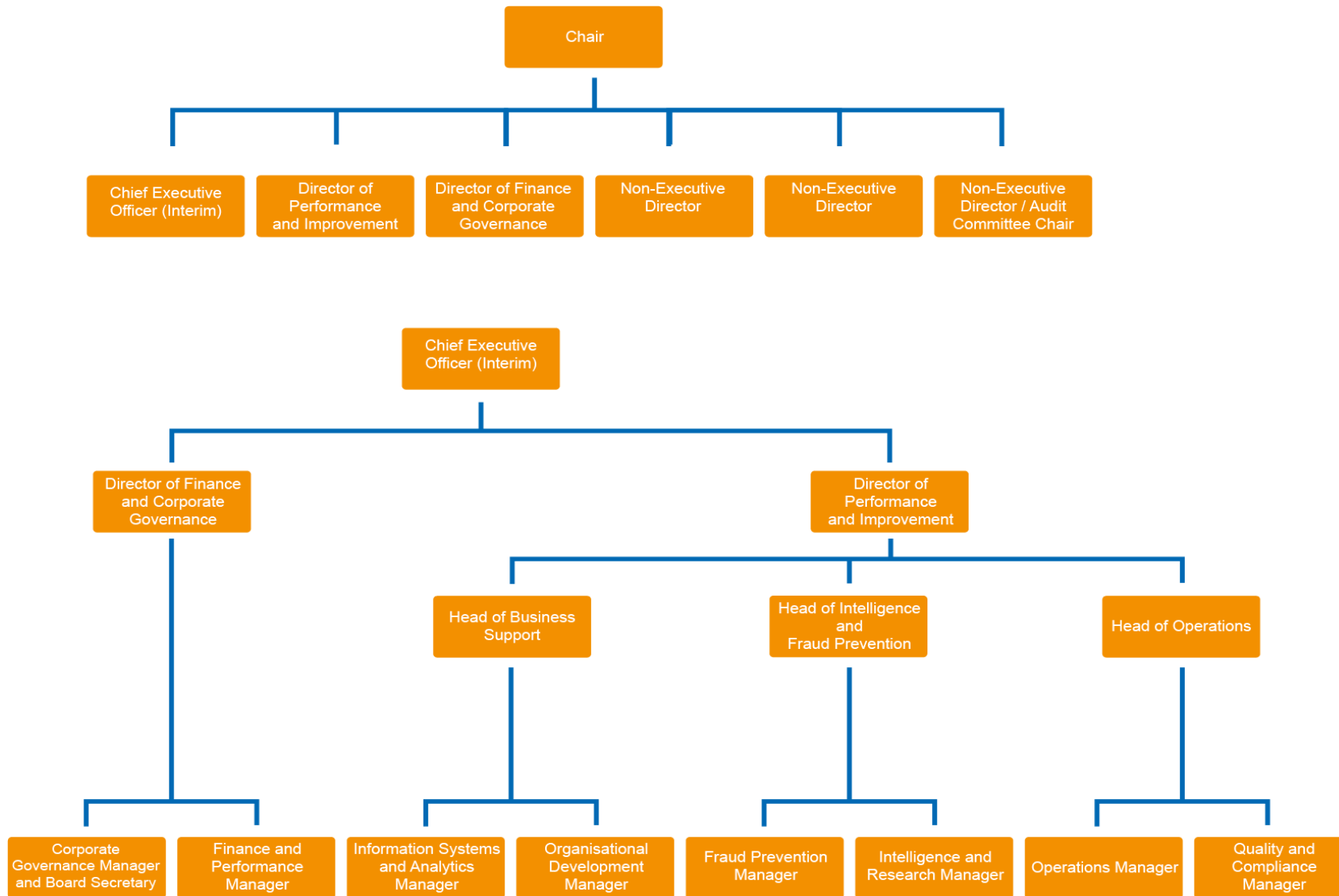
- **Organisational Development.** This unit combines communications, media relations and stakeholder engagement with staff training, professional development, e-learning

expertise and corporate programme delivery workstreams. The unit works with colleagues and stakeholders to raise awareness of NHS fraud and its impact and publicises the work of the NHSCFA to increase reporting of fraud and the sanctions imposed on fraudsters. It is also responsible for developing a skilled workforce, in line with the government's counter fraud professional standards.

- **Information Systems and Analytics.** This unit develops and delivers the NHSCFA's digital, data and information strategies. It provides data analytics, system security and system development services.

The **Finance and Corporate Governance Division** supports the board of the NHSCFA in the achievement of the NHSCFA's strategic direction and organisational aims. It also provides 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.

Figure 1 – The NHSCFA’s organisational structure



Appendix 2 – Control strategy priority areas

Fraud in relation to community pharmaceutical contractors

Ref	Priority activities 2019-20
1.	To undertake targeted engagement and programme of activity with NHSBSA in the area of pharmaceutical contractor fraud.
2.	To identify appropriate enforcement opportunities and increase the number of referrals from the Intelligence unit to NHS England/ the NHSCFA's Tactical Tasking and Coordination Group.
3.	To promote this priority area through a range of communication channels including targeted articles and conference attendance, with a view to an increase in reporting of pharmaceutical contractor fraud.

Procurement and commissioning fraud

Ref	Priority activities 2019-20
4.	To obtain information on national fraud vulnerabilities in procurement to establish a baseline indicator of areas of vulnerability and their value.
5.	To provide health bodies with a toolkit to enable them to effect a reduction of fraud risk vulnerability in procurement.
6.	To obtain comparable information to measure a reduction of the national fraud vulnerability rate in procurement.
7.	To conduct a campaign to improve the quality of procurement fraud referral reports.

Fraud in relation to General Practice contractors

Ref	Priority activities 2019-20
8.	Develop a Terms of Reference in conjunction with stakeholders to facilitate collection of relevant data to conduct a loss analysis on GP capitation figures.
9.	Conduct a loss analysis exercise on GP capitation figures to identify systemic weakness and outline potential fraud prevention interventions.
10.	Using information obtained from loss analysis exercise, develop quality intelligence to enable investigation of fraud relating to GP capitation figures.

Improving counter fraud outcomes in the NHS

Ref	Priority activities 2019-20
11.	To increase the financial impact of local counter fraud enforcement activity undertaken across the NHS.
12.	To increase the number of sanctions (or potential sanctions) realised as a result of local counter fraud enforcement activity undertaken across the NHS.
13.	To increase awareness of fraud, and engagement with the counter fraud agenda, at NHS providers and commissioners.

As the UK leaves the EU, the NHSCFA will work with the Department of Health and Social Care (DHSC) and its arm's-length bodies to prevent fraudulent activity within the NHS and wider health and care system

Ref	Priority activities 2019-20
14.	Support DHSC to identify, assess and make recommendations to prevent fraudulent activity in relation to EU Exit policies, working with other government departments and arm's-length bodies as appropriate.
15.	To support the health and social care system to ensure that those introducing future systems that might change after exit day have access to advice on adequate fraud proofing measures.
16.	To prioritise work areas and assign sufficient resources to tackle emerging EU Exit fraud risks, such as prevention and investigation, in collaboration with DHSC's Anti-Fraud Unit and EU Exit work streams.

Appendix 3 – Core business activities

Ref	Core business activities 2019-20
A.	To increase the levels and quality of fraud reporting to the NHSCFA.
B.	To increase the profile of the NHSCFA and the work it undertakes.
C.	To produce an accurate intelligence profile of loss in specific areas.
D.	To produce coherent fraud reduction strategies and interventions in response to the identified risk areas.
E.	To review the effectiveness of delivery of identified interventions.
F.	To acquire targeted data sets from available sources to improve and enhance the intelligence picture.
G.	To provide organisational and staff development through the development, communication and implementation of a combined Learning and Development programme of all activities linked to organisational priorities and the Government Counter Fraud Profession.