NHS
Counter Fraud Authority

Business Plan

2026-2027

Working together to find, report and stop NHS fraud

Contents

CEO's foreword

As the health system modernises under the 10-Year Health Plan, we have a clear opportunity to ensure our counter fraud capability and capacity evolves in step with wider system reform.

This Business Plan for 2026-27 sets out the Year 1 priorities for delivering the 2026-29 Health Service Counter Fraud Strategy, building on the foundations established through the last strategy, delivering a modern counter fraud approach to match the health sector's ambitions.

Fraud is not a peripheral issue. It directly affects frontline patient care, financial sustainability and undermines public trust. Evidence shows that fraud prevention is most effective when embedded into system design from the outset, rather than applied retrospectively. During 2026–27, working closely with national programmes, policy leads, commissioners and Integrated Care Boards (ICBs), we will embed counter fraud by design principles into major reforms, new services and critical programmes of change. Through early engagement, targeted advice and counter fraud health checks, our goal is to strengthen the system to identify and address fraud risk before losses occur.

Intelligence, data and technology will be central to our approach, expanding our access to and use of national and local datasets we will move from reactive identification to proactive, risk-based intelligence, targeting the highest fraud risk vulnerabilities and maximising return on investment across the system. We will continue to drive appropriate enforcement actions where fraud is detected, driving deterrence messages across the sector.

Collaboration underpins delivery of this plan. Tackling fraud cannot be achieved in isolation and success depends on shared ownership across the health system. In Year 1 we will strengthen partnerships at national, regional and local levels, broaden engagement with system leaders, service designers, technology partners and academia, increase the visibility of fraud risk and embed fraud prevention as a collective responsibility within strategic commissioning and assurance discussions.

To support this shift we will strengthen counter fraud governance, reporting and oversight. By developing clearer expectations, piloting improved performance metrics and promoting more consistent assurance we will develop leaders to gain better insights and earlier visibility of emerging vulnerabilities, empowering them to intervene and take appropriate action. These improvements will also underpin the delivery and validation of agreed Year 1 counter fraud savings.

In parallel, working with the Department of Health and Social Care (DHSC), we will design a new operating model to ensure that counter fraud capability remains sustainable and aligned to the future NHS landscape. This includes clarifying roles, responsibilities and accountabilities; strengthening professional capability; developing digital, workforce and financial enablers and exploring future delivery and funding options. By the end of 2026–27, we will have a clear blueprint for how counter fraud activity should operate across the system to meet the challenges ahead.

The priorities set out in this Business Plan are ambitious but essential. The 2026-27 business plan builds on the work of previous years and embarks on new areas of activity. By strengthening prevention, intelligence, governance and collaboration we will reduce fraud losses and protect public funds. In doing so, we will support sound financial stewardship, uphold public trust and help ensure that NHS resources are used for their intended purpose - delivering safe, effective and sustainable care.

Alex Rothwell
Chief Executive Officer
NHS Counter Fraud Authority

The challenge

Fraud, bribery and corruption are estimated to have cost the UK economy up to £81 billion in 2023-24[1] based on the Public Sector Fraud Authority's (PSFA) methodology. Within health, the NHSCFA Strategic Intelligence Assessment (SIA) estimates that system-wide fraud risk and vulnerability stood at £1.346 billion in 2024-25[2], the equivalent to the annual running cost of one large Foundation Trust hospital[3].

Losses at this scale can mean fewer staff such as doctors, nurses, healthcare assistants, porters and discharge staff working in our hospitals. It can also mean older equipment, fewer outpatient appointments and fewer operations as every pound lost to fraudsters is a pound lost from patient care[4]. Fraud, bribery and corruption can also mean unsafe care for patients.

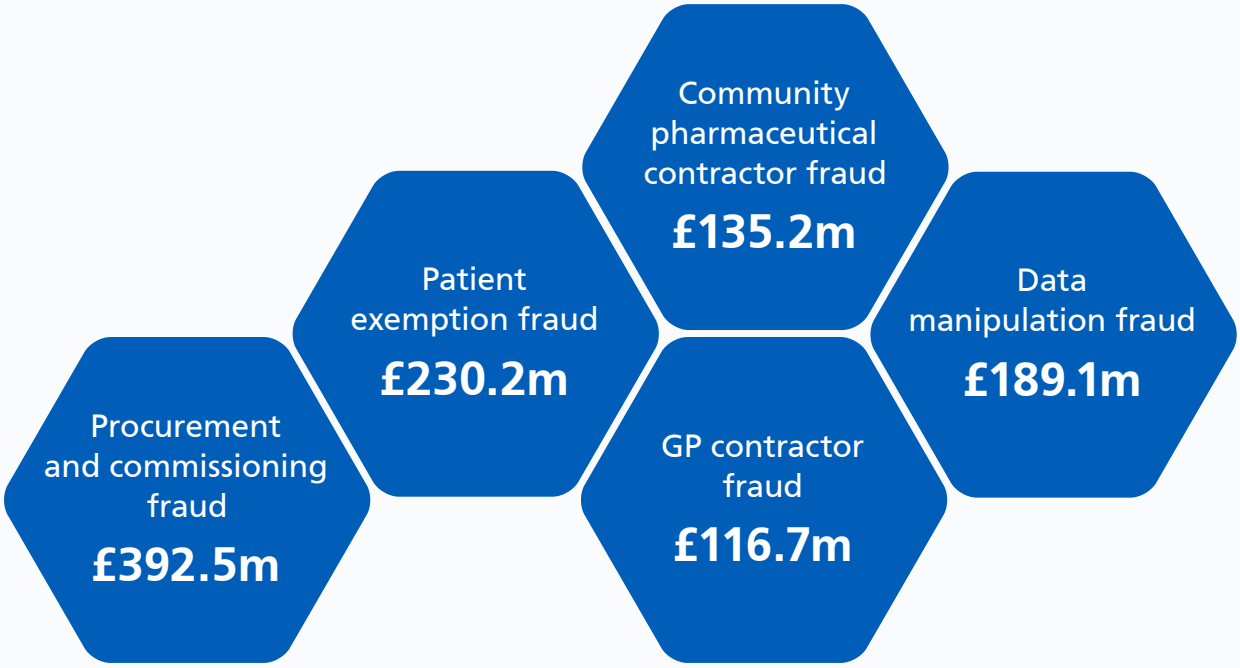
The NHS is entering a significant period of transformation which creates new opportunities to tackle fraud more effectively. However, the process of change can mean that health budgets are more vulnerable to fraud risks as models of care are developed.

Whole system change is needed to ensure that NHS resources are not lost to fraud, bribery, corruption and error. Many opportunities exist to strengthen the health sector's response to the risk of fraud, including:

1 The impact of fraud and error on public funds 2023-24 - NAO overview
2 Strategic Intelligence Assessment | Corporate publications | NHSCFA
3 Finance and accounts - University Hospital Southampton
4 DHSC counter-fraud strategy: 2023 to 2026 - GOV.UK

The diagram below provides an overview of these five thematic areas and the amount of NHS funding estimated to be vulnerable to loss through fraud, bribery and corruption in England.

Recognising the changing health landscape, counter fraud priorities today may differ from those of tomorrow as vulnerabilities emerge. This business plan is therefore subject to re-prioritisation should new threats emerge and require a realignment of effort and resources across the sector. Any such changes will be subject to appropriate governance and assurance processes.



Objective 1: Driving prevention by design to build a fraud resilient NHS

Preventing losses to fraud before they occur is the most cost-effective and sustainable way to protect NHS resources. As the health sector undergoes large-scale reform, there is an opportunity to ensure that fraud prevention is built into the whole system. In 2026–27, our focus will be on building on the frameworks, relationships and practical tools required to continue to embed fraud-resilient design into national and local systems, processes and decision-making, so that prevention becomes a routine and expected part of how services are developed.

To deliver this, we will:

- identify and assess fraud vulnerabilities in priority high risk national and local schemes, including identified capital and infrastructure programmes providing

targeted counter fraud advice, embedding of fraud prevention principles, capability and the inclusion of proportionate fraud prevention and detection controls at the point of initiation

- work collaboratively with and influence ICBs and health bodies to better understand local counter fraud challenges due to their unique system factors, building fraud prevention capability through piloting 'Counter Fraud Health Checks', implementing quick wins and developing longer term improvement plans
- promote existing and develop further practical counter fraud tools, frameworks and guidance to influence policy development, commissioning and service redesign, aligned to GOVS013 counter fraud standards
- ensure health organisations have a robust response to the failure to prevent fraud requirements from the Economic Crime and Corporate Transparency Act 2023
- start to engage the DHSC and PSFA on the development of local performance standards
- strengthen existing and establish new national and regional partnerships for fraud prevention, working collaboratively with system leaders to identify and address fraud vulnerabilities, influence system design and promote the adoption of proactive fraud resilience, practice and tools
- where fraud has occurred, provide targeted support, overseeing improvement plans and sharing learning from investigations with the sector

By March 2027, this work will have resulted in:

- selected priority national schemes having clearer visibility of their fraud risk profiles, early identification of proportionate mitigations to enable effective fraud prevention and strengthened confidence and capability in managing fraud risk
- relationships between NHSCFA, national programmes and regional system leaders being stronger and more structured, enabling earlier and more constructive engagement on fraud prevention
- participating ICBs having an improved understanding of their fraud prevention responsibilities, maturity, key vulnerabilities and practical actions needed to strengthen local controls through Counter Fraud Health Checks. Follow ups evidence progress and strengthened controls

Objective 2: Harnessing digitalisation, technology and data to predict, detect, and prevent fraud

Timely intelligence and data-led insight enable a more proactive, risk-based approach to counter fraud. When combined with analytics, intelligence helps improve understanding of fraud vulnerabilities, informs prioritisation and strengthens prevention, detection and response across the system.

In 2026–27, our focus will be on strengthening the foundations for a more consistent and effective use of digital systems and processes, intelligence and the implementation of advanced counter fraud data analytics, improving timeliness, access to data and the practical application of insight to decision-making and counter fraud interventions.

To deliver this, we will:

- expand access to, and effective use of, national and local datasets to improve fraud risk insight, allowing targeted counter fraud response and interventions
- escalate barriers to data sharing with system partners and the DHSC to ensure swift and timely data access
- continue to work with and develop relationships with data and subject matter experts to drive data analytics activity
- prioritise areas through strategic tasking using intelligence and analytics activity and fraud risk vulnerabilities identified through the SIA and Enterprise Fraud Risk Assessment (EFRA)
- conduct fraud loss measurement activity in agreed high-risk areas to strengthen understanding of scale, impact and return on investment
- strengthen the use of digital tools, intelligence and advanced data analytics to facilitate a more proactive, risk-based approach to fraud prevention, detection and response across the health sector and identify efficiencies
- design and pilot automated integrated intelligence processes to improve the timeliness, consistency and impact of intelligence products

By March 2027, this work will have resulted in:

- improved access to selected national and local datasets, strengthening insight into fraud vulnerabilities and emerging threats
- digital tools, intelligence and analytics informing counter fraud priorities, operational tasking and prevention activity at a national and system level aligned to agreed priority fraud risks
- priority fraud risks being clearly identified, more timely integrated intelligence products developed, enabling earlier and more targeted intervention

- piloting automated or semi-automated intelligence processes, assessing their impact on the timeliness and quality of intelligence outputs and reducing reliance on manual activity to improve efficiency and consistency
- fraud loss measurement activity providing improved evidence on the scale and drivers of fraud risk in priority areas, underpinning better and informed decision-making

Objective 3: Embedding counter fraud practice in healthcare systems

As the health system becomes more complex and decentralised, there is a growing need for consistent fraud principles and standards, clearer visibility of fraud risk, stronger fraud response and improved governance and assurance across regional and local systems. In 2026–27, our focus will be on strengthening the foundations for improved governance and oversight, prompting leaders to recognise vulnerabilities earlier and respond more effectively. As services move to alternative settings, strong counter fraud controls, governance, clearer reporting and oversight are essential for identifying fraud risk early and taking robust action where fraud has occurred.

To deliver this, we will:

- work with selected ICBs and health bodies to improve counter fraud controls through commissioning activity ensuring proportionate governance and controls
- work with the DHSC and selected local systems to review the application of GOVS013 counter fraud standards in practice and develop improvement plans, piloting strengthened counter fraud governance and oversight arrangements
- develop and pilot improved counter fraud performance reporting, metrics and benchmarking to enable early action in response to emerging fraud risks and vulnerabilities
- work with local systems to improve digital literacy, enabling better understanding and interpretation of counter-fraud intelligence and metrics to drive meaningful fraud prevention and control activities
- take robust action when fraud is detected, sanctioning fraudsters and sharing learning with the sector to strengthen fraud controls

By March 2027, this work will have resulted in:

- counter fraud considerations featuring more consistently in commissioning decisions
- improved application of counter fraud standards, governance, assurance and control mechanisms for identified ICBs
- qualitative feedback from stakeholders on the value and impact of collaborative counter fraud support

- piloting of improved performance frameworks to allow benchmarking at local, regional and national levels
- feedback from selected health leaders showing that counter fraud reporting and assurance processes are more consistent and meaningful in pilot areas, enabling earlier and more proportionate intervention
- positive appropriate outcomes from fraud investigations

Objective 4: Expanding and building connections to embed fraud resilience across the NHS

Effective counter fraud activity depends on collaboration across the health system and beyond. There is a need to strengthen shared understanding of fraud risk and position fraud resilience, prevention and detection as a collective responsibility. This approach supports patient care, financial sustainability and system performance – a priority that becomes even more important as the NHS undergoes change. In 2026–27, our focus will be on strengthening strategic relationships, increasing the visibility of fraud risk and enabling a more consistent and coordinated approach to tackling fraud across national, regional and local partners.

To deliver this, we will:

- continue to investigate and respond to fraud, pursuing sanctions where fraud is evidenced
- align to the needs of the NHS, developing a strategic stakeholder map identifying those delivering core health priorities with the highest fraud risk vulnerability
- where identified in Year 1, engage with stakeholders leading high fraud risk/ high priority health initiatives to drive the use of counter fraud tools, frameworks and processes to develop fraud resilience and embed fraud prevention principles during system change
- work with DHSC, NHS England and the PSFA to develop clearer counter fraud governance, accountability pathways, performance management frameworks and assurance expectations aligned to GOVS013 counter fraud standards
- continue to strengthen professional capability through the ongoing development and delivery of counter fraud skills and standards across the health sector
- continue to deliver targeted counter fraud communications, sharing lessons learnt, post investigation insights, advice and engagement activities to stakeholder groups, improving awareness, reporting and strengthening counter fraud controls
- develop relationships with targeted efficiency/cost improvement, commissioning, transformation and finance teams to embed consideration of

fraud risk, prevention and value for money during service review, redesign and investment decisions

- re-frame board-level and senior leadership discussions on counter fraud risk, performance and assurance
- work with a range of partners, including technology providers, academia and international counterparts, to share insight, learn from emerging practice and drive future counter fraud approaches for the health sector
- ensure the NHSCFA is represented at key national decision-making committees and forums

By March 2027, this work will have resulted in:

- structured stakeholder analysis and ongoing engagement of national and regional partners on high fraud risk priority initiatives, enabling more constructive engagement on fraud risk
- selected leaders at national, regional and local level having clearer visibility of counter fraud performance, risk and emerging vulnerabilities with participating local systems having an improved understanding and ownership of what good counter fraud governance and oversight looks like in practice
- transformation, policy, commissioning and service redesign teams having access to clear, consistent fraud prevention principles and guidance aligned to GOVS013 counter fraud standards with clearer routes for stakeholders to access help and advice
- continued work with DHSC, PSFA and wider stakeholders on the ongoing evolution of counter fraud approaches, standards and performance frameworks
- appropriate sanctions and financial returns realised from investigation activity
- evidence of strengthened professional capability, including uptake of development activity and improved clarity of expectations

Objective 5: Sector resilience & performance

As the health sector continues to evolve, counter fraud capability must remain effective, targeted and sustainable. Increasing complexity of healthcare provision, decentralised delivery models and changing system structures require a clear, risk-based approach to ensure counter fraud resources are deployed where they generate the greatest impact and return on investment. In 2026–27, our focus will be on exploring a new target operating model that is sustainable, intelligence-led, empowered to take appropriate action, and aligned with emerging NHS structures, strengthening the system's ability to prevent, detect and respond to fraud risk effectively.

To deliver this, we will:

- review current counter fraud capacity and capability to understand gaps in provision to better meet the needs of the 2026-29 Health Service Counter Fraud Strategy

- explore alternative health-wide counter fraud operating models with DHSC as the national counter fraud landscape changes, ensuring they are sustainable, flexible and aligned with the future NHS landscape ensuring clearer roles, responsibilities and accountabilities at national, regional and local levels
- investigate revenue opportunities to achieve a sustainable counter fraud operating model
- establish clearer prioritisation approaches to focus counter fraud resources on the highest-risk and highest-impact activities, informed by the SIA, fraud risk assessments and fraud loss measurement
- provide oversight of the delivery and assurance of Year 1 counter fraud savings
- start conversations to strengthen counter fraud powers and mechanisms, including potential legislative considerations to improve adherence, deterrence and recovery
- develop organisational strategies required to enable delivery of a new operating model, including digital, people and financial planning to support delivery of the 2026-29 Health Service Counter Fraud Strategy

By March 2027, this work will have resulted in:

- completion of a gap analysis in counter fraud skills needed to deliver the new strategy
- proposals developed for operating principles and accountabilities, improved clarity on counter fraud roles, responsibilities and expectations across national, regional and local functions, embedding greater consistency of approach
- a defined approach for prioritisation to allow risk-based decision making on counter priorities, realising better alignment between resources, fraud risk and return on investment
- initial discussions held on additional powers for improved counter fraud outcomes
- delivery and assurance of agreed Year 1 counter fraud savings
- delivery of agreed Year 1 activity to develop enabling strategies for workforce, digital and financial planning, laying the foundations for Years 2 and 3 of the strategy

Financial assumptions

Robust financial planning, oversight and management underpin delivery of this Business Plan.

Key assumptions are as follows:

- budget confirmation pending: Our 2026-27 budget has not yet been confirmed. Current indicative planning assumes a flat-cash settlement relative to 2024-25 baseline funding
- spending review outcomes: We are awaiting outcomes from several spending review funding bids. These will determine whether certain planned activities can proceed as set out in this document
- operating model review: We are reviewing our operating model to ensure it is optimally structured to deliver 2026–29 strategy ambitions and business plan priorities. This review may result in changes to our financial profile

Key risks to the delivery of the Business Plan

Robust governance and oversight arrangements, detailed later in this document, will support delivery of this business plan. However, several anticipated challenges will require ongoing review and management through regular reporting.

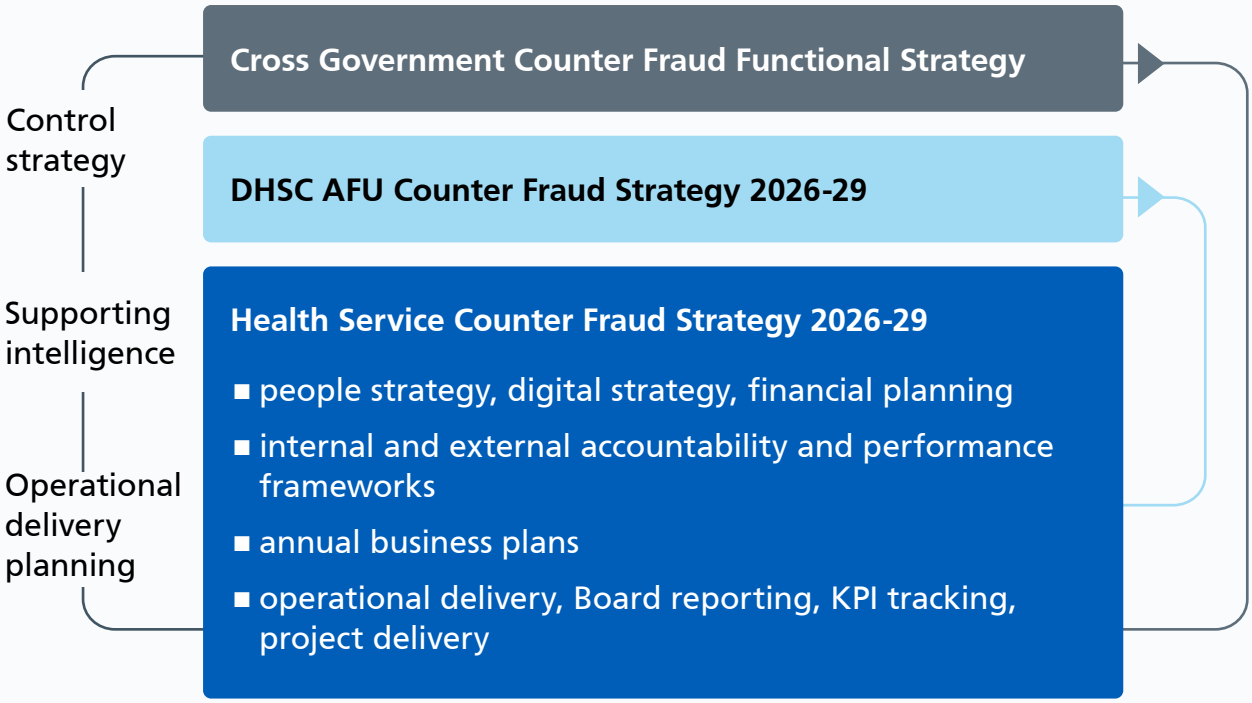
Key risks include:

- funding – if confirmed funding levels fall short of expected amounts, then areas of the business plan may not be deliverable. The deliverables in this business plan may need to be adjusted, reconsidered and reprioritised, or discontinued where needed
- data access – barriers and delays in accessing local and national datasets may limit our ability to deliver advanced analytics for fraud prevention and detection. Early engagement with stakeholders and support from DHSC and NHSE will unblock any challenges
- alignment with the 10-Year Health Plan – as delivery plans emerge, counter fraud resources across the NHSCFA and the wider health sector must remain flexible and responsive to priority areas. This may require adjustments to this business plan, including the reprioritisation, pausing or discontinuation of specific activities where necessary
- stakeholder collaboration – effective counter fraud activity depends on engagement from key health sector stakeholders. Competing priorities and pressure to focus on frontline delivery may limit capacity for counter fraud engagement, potentially slowing progress on culture change and prevention initiatives

- operating model transformation – this business plan prioritises driving prevention and fraud resilience across the health sector, supported by digitalisation and performance management. Delivering this shift will require a new operating model, which may result in significant change to the wider counter fraud landscape
- multi-year ambitions – many objectives in this business plan span several years and, in some cases, will require advocacy with government to secure the legislative or policy changes needed for delivery

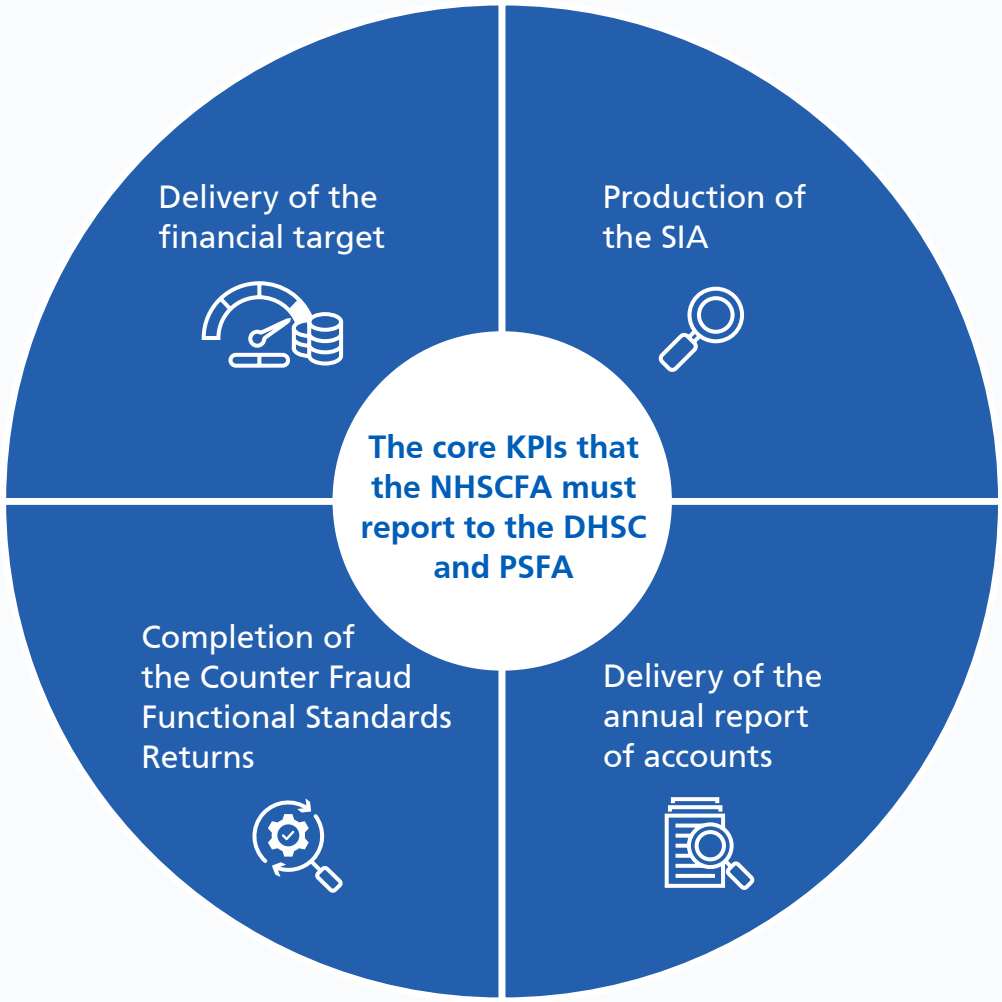
Strategic accountability and performance framework

The NHSCFA's annual business plan is a key document that underpins the delivery of the health-wide counter fraud strategy year on year. The NHSCFA has a framework underpinning its business planning cycle and subsequent performance management and delivery assurance. The diagram below illustrates the governance and reporting arrangements for implementing this strategy and the annual business plans. This framework may be adapted in the future to reflect the needs of the evolving target operating model.



The delivery of the Strategy and Business Plan will be closely monitored at Board and Executive level through Board-level performance reporting, underpinned by a monthly Executive assurance panel where all areas of delivery are reviewed with the senior managers responsible. The Chief Executive chairs these panels.

Key performance indicators (KPIs) and other operational performance measures are used to track the delivery of the strategy and annual business plans and are reported through the quarterly NHSCFA Board Performance Report.



NHS
Counter Fraud Authority

10 South Colonnade
Canary Wharf
London
E14 5EA
Tel: 0207 895 4500

www.cfa.nhs.uk