NHS
Counter Fraud Authority

Health Service Counter Fraud Strategy

2026-2029

Working together to find, report and stop NHS fraud

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Interim Chair's foreword

Fraud and corruption strike at the heart of what the NHS stands for. Every pound lost to fraud is a pound that cannot be spent on patient care: resources that should otherwise support nurses, doctors, support staff, and the continuous improvement of services for the communities we serve. As Interim Chair of the NHS Counter Fraud Authority (NHSCFA) I am unequivocal: safeguarding public funds by preventing, identifying, and recovering losses to fraud is not merely a technical or financial responsibility. It is a core obligation to ensure that every pound allocated by government is directed toward delivering the highest possible standard of healthcare and is not lost to criminal activity.

The NHS is entering a period of profound change as it delivers the ambitions of the 10-Year Health Plan. New care models, greater local decision-making and increased reliance on digital systems bring enormous opportunity but also a heightened risk of fraud, whilst existing counter fraud arrangements remain fragmented and inconsistent. This strategy recognises this reality. It sets out how counter fraud must evolve in parallel with the wider health system, ensuring that integrity, transparency and accountability are embedded as the NHS modernises.

The 2026-29 Health Service Counter Fraud Strategy[1] focuses on designing and delivering a robust national counter fraud capability. Over the next decade, our objective is clear: to significantly reduce fraud and waste within the health system. This strategy is ultimately a wake-up call, setting a long-term ambition to ensure counter fraud is embedded in the everyday activity of the health sector. It is about protecting frontline services and the health sector from fraud. This strategy calls on those re-designing, commissioning and delivering NHS services to embed counter fraud practice and take confident, clear and appropriate action when fraud is detected. The strategy will develop and support health leaders to use information and strengthen assurance processes to understand fraud risk and act early. And it is about recognising the professionalism, expertise and commitment of the counter fraud community across the NHS, whose work protects resources and safeguards patient care every day.

This new strategy sets out how we will go further. It places technology and data-driven intelligence, including the use of advanced analytics and artificial intelligence, at the heart of fraud detection and prevention. It strengthens coordination and support for local and regional counter fraud specialists working within the health sector, enabling them not only to respond to fraud but to help advance a counter fraud culture. It also reinforces our commitment to prevention through robust policies, systems, and controls, alongside an enhanced deterrent effect through effective investigation and prosecution.

This new strategy builds on the successes of the 2023-26 Counter Fraud Strategy and celebrates the £500m counter fraud savings achieved through the efforts of the NHSCFA and the health-wide counter fraud community. The NHSCFA leadership team and staff have developed and implemented strong foundations over the previous three-year strategy and are ideally prepared for an enhanced capability.

1 The NHS Counter Fraud Authority (Establishment, Constitution, and Staff and Other Transfer Provisions) Order 2017

The Authority has demonstrated the value of an independent, professional, and expert body dedicated to protecting the health sector. The NHSCFA Board fully supports this new strategy and will provide strong oversight of its delivery, ensuring a continued focus on reducing the impact of fraud, driving return on investment and driving continuous improvement within a constrained financial environment. Strong governance and transparent reporting will underpin this work, alongside continued efforts to promote a culture in which preventing fraud is everyone's responsibility.

I would like to thank colleagues across the NHS, the Department for Health and Social Care (DHSC), our partners in government, regulators and the wider counter fraud community for their continued collaboration and dedication. By working together, and by placing integrity at the centre of system design and decision-making, we can ensure that NHS resources are protected and directed where they matter most: towards high-quality care for patients, now and for the future.

Gaon Hart
Interim Chair
NHS Counter Fraud Authority

New Chair's welcome

Fraud against the NHS is not a victimless crime. It diverts scarce resources from patient care, undermines confidence in public services, and weakens the integrity of the health care system we collectively rely upon. Every pound lost to fraud is a pound that cannot be invested in frontline services, staff, or innovation. Protecting those resources is therefore fundamental to ensuring that the NHS can deliver on its core purpose.

The NHS is undergoing significant transformation in how care is delivered, how services are commissioned, and how data and technology are used. These developments offer important opportunities to improve outcomes and efficiency, but they also increase the importance of ensuring that systems are designed with integrity, transparency and resilience from the start.

This strategy sets out how counter fraud will continue to mature as a core component of effective system design and governance. It reinforces the principle of 'Counter Fraud by Design', ensuring that fraud resilience is embedded within the structures, processes and decision-making frameworks of the health system. This approach strengthens the ability of leaders across the NHS to understand risk, act early, and maintain robust stewardship of public funds.

The NHSCFA has already established strong foundations as an expert, intelligence-led organisation. The next phase will build on that progress by making stronger use of data and technology, strengthening alignment with the wider NHS reform agenda, and supporting greater consistency and capability across the system.

Addressing fraud at this scale requires coordinated effort. Success will depend on collaboration across national bodies, local systems, regulators and the wider counter fraud community. It will also depend on maintaining a disciplined focus on outcomes, ensuring that activity leads to tangible reductions in fraud, improved resilience, and better protection of resources intended for patient care.

I am very pleased to be joining the NHS Counter Fraud Authority as Chair at the outset of this new strategy. I would like to recognise the leadership of the interim Chair and the executive team in developing a clear and ambitious direction for the next three years. This strategy provides a strong platform from which to build, reflecting both the progress already made and the scale of the challenge ahead. I would like to thank colleagues across the NHS, government and partner organisations for their continued commitment to this work. Their expertise and professionalism are critical to delivering on these ambitions.

This strategy sets out a clear and necessary path forward. By embedding fraud resilience more deeply across the NHS, we can better safeguard public resources and ensure they are used for their intended purpose: delivering high-quality care for patients, now and in the future.

Tom Hayhoe
Chair
NHS Counter Fraud Authority

CEO's foreword

Fraud accounts for around 4.1 million incidents each year, or roughly 41% of all crime against individuals in England and Wales. As the UK's most common crime, fraud, bribery, and corruption put publicly funded healthcare at risk, diverting resources from frontline services and undermining public trust. In 2024-25, we estimate that £1.346 billion[2] of NHS funding is vulnerable. Protecting these resources is essential to delivering safe, effective healthcare and value for taxpayers.

The nature of fraud is evolving rapidly, driven by digital technology, complex financial arrangements, and fragmented delivery models. As the NHS modernises under its 10-Year Health Plan, fraud risks are changing, and this strategy sets out how the health sector must embed an improved counter fraud response alongside system change to further reduce loss and remain resilient against fraud.

Fraud and corruption can directly affect frontline resources reducing clinical capacity and undermining the quality and continuity of healthcare including patient safety. New healthcare models, digital delivery and innovative approaches to prevention offer significant opportunities but also introduce new fraud vulnerabilities. Fraud risks increasingly arise at the intersection of technology, procurement, data, and local decision-making. Counter fraud must therefore be embedded in system design and reform rather than applied after losses occur.

At the core of our strategy are principles rooted in 'Counter Fraud by Design', embedding fraud resilience into practice, decision-making, governance, accountability and system design. We will build on established foundations and maximise technology, automation and data analytics to prevent, detect and respond to fraud more efficiently. Wherever possible, we will automate our processes and use technology to innovate and improve.

Where it delivers value for taxpayers, we will explore revenue generation opportunities for elements of our work, including technology tools, data analytics and international engagement. We will deliver our work in close partnership with the DHSC Anti-Fraud Unit, NHS England, NHS Business Services Authority, regulators, health bodies across England, Scotland, Wales and Northern Ireland and the wider counter fraud community, sharing learning to strengthen practice across the NHS.

Our investigations will be conducted with professionalism and integrity and we will seek to prosecute where necessary and appropriate. We will share our learning from each investigation at the earliest opportunity, using the intelligence gathered to deepen sector-wide understanding of fraud and enable more targeted, proactive counter fraud activity.

This strategy is based on three ambitions that reflect the direction of NHS reform: embedding fraud prevention into new healthcare models; accelerating the transition from analogue to digital through smarter use of data and technology; and shifting from reactive response to prevention by identifying fraud risks earlier and addressing them systematically. A new, collaborative, counter fraud operating model will align

2 Strategic Intelligence Assessment | Corporate publications | NHSCFA

with NHS structures. This strategy paves the way for a longer-term ambition where counter fraud is embedded in frontline services to protect the health sector from fraud and enable delivery of health objectives.

This strategy is a call to action. Building fraud resilience requires visible leadership, strong financial stewardship, and collective responsibility across the health system. Those who design, commission, and deliver NHS services will be supported to act with integrity, informed by high-quality intelligence and a skilled counter fraud community. Through prevention, detection, response, and assurance, we will protect public resources, support patient care, and uphold trust in the NHS.

Alex Rothwell
Chief Executive Officer
NHS Counter Fraud Authority

Strategy summary

This strategy has been developed to work in partnership with and drive the delivery of the health sector's objectives. The counter fraud community must support and stand alongside the health sector, supporting it to address the challenges and priorities it faces. Reflecting the scale and complexity of the NHS, the counter fraud response and offer must evolve to meet current and future demands across the sector.

This health service strategy aligns with the government's ambitions and drive to reform the NHS. The strategy reflects the 10-Year Health Plan focusing on prevention, digitalisation and supporting strengthened counter fraud resilience across the sector as services are redesigned and move into alternative settings. The strategy includes two additional ambitions focused on strengthening sector-wide counter fraud collaboration and building a more resilient, system-wide counter fraud function.

Strategic connections

Expanding connections and leading discourse on counter fraud to drive cultural change and innovation. We will engage with NHS bodies, regulators, academia and professional networks to position fraud resilience and response as core enablers of patient safety and system performance.

Resilience and performance

The NHSCFA will create an integrated counter fraud operating model aligned with evolving NHS structures, clarifying roles, strengthening coordination, and enabling agile responses to complex fraud risks. This will enhance the NHSCFA's capability to prevent, detect and recover financial losses. Working with DHSC, we will explore legislative reforms to accelerate recovery, strengthen compliance and improve deterrence, delivering measurable savings of at least £600 million by 2029.

The strategy is built on the core principle of 'Counter Fraud by Design', embedding fraud resilience into system re-design from the outset. We will combine current counter fraud measures with innovation, harnessing big data, digitalisation, automation and advanced data analytics to stay ahead of emerging threats. We will continue to work collectively with the four nations to drive consistent counter fraud standards and best practice.

At the heart of this strategy is the delivery of health-wide counter fraud savings. The NHSCFA will be the central point for collating, assuring and reporting the delivery of £600 million in system-wide counter fraud savings, providing leadership and oversight across the sector. The ambitions set out in this strategy are designed to support the sector to deliver efficiencies and financial objectives whilst also strengthening the NHS's overall capability to prevent, detect and respond to fraud.

By 2029, we will aim to have fraud resilient practice embedded across the health system. Intelligence will be dynamic, enabling proactive intervention. Counter fraud will be a driver of patient safety, enhancing efficiencies, financial sustainability and operational excellence, ensuring that every pound intended for patient care reaches its destination and supports a stronger, fairer and more resilient NHS for the future.

The challenge

Fraud, bribery and corruption are estimated to have cost the UK economy up to £81 billion in 2023-24[3] 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, the equivalent to the annual running cost of one large Foundation Trust hospital[4].

Losses at this scale can mean there are fewer staff such as doctors, nurses, healthcare assistants, porters and discharge staff working in our hospitals. It can also mean older

3 The impact of fraud and error on public funds 2023-24 - NAO overview
4 Finance and accounts - University Hospital Southampton

equipment, fewer outpatient appointments and fewer operations as every pound lost to fraudsters is a pound lost from frontline patient care[5]. Fraud, bribery and corruption can also mean unsafe care for patients.

The health sector will deliver significant change and improvement which will also create 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 healthcare 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:

The health sector has an estimated £35 million[6] in resources to combat fraud, corruption, and bribery, just 2.6% of the £1.346 billion sector-wide fraud risk vulnerability. This strategy therefore focuses on areas where collective resources can make the greatest impact in reducing fraud vulnerability, using an evidenced-based approach to drive counter fraud priorities and ensure strong counter fraud capability across the sector.

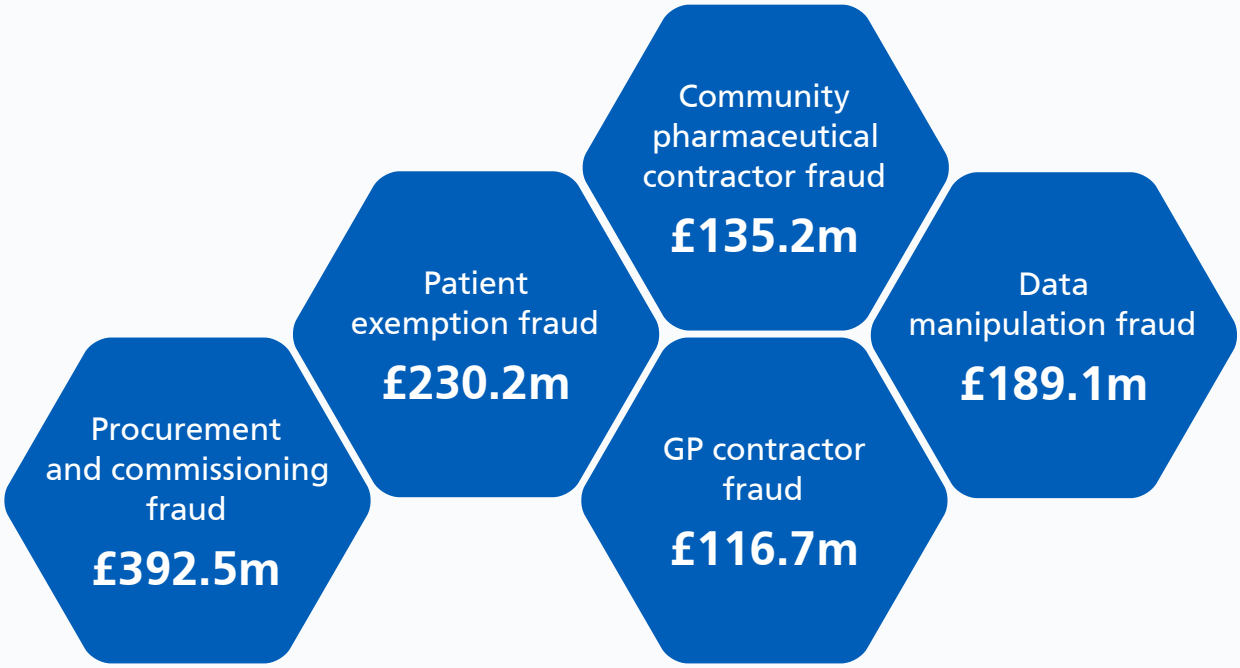
5 DHSC counter-fraud strategy: 2023 to 2026 - GOV.UK
6 An Internal DHSC and NHSCFA study estimates these figures

Strategic Intelligence Assessment 2024-25[7]

The SIA is produced annually on behalf of the DHSC to identify fraud threats and the level of NHS funding exposed to the risk of loss from fraud. The National Intelligence Model and the Control Strategy (health partner priorities) are used to determine where counter fraud resources should be focused for the year ahead.

The SIA highlights both emerging and current fraud threats, presents the future fraud landscape through horizon scanning and captures reporting figures. Financial vulnerability estimates are calculated across ten thematic areas, alongside a further two strategic oversight areas. This analysis informs the NHSCFA and its stakeholders of priorities for the year ahead by capturing established, emerging and potential future threats. This approach has and will continue to support a coordinated response to fraud and protect funding intended for patient care.

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 strategy 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.



The Health Group Enterprise Fraud Risk Assessment (EFRA) provides a high-level assessment of strategic priority areas exposed to the highest fraud risk. Each strategic assessment is underpinned by a thematic and full fraud risk assessment which provides further granular detail on specific funding streams. The EFRA and supporting fraud risk assessments are conducted in accordance with the Government Counter Fraud Profession standards and best practice guidance.

7 Strategic Intelligence Assessment | Corporate publications | NHSCFA

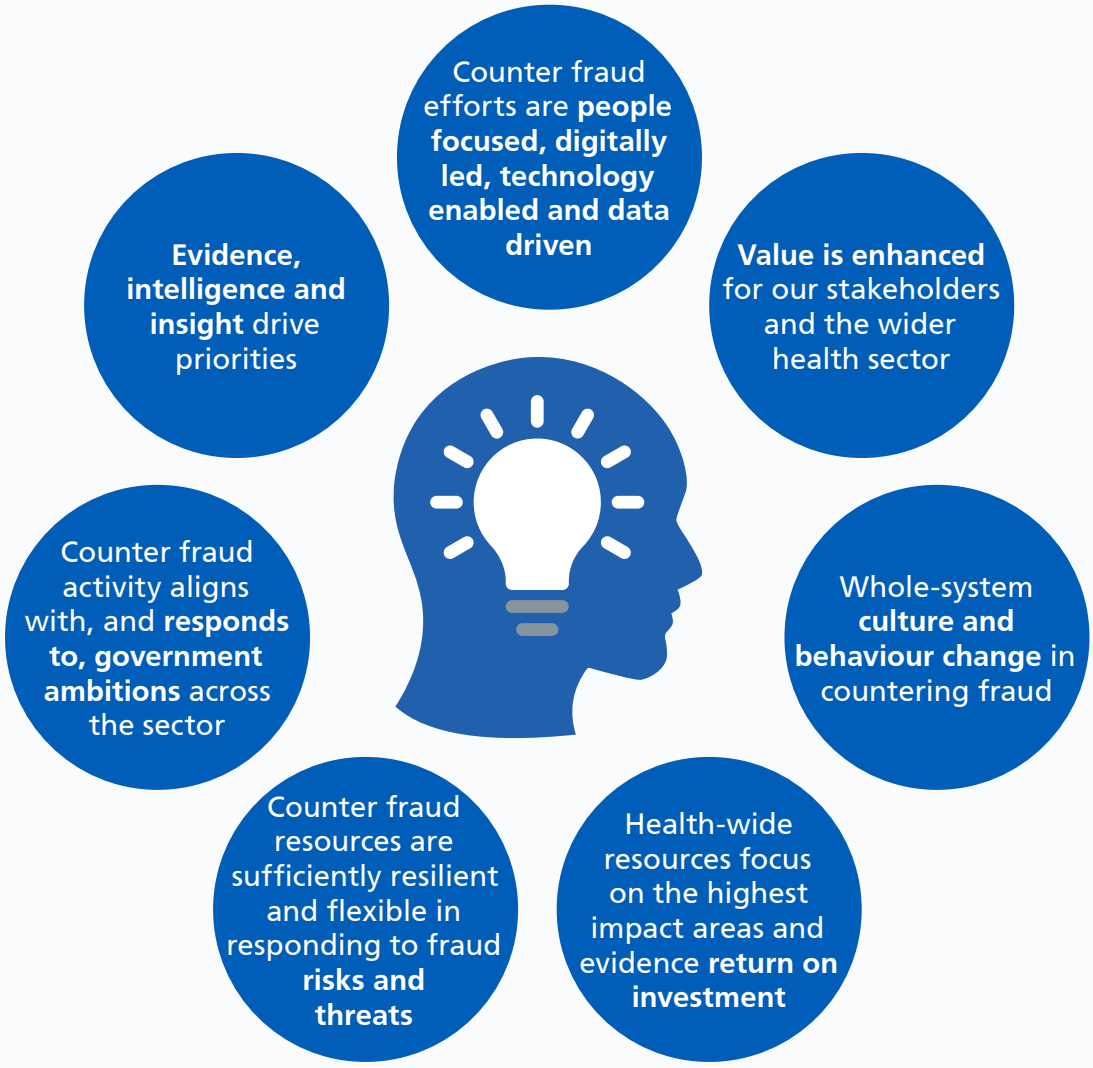
Currently, the approach to fraud risk management across the sector varies between NHS bodies, with each responsible for responding to fraud risks according to their local fraud risk appetite and tolerance levels. Whilst the decentralised approach provides agility, it also presents challenges in understanding and capturing the overall response to fraud. During this strategic cycle, further engagement and support will be provided with the long-term vision of developing and integrating a more consistent approach to fraud risk management.

Our vision and principles

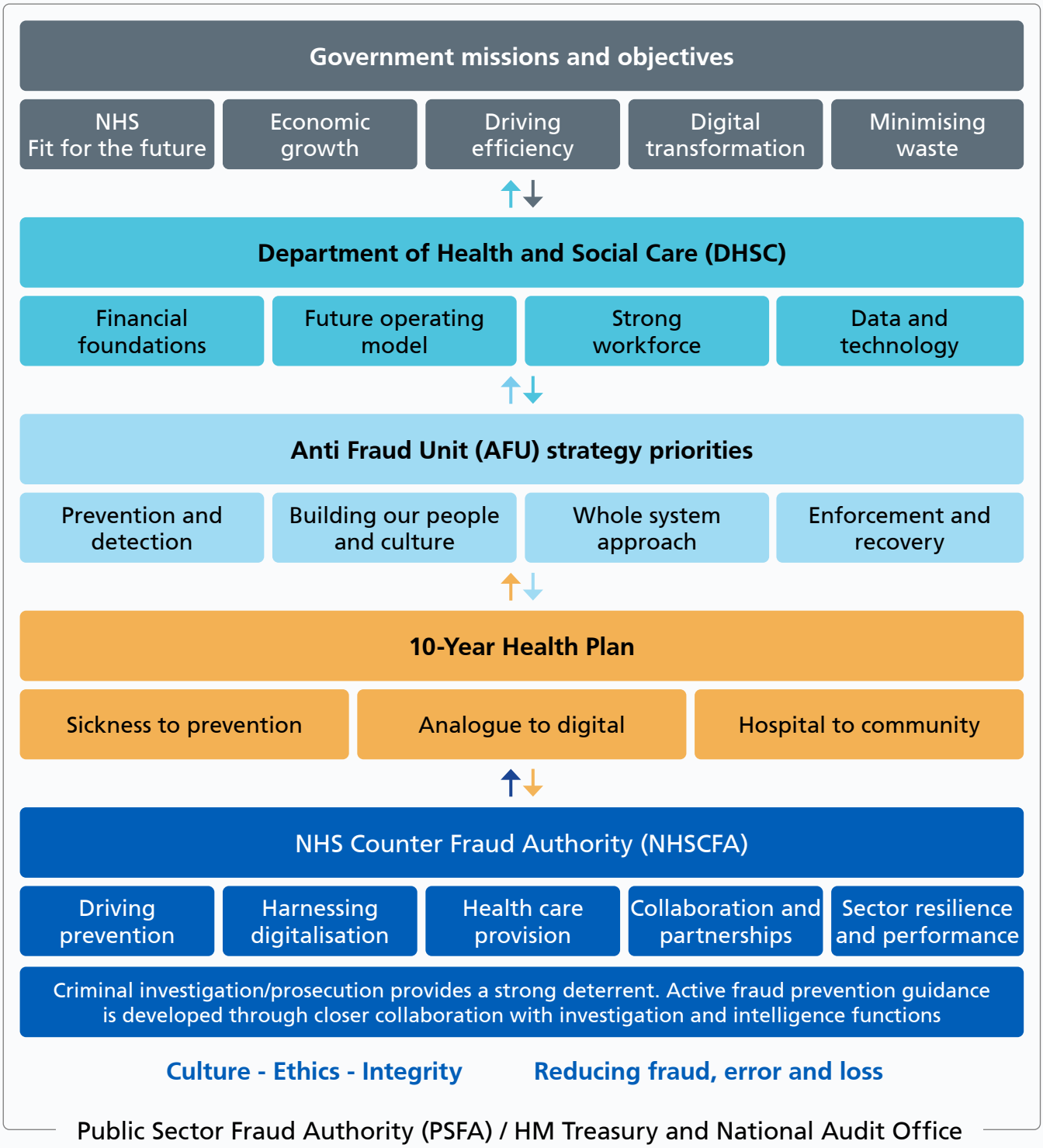
The NHSCFA will lead and coordinate counter fraud efforts to protect the health sector from fraud.

Our vision remains clear: to drive the reduction of losses from fraud, bribery, corruption and error, protecting vital resources intended for frontline patient care. We will continue to drive change through the counter fraud pillars of 'understand', 'prevent', 'respond' and 'assure' which were established in the previous strategy and are now integral to the way we operate. These pillars underpin a blended approach to delivery, tackling fraud risk and vulnerability across the sector.

Guiding principles underpin the Health Service Counter Fraud Strategy, ensuring:



The diagram below illustrates how the Health-Wide Counter Fraud Strategy supports delivery of the government's mission to deliver an NHS that is fit for the future, DHSC's objectives, while contributing directly to the goals of the 10-Year Health Plan.



Public Sector Fraud Authority (PSFA) / HM Treasury and National Audit Office

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

Preventing fraud is one of the most effective ways to protect NHS resources. As the health sector focuses on prevention and earlier intervention, the same principles will be applied to counter fraud, ensuring risks are understood and prevented before they impact service delivery

We will achieve this by:

- **supporting fraud prevention principles to be embedded** into the core foundations of models of healthcare and when fraud does occur, taking strong enforcement action
- supporting the health sector to **strengthen resilience against fraud** through identifying and addressing fraud vulnerabilities in high-risk areas
- ensuring a more robust response from health organisations on **the failure to prevent fraud** requirements from the Economic Crime and Corporate Transparency Act 2023
- pushing a **counter fraud culture across the healthcare workforce** by evidencing the impact of fraud on healthcare provision
- **supporting organisations that have fallen victim to fraud to understand weaknesses, recover and drive sector-wide learning** to prevent future occurrences
- **driving deterrence messages through the sector**
- creating **counter fraud performance standards to enable meaningful benchmarking,** supporting local and regional teams to develop credible and impactful counter fraud interventions
- **building on counter fraud tools and frameworks** to support sector maturity to reduce fraud, loss and error

Outcomes by 2029

This objective focuses on driving fraud prevention-focused system development, building and embedding workforce fraud awareness and capability, and enabling leaders to act early on emerging threats.

- health organisations are driven to adopt fraud prevention principles into the way they design services, make decisions, and manage counter fraud performance
- fraud prevention and robust response is an integral part of how the health system evolves and is designed, governed, and delivers healthcare services
- health services adopt counter fraud practices and safeguards, so that fraud is harder to commit
- leaders have clear sight of vulnerabilities and act early to address them
- the health workforce understands its role in protecting public resources

The result will be a more resilient, transparent, and financially sustainable NHS, where fewer opportunities for fraud exist and more resources are available for frontline patient care.

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

As the NHS becomes increasingly digital, technology and data will underpin healthcare delivery and system integrity, creating new opportunities to improve services, enhance efficiency and tackle fraud more effectively. Project Athena has proved that at scale data analytics can and has found patterns in data indicative of fraud.

Our ambition is to ensure that modern technology implemented for and by the health sector is fraud resilient by design, safeguarding public investment and enabling smarter, safer care. Data-driven analytics will detect fraud when it occurs, identify and expose systemic vulnerabilities and provide a strong foundation for fraud prevention initiatives. By harnessing digitalisation, big data, advanced analytics and automation, we will not only disrupt fraud but also ensure NHS leaders adopt strengthened counter fraud controls.

We will achieve this by:

- **tackling fraud through harnessing digitalisation, advanced data analytics, national and local data sets, and emerging technologies** to support the health sector not only to prevent detect and respond to fraud, but to also identify potential efficiencies
- **sourcing and using broader data sets, as healthcare provision changes and grows, to provide fraud vulnerability insight** that helps health leaders identify emerging risks and strengthen controls, supporting proactive action and intervention
- shaping key health-wide technology developments to ensure **fraud resilience is built into digital innovation right from the start**
- **conducting fraud loss measurement activity** in agreed high-risk areas to strengthen understanding of scale, impact and return on investment
- **adopting the use of artificial intelligence and automation to create pace and efficiencies** across health-wide counter fraud activities
- using technology to **improve efficiency, and the quality and timeliness of counter fraud products**

Outcomes by 2029

This objective focuses on using data and technology to strengthen insights and intelligence on fraud risks, improve performance and efficiency and enable a modern counter fraud response.

We will ensure that:

- intelligence becomes a strategic asset to prevent, detect and respond to fraud and drives robust and informed decision-making
- national and local datasets, modern analytics platforms and automated intelligence functions underpin a system where fraud risks are predicted, detected and prevented to minimise loss to public funds
- counter fraud products such as intelligence assessments and dissemination are faster, more efficient and more productive, achieving better outcomes
- fraud-proofing technology innovation strengthens the NHS's resilience against fraud

Objective 3: Embedding counter fraud practice in healthcare systems

As healthcare evolves, there are opportunities to shape fraud resilient models of healthcare. The change and decentralisation of services can amplify potential fraud vulnerabilities if counter fraud principles are not considered at the early design stage. Complexity arising from multiple providers, diverse workforce arrangements and fragmented oversight means that fraud controls must be continuously strengthened and engrained to protect system integrity, improve efficiency, enhance accountability and ensure that NHS resources are directed to frontline services. We will work with the health sector to strengthen responses to fraud ensuring that fraudsters are sanctioned appropriately. We will work with counter fraud specialists, providing leadership to bolster counter fraud resilience in healthcare systems.

We will achieve this by:

- investigating fraud and driving appropriate enforcement action where it is detected
- collaborating with leaders and the counter fraud community to **embed counter fraud principles in commissioning activity and service design** ensuring controls are proportionate, governance is clear, and accountability is maintained across diverse providers
- helping Integrated Care Systems and **local leaders meaningfully adopt and embed GOVS013 standards,** to strengthen resilience, local assurance and governance, and where needed pursue appropriate enforcement action
- taking proactive action where there is evidence of dereliction of counter fraud responsibilities
- **strengthening awareness and deterrence across systems** by partnering with organisations to drive fraud awareness and counter fraud ethical behaviour into everyday practice
- developing **business intelligence** to drive improved fraud reporting, standards adoption, transparency and early action

- **driving digitalisation and improving digital literacy** of counter fraud products and tools

Outcomes by 2029

These ambitions ensure that healthcare systems are supported to design services that are fraud resilient, spot and respond to fraud risks and have clear counter fraud accountabilities.

We will ensure that:

- counter fraud principles are adopted in the development and delivery of existing and new healthcare services, so that providers understand their responsibilities under the GOVS013 standards, taking proactive action where there is a lack of evidence of this
- commissioning is underpinned by strong governance and accountability
- local healthcare systems can evidence strong counter fraud assurance and a culture of integrity

As the NHS provision moves closer to patients and communities, it will do so with transparency and resilience, and with confidence that the NHS finances and resources are protected.

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

The success of this Health Service Counter Fraud Strategy depends on enhancing strategic relationships across the health system and beyond. As the health system evolves, there is a need to develop and embed a shared understanding of fraud risk and to position fraud prevention and response as a collective responsibility that supports patient care, delivery of efficiencies, financial sustainability and system performance.

Strategic collaboration is essential to delivering this strategy. Success will depend on meaningful partner engagement and on stakeholders recognising counter fraud activity as a key business enabler that supports the delivery of health objectives.

We will achieve this by:

- reflecting the needs of the health sector's ambitions and driving leaders to **embed and adopt fraud resilience and response principles across the NHS**
- driving **understanding of fraud in healthcare and the impact this has on frontline patient care** to strengthen counter fraud response

- working with the DHSC, PSFA, professional bodies, the wider ALB health group and health regulators **to shape and strengthen the GOVS013 standards, promote adoption of counter fraud knowledge, skills and behaviours** and to drive fraud resilience, improved governance and alignment with NHS principles and values[8]
- **investigating reports of fraud and pursuing appropriate enforcement action** where fraud is found
- engaging non-fraud professionals to **shape thinking, influence behaviour and guide the national conversation** on fraud prevention and resilience
- **using lessons learned** from counter fraud activity to press leaders to adopt robust counter fraud controls
- **strengthening counter fraud governance and oversight** through support to boards
- engaging **specialist expertise** to strengthen counter fraud intelligence, insights and drive tangible actions
- collaborating with the four-nations and international health-systems to share best practice and **strengthen both our own and global counter fraud capability**

Outcomes by 2029

Our ambition is to grow strategic relationships that match the scale and complexity of the NHS's ambitions. By fostering collaboration, strategic alignment, and a deliberate shift in narrative, we will position fraud prevention and resilience as an enabler of the 10-Year Health Plan.

We will ensure that:

- there is demonstrable progress in counter fraud leadership and governance, embedded within the cultural and strategic thinking of the NHS
- counter fraud practice and expertise promotes a cultural shift, where the health sector proactively understands and responds to fraud risks
- the health sector is more resilient and recognises fraud prevention as integral to patient safety, operational excellence and the protection of public resources
- decisive and appropriate action is taken where fraud is detected
- learning from stakeholders is shared and strengthens counter fraud practice

8 The NHS Constitution for England - GOV.UK

Objective 5: Sector resilience & performance

The impact of fraud is a threat to NHS sustainability and patient care. Every pound lost to fraud is a pound diverted from frontline services. As the NHS evolves and changes, the national counter fraud response must also transform to align to the health sector's needs and evidence a clear return on investment.

Our ambition is to create a future fit integrated operating model that aligns with emerging NHS structures and delivers enhanced capability to prevent, detect and recover losses from fraud, while embedding fraud risk assessment, deterrence and awareness across the system. This new operating model will be affordable, deliverable within budget and focused on the areas where it can have the greatest impact.

We will achieve this by:

- designing and implementing **a new counter fraud operating model** that is sustainable, flexible, responsive and aligned with the NHS's evolving structures
- exploring **opportunities for revenue generation** to strengthen resilience and re-invest income into health focused counter fraud activity
- resources are **focused on the highest risk areas** identified through fraud risk assessments, fraud loss measurement exercises and the SIA **ensuring maximum return on investment and smarter use of specialist counter fraud expertise**
- acting as the central point for collating, assuring and reporting the prevented, recovered and additional benefits of **£600 million in health-wide counter fraud savings**
- **advocating for reforms to counter fraud legislation and powers**, including mechanisms to recover funds more quickly, impose financial penalties and consequences for non-compliance of counter fraud responsibilities
- evaluating the feasibility and benefits of alternative models for **criminal investigations** to ensure the highest level of case quality, value for money and improved outcomes

Outcomes by 2029

Our ambition is to strengthen the system and reduce the vulnerability of financial losses to fraud, maximising the return on counter fraud investment, strengthening financial stewardship and reinforcing public trust.

We will ensure that:

- at least £600 million in fraud savings is achieved by 2029 through prevented, recovered and additional benefits
- roles at national, regional, and local levels are clarified, coordination is strengthened and a unified framework is in place for managing counter fraud activity
- consistent standards are embedded, intelligence is shared, and agile responses to complex or multi-agency fraud risks are maintained so that resources are deployed where they deliver the greatest impact

The combined effect of a strengthened national operating model, consistent approaches and a risk-based approach to managing priorities will result in measurable reductions in fraud.

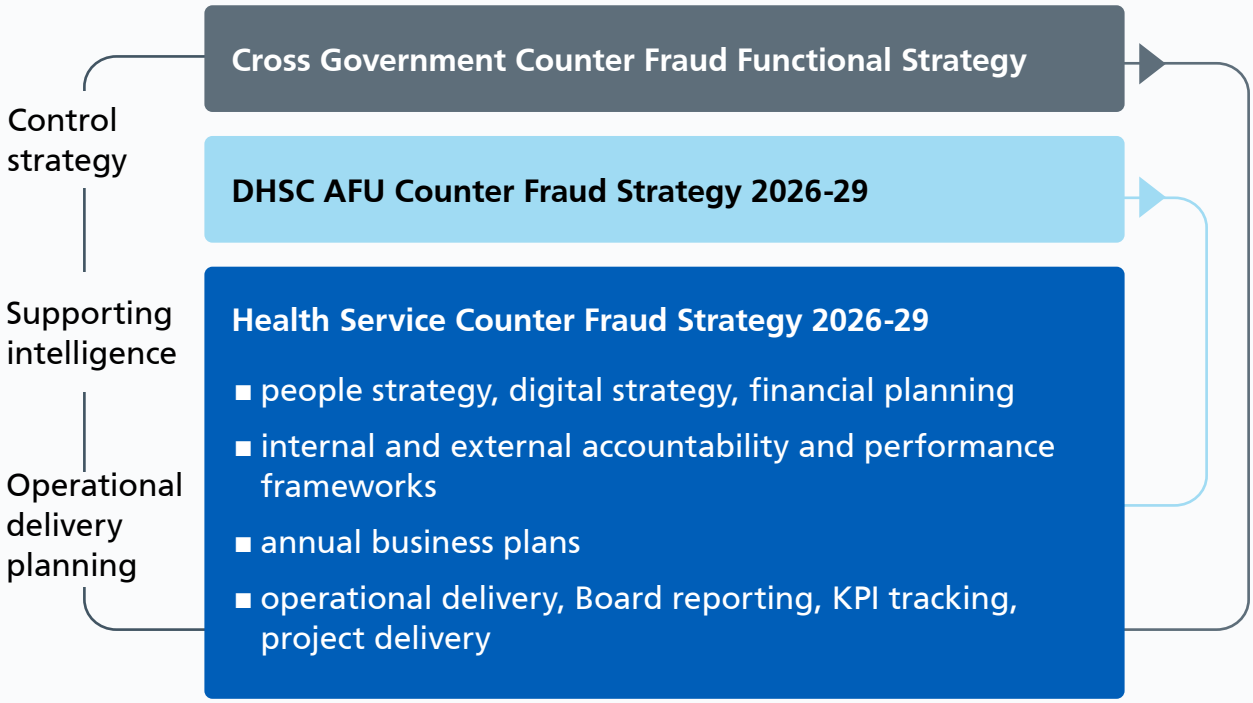
Our partners

The NHSCFA is committed to delivering a truly health-wide counter fraud approach, and we recognise that fraud risk and more importantly, tackling that fraud risk, does not sit neatly within organisational boundaries - it emerges at the intersections of commissioning, service delivery, finance, data, regulation, and governance. Effective counter fraud activity therefore depends on coordinated action across national bodies, arm's-length organisations, regulators, local systems, providers, and professional networks.

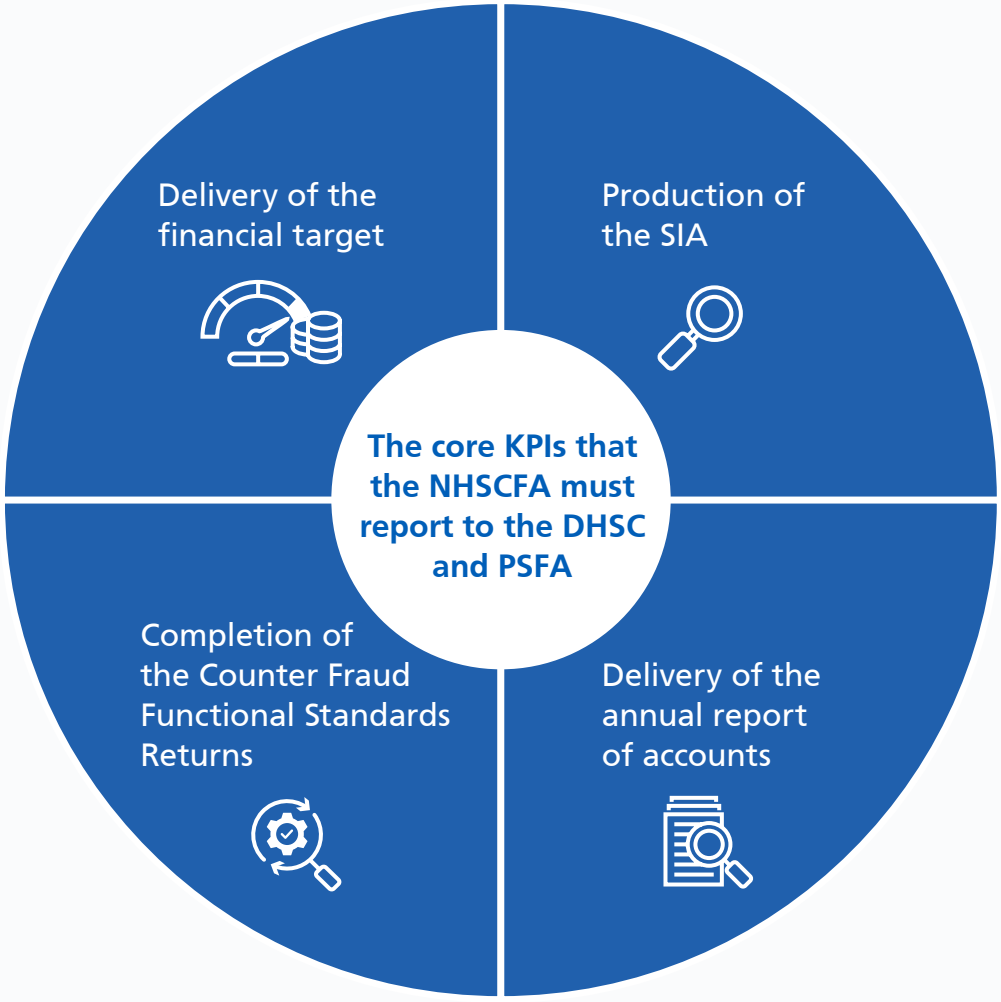
These stakeholders identified here are particularly important to the delivery of the strategy because each plays a distinct role in turning our collective ambition into meaningful impact. National partners provide policy alignment, legislative support, and system-wide oversight. Regulators and assurance bodies reinforce standards, governance, and accountability. Local systems and providers embed counter fraud by design into commissioning and service delivery, and the wider counter fraud community supplies the expertise, intelligence and operational capability needed to prevent, detect and respond to fraud. This strategy's success depends on these relationships functioning as an integrated system rather than as isolated actors, ensuring that fraud resilience is embedded into NHS reform, digital transformation, and local care models, and that collective effort translates into measurable savings, stronger governance, and better protection of resources for patient care.

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. A framework supports the NHSCFA's business planning cycle, along with performance management and delivery assurance. The diagram below illustrates the governance and reporting arrangements for implementing this strategy and its annual business plans. This framework may evolve to meet the needs of the future 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 monthly executive assurance panels 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, with progress reported through the quarterly NHSCFA board performance report.



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