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Introduction

Fraud is deception carried out for personal gain, usually for money, but can also involve the abuse of a position of trust.

While those who commit fraud against the NHS and the wider healthcare sector are a small minority, their actions have a serious impact on us all.

The NHS Counter Fraud Authority (NHS CFA) estimates that the healthcare sector is vulnerable to £1.346 billion worth of fraud each year. This is taxpayers' money taken away from patient care and into the hands of criminals.

Everyone has a part to play in fighting fraud. Being aware of the risk and remaining vigilant are the most important first steps, followed by knowing how to report fraud.

This edition of Fraud Stop includes a spotlight on working while sick, personal health budget and imposter frauds, a round-up of court cases, and the new Report Fraud service that has replaced Action Fraud, for advice and reporting frauds and scams outside of the NHS.

How to report a concern within the NHS is at the bottom of the last page.



Cases in Court

NHS worker pleads guilty to timesheet fraud

A former Referral Unit Advisor for the NHS in Kent, has pleaded guilty to fraud by false representation following an investigation carried out by TIAA Anti Crime Specialists with support from the NHS CFA.

The investigation found that between May 2023 and February 2024 the fraudster claimed NHS bank hours for work already completed during her contracted shifts, submitting them instead as early morning or weekend work to receive enhanced rates she was not entitled to. In total, she falsely claimed 228 hours, receiving £4,026.58 to which she was not entitled. She was dismissed from her NHS employment for gross misconduct in 2024.

At Folkestone Magistrates' Court on 23rd March 2026, the former NHS worker received a 12 month rehabilitation order and 40 hours of unpaid work. She was also ordered to repay the £4,026.58 to the NHS.

This case demonstrates that timesheet fraud – no matter the amount – will not be tolerated within the NHS.

NHS senior HR manager ordered to repay almost £7k after lying about mother's death

A former NHS band 8c HR manager has been ordered to repay £6,948.25 after falsely claiming her mother had died so she could take time off from her role and work elsewhere following an investigation by TIAA Anti-Crime Specialists.

The fraudster was sentenced at Poole Magistrates' Court on Monday 16 February 2026. She was ordered to repay her full salary overpayment and the full investigation costs.

She had previously pleaded guilty to fraud by false

representation at Poole Magistrates' Court on 4 December 2025.

Between 1 May 2024 and 8 June 2024, she lied that her mother had died and took compassionate and sick leave. During this same period, she presented fit notes but also undertook additional employment for part of this period for another public sector organisation, again in a senior HR role earning £550 per day.

NHS CFA investigation leads to suspended sentences for locum paramedic and recruitment consultant in £60k fraud

A former NHS locum paramedic and a recruitment consultant have received suspended sentences after defrauding the NHS out of more than £60,000, following an NHS CFA investigation.

The locum paramedic was sentenced to 22 months' imprisonment, suspended for two years, at Wolverhampton Crown Court on Tuesday 17 February 2026. He was also ordered to undertake a 12-month mental health treatment programme and 62 days of rehabilitation across two programmes. He had previously pleaded guilty to both counts of fraud by false representation at court in November 2025.

The recruitment consultant was sentenced to 22 months' imprisonment, suspended for two years, at Wolverhampton Crown Court on the same day in February 2026. He was also ordered to undertake a three-month alcohol treatment programme, 10 days of rehabilitation and 175 hours of unpaid work, to be completed within 12 months. He had also previously pleaded guilty to both counts of fraud by false representation in November 2025.

From 2017 until 2024, the paramedic was employed by a private clinical staffing agency. He was managed by the recruitment consultant who was responsible for managing NHS clients and candidates in the Midlands area.

In September 2022, the paramedic was contracted to work for an NHS Trust and between September 2022 and June 2024, he submitted altered, inflated and false timesheets under the direction of the recruitment consultant.

In total, they defrauded the NHS out of £63,835.

The NHS Trust referred the case to the NHS CFA on suspicion of fraud, and investigators gathered and analysed banking material which proved that the paramedic had received the inflated funds.

Investigators interviewed each of them under caution and also obtained telecommunications data from the paramedic, in which the recruitment consultant directed him to amend timesheets and add extra shifts.

On 69 occasions between September 2022 and March 2024, the paramedic submitted altered and inflated timesheets for extra shifts not worked, totalling £34,386.00.

Between 27 March 2024 and 12 June 2024, the paramedic continued to submit weekly paper timesheets, despite having stopped working for the Trust. He fraudulently altered the dates of previously approved and signed timesheets and entered new dates for those weeks. This totalled a further £29,449.20. The staffing agency has already made repayments to the NHS in relation to this.

Although the recruitment consultant did not receive any payments from the paramedic, he did earn commission on top of his basic pay by keeping him in work. An estimated £1,223.81 of this is suspected to have been obtained through the fraudulent timesheets.

NHS CFA Financial Investigators are now using their powers under the Proceeds of Crime Act 2002 to trace and recover the remaining lost funds.

So what is the Proceeds of Crime Act 2002?

The Proceeds of Crime Act 2002 (POCA) is designed to strip criminals of their financial gains. Enforced by various agencies including the Crown Prosecution Service (CPS) and the National Crime Agency (NCA), POCA provides mechanisms for asset recovery through criminal and civil proceedings. The act addresses several key areas such as confiscation orders, restraint orders, and civil recovery.

NHS CFA investigation results in custodial sentence for former NHS credit controller in £300k fraud

An NHS CFA investigation has led to the jailing of a former NHS credit controller after he and four co-defendants defrauded the NHS out of more than £300,000.

The key fraudster was sentenced to three years and eight months' imprisonment at Southwark Crown Court on Friday 30 January 2026. He had previously pleaded guilty to fraud by abuse of position on 3 September 2025, during a trial at the same court.

His four co-defendants also received their sentences at Southwark Crown Court on Friday 30 January 2026 for money laundering offences. All four received prison sentences, three of them suspended.

The fraud was uncovered by staff within the finance department of an NHS Foundation Trust after they identified suspicious refund requests relating to monies held on behalf of patients and clients.

Internal investigations revealed the involvement of a Trust employee – the credit controller - who had access to secure financial databases. Further checks confirmed links between him and the bank accounts receiving fraudulent payments.

NHS CFA financial investigators used their powers under the Proceeds of Crime Act 2002 to trace the stolen funds. The investigation revealed that the credit controller had facilitated fraudulent refund claims and that money had been transferred to accounts linked to the other defendants.

The investigation identified over £218,000 in fraudulent refunds paid out, with an additional £84,000 in fraudulent claims prevented, bringing the total fraud value to more than £302,000.

Financial analysis revealed the four co-defendants received substantial funds through the fraudulent scheme, which were subsequently transferred back to the credit controller and two of the co-defendants.

So what is a suspended sentence?

A suspended sentence means that imprisonment can be suspended for a certain period. As a result, an offender is not sent immediately to prison. Within the suspended period, no further offences must be committed, as this would be considered a breach and could result in the 'activation' of the original custodial sentence. There are also likely to be certain requirements set down by the court, which must be complied with, such as a curfew or unpaid work.



NHS CFA investigation leads to jailing of former NHS manager after £123k fraud

An NHS CFA investigation has led to the jailing of a former NHS senior manager after he and two others defrauded the NHS of more than £100,000.

The former manager was sentenced to two years and six months' imprisonment at Wolverhampton Crown Court on 16 January 2026. He had pleaded guilty to fraud by abuse of position, contrary to the Fraud Act 2006, at Dudley Magistrates' Court on 22 April 2025.

A co-defendant was sentenced to 12 months' imprisonment, suspended for 18 months, and 200 hours of unpaid work at Wolverhampton Crown Court on 16 January 2026.

He had pleaded guilty to entering into or becoming concerned in the acquisition, retention, use or control of criminal property, contrary to section 328 of the Proceeds of Crime Act 2002, at Wolverhampton Crown Court on 20 May 2025.

The second co-defendant was sentenced to 25 days of rehabilitation activity at Wolverhampton Crown Court on 16 January 2026. She had pleaded guilty to entering into or becoming concerned in the acquisition, retention, use or control of criminal property, contrary to section 328 of the Proceeds of Crime Act 2002, at Wolverhampton Crown Court also on 20 May 2025.

The NHS manager was employed by a NHS Trust as a senior manager responsible for the management of Additional Roles Reimbursement Scheme (ARRS) staff in the Primary Care Networks.

He used his position to set up the co-defendants, who were not NHS employees, as 'ghost' contractors, with one claiming to be a physician associate and the other an advanced paramedic.

The manager paid a total of £123,000 into their accounts between August 2022 and May 2023.

Their crimes were exposed when an audit check showed that neither of the contractors were registered to the organisations named on their invoices.

Findings were passed to the NHS Counter Fraud Authority, whose own enquiries showed that both co-defendants were receiving payments for these invoices into their respective bank accounts before transferring a large portion of the money back into the manager's personal account. This was repeated periodically throughout the duration of the fraud.

Separate arrest warrants for all three subjects were executed on 9 January 2024. During the manager's interview under caution, he admitted to raising the ghost contractors and producing the invoices. He also admitted to having a gambling problem.

NHS CFA investigators will now use their powers under the Proceeds of Crime Act 2002 to trace and recover these lost funds.



NHS CFA investigation results in suspended sentence in £189k NHS bribery case

A company director has been handed a 16-month prison sentence, suspended for 2 years, after pleading guilty to bribery in securing £189,000 worth of NHS contracts for patient transport services, following an NHS CFA investigation. The company director received his sentence at Wood Green Crown Court on 20 October 2025. He was also ordered to complete 150 hours of community service.

He had previously pleaded guilty to a single charge of bribery at the same court on 5 August 2025.

The case also involved a transport manager employed by an NHS Foundation Trust.

It was alleged that, between September 2021 and May 2022, the company director made payments of £73,000 to the transport manager in return for the award of NHS contracts to transport patients on behalf of the NHS. The Crown Prosecution Service authorised charges under the Bribery Act 2010 against both of them.

On 16 May 2025, the company director attended Highbury Corner Magistrates Court. The transport manager was due to appear at the same hearing but did not attend. The case was referred to Wood Green Crown Court and, on 17 May 2025, the Metropolitan Police confirmed that the transport manager had been found dead.

NHS CFA investigators will use their powers under the Proceeds of Crime Act 2002 to recover the funds.

NHS CFA investigation results in three-year prison sentence for former NHS resident doctor in £268k fraud case

A former NHS resident doctor has been sentenced to three years' imprisonment after pleading guilty to defrauding the NHS out of more than £268,000, following an NHS CFA investigation.

The former doctor received his sentence at Woolwich Crown Court on 4 November 2025, having previously pleaded guilty to all four counts of fraud by false representation at the same court on 3 September 2025.

He had been employed as a trust grade specialist registrar in obstetrics and gynaecology by an NHS Foundation Trust. A trust grade specialist registrar is a type of resident doctor, formerly known as a junior doctor.

Between October 2018 and December 2021, he worked on-call and night shifts at three additional NHS Trusts, despite informing his employer that he was unfit to do the same work for them. He worked these shifts whilst on sick leave or on reduced duties from his main employer.

As well as paying the doctor his full salary while sick, the Trust had to employ locums to cover these shifts.

In November 2021, his main employer received information stating that he had been working night shifts at elsewhere. An investigation found that he had worked a number of on-call shifts there.

Investigators then obtained evidence which revealed that he had worked for two other Trusts whilst on reduced duties. His main employer provided evidence which confirmed that he had neither sought nor received permission to carry out secondary employment. Timesheet and payroll information obtained from the other three Trusts showed that the majority of shifts that he had worked were at night and on call, despite claiming to be unfit to do either.

In June 2022, the doctor was interviewed under caution, during which he gave a "no comment" response. Following further investigation by the NHS CFA, he was subsequently charged with the four counts of fraud.



Former NHS healthcare assistant ordered to repay £6k after admitting fraud

A former NHS healthcare assistant (HCA) will repay £6,000 to an NHS trust and serve a 12-month community order after pleading guilty to fraud.

The HCA received her sentence at Newcastle upon Tyne Magistrates Court on 14 November 2025, having previously pleaded guilty to two counts of fraud by false representation at the same court on 20 October 2025.

She has also been ordered to undertake 15 days of rehabilitation and pay £279 in additional costs.

In a four-month period in late 2023, the HCA took sick leave from her NHS employment, supported by four fit notes from her GP.

During this same period, she worked 20 shifts as a bank nursing assistant for a different NHS Trust and was scheduled to work a further 44 shifts.

In December 2023, her main employer launched an internal investigation regarding her fitness to work, and she resigned from her post shortly after.



Report Fraud: New service from City of London Police

Have you personally been a victim of a fraud or scam? From 4 December 2025, City of London Police is launching Report Fraud, a new service that replaces Action Fraud as the national platform for reporting cybercrime and fraud. The new Report Fraud service has been designed by City of London Police to provide a better experience for victims and deliver improved information to law enforcement.

The service includes:

- A new Report Fraud contact centre and online reporting tool, where victims can make reports of cybercrime and fraud
- The Report Fraud National Crime Analysis Service (N-CAS), replacing Action Fraud's backend system for analysing reports. All police forces will have access to this system.
- The Report Fraud Victim Service (formerly the National Economic Crime Victim Care Unit), continuing to provide specialist victim support

How to report:

- Members of the public can report cybercrime and fraud by calling 0300 123 2040
- Or visit reportfraud.police.uk

This website also provides a very informative A-Z of the different types of cybercrimes and frauds, how to spot these frauds, how to protect yourself and what to do if you are a victim. Share this link to raise awareness with family, friends and colleagues.

[A-Z of fraud and cyber crime - Report Fraud](#)

Fraud Spotlight: Working elsewhere while off sick

NHS Counter Fraud Authority figures show that concerns relating to sickness and working elsewhere are consistently the most common fraud reported. Indeed two of the cases in this edition of Fraud Stop concern working while off sick. Every NHS organisation should have a clear policy that if staff are unable to work, for whatever reason, they are not permitted to undertake any other kind of work, including bank, agency, private practice or self-employment, without the written consent from their line manager or HR.

As well as a criminal conviction, working while off sick can ultimately result in disciplinary action, sick pay may have to be repaid, and conduct may be referred to regulatory bodies.

Key advice for organisations from TIAA's Anti-Crime Specialists:

- Are robust policies in place that clearly define staff responsibilities in relation to secondary employment, both while at work and off sick?
- Similarly, are staff employment contracts clear on expectations in relation to secondary employment, both while at work and off sick?
- Are employees asked to confirm on their return to work form whether they have worked while off sick?

Seek advice from your Anti-Crime Specialist if you would you like to mitigate the risks associated with working while sick fraud or contact fraud@ttaa.co.uk



Fraud Spotlight: Personal Health Budgets

A Personal Health Budget (PHB) is an agreed amount of NHS funding allocated to meet an individual's identified health and wellbeing needs, as part of their personalised care and support plan. This plan is developed through a person-centred assessment and jointly agreed between the individual (or their representative) and the Integrated Care Board.

One of the routes for managing a PHB is via a direct payment - a monetary payment made to the individual (or their representative/nominee) to enable them to purchase and manage their own care and support. This option gives individuals the highest level of flexibility and choice, but it can be a vulnerable model.

The NHS CFA has identified the following key fraud threats:

- Ghost care (care not delivered but claimed for)
- Invoice inflation and false invoices
- Duplicate funding – double claiming from the NHS and local authority.
- Misuse of funds – funds spent on non-care purposes such as holidays
- Equipment misuse – NHS paying for equipment that is resold or repeatedly replaced
- Inadequate monitoring and oversight of the PHB – fraud or misuse is undetected

TIAA Anti-Crime Specialists can complete proactive work to ensure best practice for fraud prevention and detection, and assurance in the delivery of PHB via direct payments. We can review financial controls and verification, plus governance and monitoring. Contact fraud@ttaa.co.uk for more information.



Fraud Spotlight: Imposters

TIAA Anti-Crime Specialists are continuing to receive fraud referrals in relation to impersonating a medical professional.

The identified trend is in relation to agency staff where a person registers with an agency, meets all the identification and pre-employment requirements, and books on to shifts. However, a completely different person arrives to work the shift.

NHS organisations rely on agencies to undertake the required employment checks to ensure the person is qualified and has the right to work in the UK. Nevertheless, further controls appear to fail when the agency worker attends the NHS organisation, and no ID checks are undertaken to ensure the person working the shift is the same person they are expecting.

This type of fraud can have very serious patient safety implications as well as the financial and reputational risks to NHS organisations.

To protect against this type of fraud:

- When contracting staff from an agency, NHS organisations must assure themselves (usually through robust auditing) that the agency carries out pre-employment checks in compliance with the NHS Employment Standards. The fraud risk increases if NHS organisations are using off framework agencies.
- Clear instructions should be given to temporary workers that photographic ID will be required and inspected before any shift is undertaken. This should form part of an induction checklist for all temporary workers and checked against the photo ID held by the Trust. Best practice is that photo ID, received by the agency, is uploaded to the healthroster.
- If a temporary worker is withdrawn, reluctant to undertake duties (especially clinical duties), or attempts to conceal their identity (for example wearing a face mask when not required) consider whether this could be a red flag that they are not who they claim.
- Is a Standard Operating Procedure (SOP) in place for agency staff ID checks? Consider an audit to check compliance with the SOP.

Contact your Anti-Crime Specialist for further prevention advice or email fraud@tiaa.co.uk



Disclaimer:

The content of this document is intended to give general information only. Its contents should not, therefore, be regarded as constituting specific advice, and should not be relied on as such.

To report fraud, contact your Anti-Crime Specialist or

→ Andrew Ede, Head of Investigations – Healthcare, Tel 07814 285177 or
email: andrew.ede1@nhs.net / andrew.ede@tiaa.co.uk, or fraud@tiaa.co.uk

You can also report via the NHS Counter Fraud Authority. You can call the anonymous, 24-hour reporting line on 0800 028 4060 or use the confidential online reporting form. www.cfa.nhs.uk/reportfraud