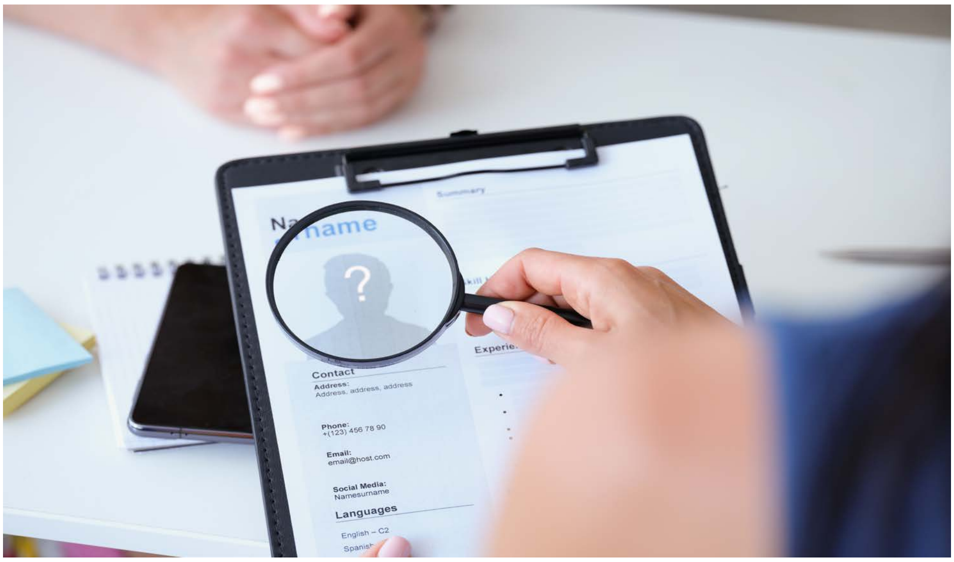
miaa
Talking Fraud
Autumn 2026



Serial job fraudster secured 13 NHS roles at a cost of £170,000

Amran Hussain, 40, has been sentenced to four years in prison after admitting three counts of fraud by false representation, including offences linked to NHS employment.

An investigation by the NHS Counter Fraud Authority (NHSCFA) found that Hussain fraudulently secured 13 non-clinical NHS roles by providing false qualifications, fabricated references and misleading employment histories, resulting in losses of almost £170,000 to the NHS.

The fraud was uncovered in 2021 when Hussain applied for the role of Deputy Chief Operating Officer for Urgent Care, Transformation and Operations at Devon Partnership NHS Trust. He claimed to be employed as Director of Transformation and Improvement at Coventry and Warwickshire Partnership NHS Trust, but checks showed he had never worked there.

Further enquiries revealed that Hussain had submitted falsified references, including one that was entirely fictitious, and others linked to email accounts under his control. He also falsely claimed to hold degrees from the Universities of Oxford and London. Both institutions confirmed he had not completed the courses he cited. Investigators also found no evidence to support claims of membership in professional bodies, including the Institute of Directors and the Chartered Management Institute.

The investigation found that Hussain often went on long-term sick leave shortly after starting new roles, carrying out little or no work before contracts ended or were terminated.

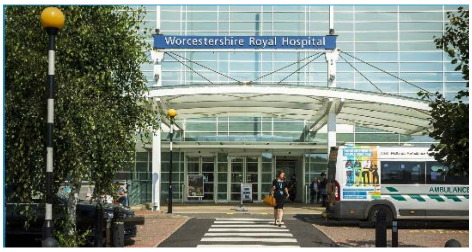
Paul Bell, Head of Anti-Crime Services, said "*This demonstrates the consequences of deceiving NHS organisations through false applications, qualifications and references. Such fraud undermines recruitment and diverts funds away from frontline healthcare services.*

HR staff have an imporant role to play in preventing frauds such as this. MIAA is holding webinars in September and October to provide a practical understanding of the critical role HR plays in fraud investigations involving NHS staff. See page 6

In this edition:

News - Recent cases

Former assistant found guilty of £279k fraud



A former NHS employee has been convicted following an NHS Counter Fraud Authority (NHSCFA) investigation into a fraud that cost Worcestershire Acute Hospitals NHS Trust (WAHT) £279,000.

Emmanuel Nbanga, 45, a former materials management assistant at Alexandra Hospital in Redditch, was found guilty of fraud by abuse of position and fraudulent trading at Worcester Crown Court on 30 June 2026. Two others were also convicted: Solomon Adeyemi, 57, director of Ultimate Medical (UK) Ltd (UML), for fraudulent trading, and Remilekun Olusesi, 40, for money laundering.

Between October 2016 and September 2019, Nbanga stole medical supplies from hospital operating theatre stock rooms and passed them to UML, which then sold the items back to WAHT. As a result, the Trust spent almost £233,000 repurchasing stock it already owned.

The fraud came to light when hospital staff identified product numbers on delivered items that matched stock previously supplied to the Trust. Investigators found that Nbanga had arranged for UML to become a registered supplier and had initiated all business between the Trust and the company. UML's only customer was WAHT.

The NHSCFA investigation also uncovered financial links between UML, shell companies, and personal accounts connected to the defendants. UML additionally supplied low-quality products sourced from China, which the trust later destroyed and replaced to ensure patient safety.

Searches of homes and business premises recovered more than £16,000 worth of stolen NHS stock. Adeyemi had also previously admitted using forged identity documents to gain NHS employment. The defendants will be sentenced at a later date. Adeyemi and Nbanga remain in custody after being deemed a flight risk.

Woman sentenced after lying about degrees to secure NHS job

A woman who lied about holding two degrees to secure a job with an NHS Trust has been sentenced after defrauding the Trust of more than £72,000.

Charlotte Broughton, 40, was sentenced to 20 months' imprisonment, suspended for 18 months, at Durham Crown Court. She had previously pleaded guilty to fraud by false representation at Peterlee Magistrates' Court.

In an application for a physical healthcare practitioner role with Tees, Esk and Wear Valleys NHS Foundation Trust in August 2022, Broughton falsely claimed to hold a BA in Children, Young People and Society from the University of York and an MSc in Advanced Clinical Practice from Teesside University.

Broughton was appointed on the basis of having these degrees. During pre-employment checks, she was asked to provide evidence of her qualifications. She claimed she could not access her certificates because of an abusive relationship.

Following a risk assessment, the trust allowed her to start work while efforts were made to obtain evidence of her qualifications. Broughton later claimed that she had already provided her Advanced Clinical Practice certificate, but the trust had not received it.

The trust's counter fraud team contacted the relevant universities. University of York and York St John University confirmed Broughton had never attended, while Teesside University confirmed she had previously been a student but had not completed any qualifications and had never enrolled on the MSc she claimed to hold.

Broughton's employment ran from 21 November 2022 until 24 May 2024. During this time, the trust paid her £72,485.77 in gross pay, employer pension contributions and employer National Insurance contributions.

Convicted NHS fraudster has pension benefits withheld

An NHS employee who defrauded the health service of almost £160,000 has had her NHS pension benefits withheld following her previous conviction, highlighting the far-reaching and long-term consequences of abusing a position of trust.

In 2015 a former NHS administrator was sentenced to 26 months' imprisonment after being found guilty of fraud by abuse of position. Her husband also received a 13-month custodial sentence after pleading guilty to possessing criminal property linked to the fraudulent activity.

The fraud centered on the misuse of NHS funds to purchase printer cartridges that were not required by the organisation.

The supplies were instead sold online, generating significant personal profit over a number of years.

Your NHS Pension Statement

for the period 6 April 2023 to 5 April 2024

NHS Pensions

WITHHELD

Miss A Example
1 Example Road
Example Town
EX1 2AB

NHS Pension Scheme membership number
1234567A

Date of birth
01 January 1985

Date of joining NHS Pension Scheme
01 April 2010

This is your annual pension statement. Please keep it safe as it shows how your pension benefits are building up.

1. Your pension summary

a) Your pension on 5 April 2024
The amount of pension you have built up in the NHS Pension Scheme
£14,582.28 a year

b) Your lump sum on 5 April 2024
The amount of lump sum you have built up in the NHS Pension Scheme
£43,746.84

c) When can I take my pension?
You can take your pension from
01 January 2050
(your Normal Pension Age)
You may be able to take your pension earlier but it may be reduced.

2. How your pension builds up

	This year £	Last year £	Total to 5 April 2024 £
Pension from your employment The amount of pension you have earned in this period.	1,281.05	1,219.72	14,582.28
Added to your pension This includes any additional pension such as from early payment.	0.00	0.00	0.00
Pension taken off For example, any membership transfers out or pension you have taken.	0.00	0.00	0.00
Total pension	1,281.05	1,219.72	14,582.28

3. Where your pension comes from

You
£5,366.32
(36.8%)

NHS
£9,215.96
(63.2%)

4. Your contributions this year

You have paid in
£1,073.26
(including any Additional Voluntary Contributions)

NHS has paid in
£2,146.52

Investigation uncovered escalating spending

The fraud was identified following an investigation by Merseyside Police and MIAA, which revealed substantial and unexplained increases in spending on printer cartridges after responsibility for ordering supplies transferred to the employee.

Annual expenditure on cartridges had historically been around £2,500. However, spending increased to more than £10,000 in the first year under the employee's control before continuing to rise dramatically, reaching over £27,000, then £45,000, and ultimately £60,000 in subsequent years.

The investigation established that the NHS suffered losses of between £155,000 and £160,000, approximately six times the employee's annual salary.

Funds generated through fraud financed a lifestyle that included foreign holidays, shopping trips, dining out, bingo, and gambling activities.

When concerns were raised, the employee attempted to explain the irregularities by attributing them to administrative errors and suggesting that others may have had access to her accounts. These claims were thoroughly investigated and ultimately disproven.

Pension benefits used to recover losses

The financial consequences of the fraud have continued beyond the criminal proceedings. Following the conviction, NHS Pensions and the Department of Health and Social Care exercised powers available under pension regulations, enabling pension benefits to be withheld and redirected to compensate the Trust for losses caused by the criminal conduct.

To date, NHS Pensions has reimbursed the Trust over £20,000, through the forfeiture of pension benefits. Recovery efforts remain ongoing through regular monthly payments being made to the Trust instead of the fraudster.

A strong deterrent against fraud

Commenting on the case, MIAA's Head of Investigations Claire Smallman said: *"This case demonstrates that fraud against the NHS has severe and lasting consequences. Not only did the individual receive a custodial sentence, but the impact has extended beyond their employment and into their retirement benefits. The recovery of losses through pension regulations reinforces the message that those who abuse positions of trust for personal gain will be held accountable and that every effort will be made to protect public funds."*

Protecting resources for patient care

This case serves as a powerful reminder that fraud against the NHS carries significant personal, financial and criminal consequences. NHS organisation's remain committed to identifying fraud, pursuing offenders through the courts, and seeking recovery of losses wherever possible.

Every pound lost to fraud is funding diverted away from patient care and frontline services. Through robust investigation, prosecution and recovery activity, the NHS continues to safeguard public money and ensure that those who abuse positions of trust are held accountable for their actions.

NHS counter fraud strategy targets £600m savings through new data approach

The NHS Counter Fraud Authority (NHSCFA) is pioneering the use of data to target savings of £600 million in NHS funding at risk of fraud, helping to ensure it remains available for patient care.

The NHSCFA has published its Health Service Counter Fraud Strategy 2026 to 2029. This strategy sets out how the NHSCFA will use large-scale NHS data for the first time to identify patterns of potentially suspicious activity and emerging fraud threats.

This follows a successful pilot trialled by counter fraud specialists at the NHSCFA and funded by the Department of Health and Social Care. The pilot analysed NHS data from local and national sources and applied data science techniques, including machine learning, to detect increasingly sophisticated fraud schemes and support action to prevent them.

Anti-fraud specialists reviewed the findings and worked with partners to target action where risks were highest. In 2025 to 2026, the pilot delivered more than £40 million in savings by identifying and assessing potential fraud.

Fraud, bribery and corruption continue to divert vital funding away from patient care. According to the NHSCFA's annual assessment for 2024 to 2025, the estimated risk to the NHS budget was £1.346 billion. This vulnerability is equivalent to the annual running cost of a large hospital.

The previous three-year plan, which ran from 2023 to 2026, resulted in £590.46 million in savings across the NHSCFA and the wider health counter fraud community, exceeding the original £500 million target. The new strategy builds on these achievements.

The 2026 to 2029 plan also supports wider NHS reforms. It reflects the three key shifts in the NHS 10 Year Health Plan: moving care from hospitals into the community, focusing on prevention and making better use of digital technology.

A key focus is to build fraud prevention into new services and strengthen collaboration across NHS organisations, government bodies and partners.

Alex Rothwell, Chief Executive of the NHS Counter Fraud Authority, said: *"Fraud takes money away from patient care. This plan is about stopping more of that loss before it happens.*

"The NHS holds valuable data that can help us understand risks, spot patterns and act sooner. We need to use that intelligence responsibly and effectively to protect public money.

"The results already achieved show what can be done when counter fraud specialists, analysts and partners work together with a clear purpose. But fraud prevention is not separate from delivering healthcare – it is a fundamental part of it. You cannot have a sustainable, effective health service without strong system integrity. Continued investment in our services and our strategy reflects that reality and will help us build a more resilient NHS."

Protecting Resources Through International Fraud Awareness Week - November 15-21

International Fraud Awareness Week aims to minimise the impact of fraud by promoting anti-fraud awareness, education and prevention. The campaign highlights the important role every individual plays in protecting public funds and ensuring resources are used for their intended purpose.

Fraud remains a significant challenge worldwide; for the NHS, every pound lost to fraud is a pound that cannot be invested in patient care and frontline services. Research consistently shows that organisations that provide regular fraud awareness training and education experience fewer instances of fraud and lower financial losses. By increasing awareness, encouraging vigilance and promoting a culture of openness, we can all help to prevent fraud before it occurs.

Spotlight: Is it fraud?

Fesshole
@fesshole
Confess your sins anon - will the internet absolve you?

Cultural phenomenon Fesshole allows the public to confess their sins and misdeeds on social media and be judged on their actions by the internet. Many of these are not suitable for this professional publication, but members of our Anti-Fraud team can judge some of their confessions as to whether they constitute fraudulent activity or not.

Is this fraud?

FESS HOLE **fesshole** @fesshole.bsky.social · 12h
I have an expenses card at work as I buy lots of adhoc stuff for the wider team. I always use cashback sights and have just paid the final balance of my holiday off with the cashback I've earned.

Gaining personally from a work situation is usually something that would get us, as Anti-Fraud Specialists, interested from a fraud standpoint, but this appears to be a grey area.

If someone was using an expenses card to purchase personal items for themselves, that would be a fraud (likely Section 4 of the Fraud Act 2006, Fraud by Abuse of Position), as it was costing the company extra money. If you know someone that does this, please report it to your Anti-Fraud Specialist.

In this instance, the company is not incurring any extra costs, so you could argue it has not been financially penalised. Has the Fesser done something dishonest to deceive the company? The answer would be no. If the company knew it could obtain cashback amounts from these 'sights' (sic), they may take a different view.

However, should the Fesser have ensured the company was getting the cashback, and thereby earning from its expenses card expenditure?

This depends on what the company's policy says, if it says anything. It might lead to some form of management or disciplinary action (not criminal) as it could be construed as a breakdown of trust between the employee and employer.

Is this fraud?

FESS HOLE **fesshole** @fesshole.bsky.social · 12d
Used to run the office lottery syndicate. Saved the money and paid out any 'winnings' from it. Nice earner, a few hundred quid a week soon adds up. Gave it up after a near miss one time meant I could no longer take the stress we might 'win' big every Weds and Sat night.

If this was a fraud, this would be against the Fesser's colleagues, and not their employer. However, this is only a social transaction, and the Fesser is unlikely to have a contractual obligation to purchase the lottery tickets, so there is unlikely to be a criminal fraud offence, regardless of how unethical this action is.

However, if there is a contract in place between these colleagues, and the Fesser does have an obligation to purchase the lottery tickets (although there may be an implied civil contract), then there is a fraud against them (likely Section 2 of the Fraud Act 2006, Fraud by False Representation).

The Fesser has been dishonest and clearly deceived their colleagues into thinking they could all be millionaires, when they never could be, and financially benefitted from it.

This would be a fraud where the report should be made to Report Fraud UK's Home for Reporting Cyber Crime & Fraud - Report Fraud. The colleagues might also wish to bring a civil action against the individual to recover the money the individual pocketed from the colleagues as the burden of proof threshold is lower.

If you suspect that anyone is committing fraud or another economic crime against the NHS, speak to your local Anti-Fraud Specialist or contact NHSCFA using their website to report online: www.cfa.nhs.uk or telephone the 24-hour reporting line **0800 028 40 60.**

Fraud investigations and joint working with HR webinar

HR professionals play a vital role in preventing, identifying and responding to fraud within the NHS. To support colleagues in this important area, MIAA's Investigation Team is hosting an informative webinar designed to provide a practical understanding of fraud investigations and the critical role HR plays throughout the process.

The session will explore current and emerging fraud risks, common warning signs, and practical measures that can help prevent fraud from occurring. Attendees will also gain valuable insight into the work of MIAA's Investigation Team and how effective collaboration between HR and fraud investigators can support successful outcomes. Whether you are new to HR or have years of experience, this session offers practical guidance to help you better understand the fraud investigation process and your responsibilities at every stage.

If you are unable to attend on 24 September at 1.30pm, the webinar will be repeated on 22 October, 1:30pm to 2:30pm. Book your place here.

Awareness continues to grow fraud referrals

Since 1 April 2026, MIAA's Investigation Team has received 301 fraud referrals from across the organisations we support.

This represents an increase compared with previous years and may indicate that fraud awareness initiatives are having a positive impact.

Effective anti-fraud campaigns, training and awareness activities help staff recognise potential fraud risks and give them the confidence to report concerns when they arise.

Every referral is assessed by specialist investigators, helping to identify potential fraud, protect valuable NHS resources and ensure appropriate action is taken where necessary. Increased reporting does not necessarily mean more fraud is occurring. Rather, it can demonstrate a stronger culture of vigilance and a better understanding of the importance of raising concerns.

MIAA investigations result in conditional cautions for fraudulent Fit Note offences

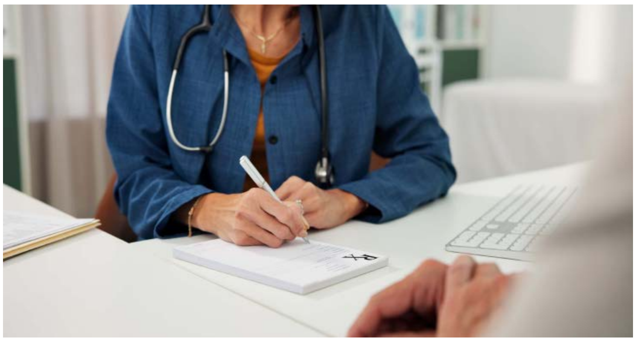
MIAA has successfully conducted investigations that have resulted in positive outcomes, with Conditional Cautions being issued to two former NHS employees who admitted submitting fraudulent fit notes.

In June 2026, a former NHS Band 5 Assistant Reporting Accountant employed by a North West NHS Trust admitted to submitting fraudulent fit notes covering the period from 17 June 2024 to 7 October 2024. As a result, the Trust incurred a financial loss of £5,342.

The individual resigned while the Trust's disciplinary investigation was ongoing. However, following full admissions during a subsequent NHS counter fraud investigation conducted by MIAA, they were issued with a Conditional Caution by their local police force in June 2026.

In a separate case, in July 2026, a former NHS Band 3 Administrator employed by a North West NHS Trust admitted to submitting fraudulent fit notes covering the periods 10 July 2024 to 22 July 2024 and 6 August 2024 to 2 September 2024. The offence resulted in a financial loss of £2,218 to the Trust. The employee was dismissed following an investigation conducted by MIAA and was subsequently issued with a Conditional Caution by their local police force in July 2026.

Commenting on the cases, Paul McGrath, Anti-Fraud Manager (Investigations) at MIAA, said: *"These cases demonstrate that fraud against the NHS will not be tolerated and that such offences carry serious consequences. NHS Counter Fraud investigators will continue to work closely with the police and partner agencies, where appropriate, to protect public funds and ensure those responsible are held to account."*



Useful Sources of Information

- MIAA Fraud alerts, blogs, and newsletters - Our fraud alerts and newsletters bring together rich sources of information relating to the latest scams and fraud cases so that our readers can be vigilant in work and at home.

- NHS Counter Fraud Authority - The NHS Counter Fraud Authority (NHSCFA) is a special health authority tasked to lead the fight against fraud, bribery and corruption in the NHS.

- CFA Report Fraud - You can use this online form to report fraud against the Department of Health and Social Care (DHSC) and the wider health group, including the NHS in England and Wales.

- Take Five to Stop Fraud – Take Five is a national campaign offering straightforward, impartial advice that helps prevent email, phone-based and online fraud - particularly where criminals impersonate trusted organisations.

- The National Cyber Security Centre – Organisation helping to make the UK the safest place to live and work online.

- Report Fraud - Report Fraud has replaced Action Fraud as the UK's national reporting centre for fraud and cybercrime where you should report fraud if you have been scammed, defrauded or experienced cybercrime in England, Wales and Northern Ireland.

- NHS Digital – Guidance on Phishing Emails - Find out how you can stay safe and vigilant against phishing emails, including advice on how to spot a suspicious email and how to report it.

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