

Employment agency fraud

Guidance on reducing risks

Version 1 - October 2016

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Executive summary

Employment agency fraud (also referred to as ‘agency fraud’) was identified as one of NHS Protect’s strategic priorities for the 2015-16 financial year, following the organisation’s annual strategic intelligence assessment.

The guidance in this document focuses specifically on two areas of agency fraud risk, pre-employment checks and agency invoicing, and it provides a number of recommendations to help NHS organisations deal with these risks.

Individuals may use false or forged identity, right-to-work or qualification documents to fraudulently gain employment in the NHS. This type of fraud can also have very serious patient safety implications, besides financial and reputational risks for the organisations involved. The risks exist for both directly employed staff and agency workers.

When contracting agency workers, organisations should assure themselves that the agency carries out pre-employment checks in compliance with the NHS Employment Check Standards.

NHS Protect has highlighted significant risks of fraud in employment agency invoicing. This includes the risk of insufficient or incorrect information being provided on agency workers’ timesheets, leading to overcharging.

This guidance provides a number of recommendations to help NHS organisations deal with fraud risks relating to pre-employment checks on agency workers and agency invoicing. Key recommendations include (the list is not exhaustive):

- obtaining assurance from employment agencies and agency workers about pre-employment checks having been carried out
- incorporating provisions on audit and assurance regarding pre-employment checks in their contracts with agencies
- including a number of features in agency workers’ electronic or paper timesheets, as well as agency invoices, so that fraud risks (e.g. around fraudulent overbilling) are reduced
- carrying out periodic checks on employment agency invoices and timesheets, including by reconciling them with booking records
- establishing strong communications between all those involved in dealing with agency fraud
- raising awareness of agency fraud risks among staff and providing training on fraud detection
- reporting any suspicions of fraud to the relevant framework provider and NHS Protect

Two case examples illustrating measures used by NHS organisations to deal with fraud risks around invoicing and pre-employment checks are provided in Appendix 1. More details on key elements to be included in agency workers’ timesheets and agency invoices are included in Appendices 2-4, while Appendix 5 provides some further references.

1. Introduction

- 1.1 Employment agency fraud (also referred to as 'agency fraud') was identified as one of NHS Protect's strategic priorities for the 2015-16 financial year, following the organisation's annual assessment of strategic intelligence on crime risks facing the NHS.
- 1.2 One of the aims of NHS Protect's planned work on agency fraud during 2015-16 was to produce updated guidance to reduce the incidence of fraud in this area, based on the latest available intelligence on agency fraud threats.
- 1.3 Various measures have been introduced by the government since our work started to reduce NHS spending on temporary staff, improve transparency on this area of spend, bring greater assurance on the quality of agency supply and encourage staff to return to permanent or bank working. These measures, now part of NHS Improvement's 'Agency rules', include limits on organisations' total agency spend, hourly rate caps and a requirement to procure all agency staff through approved framework agreements¹. We have sought to take the measures into account while developing the guidance, though it is too early to assess their impact on the issues covered here.
- 1.4 Agency fraud is a very broad category, which sometimes overlaps with other fraud types such as invoice fraud and payroll fraud. This document should be used in conjunction with NHS Protect's guidance documents 'Invoice fraud: Guidance for prevention and detection' (April 2013), available on [NHS Protect's extranet](#), and 'Payroll fraud: Guidance on prevention, detection and investigation' (June 2015), available on [NHS Protect's website](#).
- 1.5 The guidance in this document focuses specifically on two areas:
 - assurance being sought from the employment agencies used that the staff they provide have been subject to adequate pre-employment checks, in line with standards set by NHS Protect and the NHS Employment Check Standards developed by NHS Employers
 - ensuring that employment agencies are invoicing the correct amount of money for the work of their agency staff to the NHS
- 1.6 This guidance builds on previous work by NHS Protect to identify and tackle agency fraud. In 2009-10 we carried out a national proactive exercise (NPE) on employment agency invoicing, which highlighted significant levels of fraud risk.
- 1.7 In 2010 we issued guidance to assist NHS organisations in reducing fraud risks relating to employment business invoicing and timesheet procedures. This presented the findings of the NPE and included recommendations on

¹ See NHS Improvement, 'Agency rules' (March 2016), at <https://improvement.nhs.uk/resources/reducing-expenditure-on-nhs-agency-staff-rules-and-price-caps/#tool>. The page provides additional guidance and resources on applying the rules, including a list of approved framework agreements.

administering payments and overpayments to agencies². The document was circulated nationally to all Directors of Finance and Local Counter Fraud Specialists (LCFS).

- 1.8 The guidance in this document is intended as a framework for NHS organisations to develop or adapt their own policies, procedures and systems for dealing with agency fraud. As well as a brief introduction on the issues covered, the document provides links to various other sources which include more detailed information on specific aspects of dealing with agency fraud risks.

2. Pre-employment checks

- 2.1 Individuals may use false or forged identity, right-to-work or qualification documents to gain employment in the NHS. This type of fraud can have very serious patient safety implications, besides the financial and reputational risks to targeted organisations.
- 2.2 This risk exists for both staff directly employed by the organisation and staff provided through employment agencies.
- 2.3 The [NHS Employment Check Standards](#) set out the key checks that NHS organisations in England are required to carry out in the appointment and ongoing employment of staff in the NHS³. Compliance with the standards is a requirement for all providers of NHS services (including subcontractors) under the requirement under the NHS Standard Contract (General Condition 5.9).
- 2.4 When contracting staff from an agency or other external body, organisations must assure themselves that the agency carries out pre-employment checks in compliance with the NHS Employment Check Standards:

“Ultimately, the responsibility for assuring that all pre-employment checks are undertaken lies with the employing organisation. Therefore, where appointing staff from an agency or other external body to provide NHS services, employers will need to seek appropriate assurances that these providers have undertaken employment checks in compliance with this standards and that they too are keeping their operational practices up to date.

² Fraud Prevention Instruction 8 (FP8): Employment business invoicing and timesheet procedures. The document is available on NHS Protect’s extranet at <https://nww.cfsms.nhs.uk/Extranet/>.

³ The standards have been developed by NHS Employers in partnership with the Department of Health, the Centre for the Protection of National Infrastructure and employers in the NHS. There are six standards, covering identity checks, professional registration and qualification checks, employment history and reference checks, right to work checks, work health assessments and criminal record checks.

Periodic auditing and monitoring of the systems and processes in place should form part of any scheduled auditing and monitoring of contractual arrangements with these suppliers.”⁴

- 2.5 The NHS Employment Check Standards are embedded in the Crown Commercial Service National Agency Framework Agreement.
- 2.6 Pre-employment checks are also covered in NHS Protect’s anti-fraud, bribery and corruption standards for providers of NHS services, which reference both the NHS Standard Contract and the NHS Employment Check Standards. For more details, please see the [Anti-crime standards section](#) on the NHS Protect website.
- 2.7 NHS providers and commissioners are required to implement anti-fraud arrangements in their organisation in line with NHS Protect’s fraud, bribery and corruption standards. One of these standards requires organisations to ensure that all new staff are subject to the appropriate level of pre-employment checks, as recommended by NHS Employers, before commencing employment within the organisation. Assurance must be sought from any employment agencies used that the staff they provide have been subject to adequate vetting checks, in line with guidance from NHS Protect and NHS Employers.
- 2.8 Analysis of all the quality assurance assessments undertaken on this standard revealed that 61% of organisations inspected received a red performance rating, meaning non-compliance with the standard. Further evaluation showed that these organisations were not complying because they were wrongly interpreting the standard: they were relying on the agencies having undertaken the necessary checks. However, there is a responsibility on the organisation to seek and obtain assurance that the appropriate checks have actually been carried out.
- 2.9 NHS providers and commissioners should familiarise themselves with the NHS Employment Check Standards and ensure that they follow the requirements set out in them. This will help to prevent and deter agency fraud and mitigate related reputational risks for organisations. It may also lead to lower agency spend as losses to fraud are reduced.
- 2.10 More details on seeking assurance from employment agencies about pre-employment checks are provided in the Recommendations section below.

3. Employment agency invoicing

- 3.1 Suppliers of goods or services to the NHS may attempt to mislead the relevant NHS body in order to obtain payments that are not properly due. This falls under the general category of invoice fraud, and it may be carried out in different ways, e.g. duplicate invoicing, including hidden or incorrect fees, or invoicing for services that were not supplied.

⁴ NHS Employers, Background information on the employment checks, available on the NHS Employers website at <http://www.nhsemployers.org/your-workforce/recruit/employment-checks/resources/background-information-on-employment-checks>

- 3.2 As mentioned above, previous work by NHS Protect has highlighted significant levels of fraud risk in employment agency invoicing. This includes the risk of insufficient or incorrect information being provided on agency workers' timesheets, leading to overcharging by the agency.
- 3.3 Guidance on dealing with fraud risks relating to employment agency invoicing is provided in the Recommendations section below. Additionally, it may be useful to refer to NHS Protect's guidance on invoice fraud and on timesheet fraud (see paragraph 1.4 above).

4. Recommendations

- 4.1 This section includes a number of recommendations for NHS organisations on dealing with employment agency fraud, with a focus on pre-employment checks on agency workers and agency invoicing. Following these recommendations will help organisations to demonstrate compliance with NHS Protect's fraud, bribery and corruption standards.
- 4.2 The recommendations should be read alongside related guidance by NHS Protect on payroll fraud and invoicing fraud (see paragraph 1.4 above).

Pre-employment checks

1. Organisations may require the agency worker to produce, on their first working day, their passport or other ID together with evidence of professional registration. This is to confirm that the worker is in fact the person the organisation contracted through the agency.
2. Organisations may also require the agency worker to produce evidence of pre-employment checks carried out by the agency. This will help to provide assurance that the checks have in fact been carried out before the worker commences employment. The organisation may produce a template (e.g. an agency worker placement form) and recommend its use by the agency.
3. Organisations may require agencies to provide evidence of pre-employment checks carried out on staff, in line with the NHS Employment Check Standards. Evidence should be provided at regular intervals (e.g. every quarter) and it should cover a suitable sample of staff provided by the agency.
4. Organisations should consider including a statement in the contract with the agency to the effect that they retain the right to audit the agency's employment checking processes. This will help to clarify expectations as set out in the NHS Employers' guidance from the outset.
5. In seeking assurance about pre-employment checks, organisations may wish to consider the result of audits confirming that checks have been completed and that the appropriate documentation is held on file (and endorsed/signed as required). Any such evidence may provide greater confidence in the agency's processes for pre-employment checks.

6. Organisations may also consider using appropriate equipment to check identification documents (such as ID scanners) when obtaining assurance from agencies, as this will help to demonstrate that the agencies are carrying out identity checks to the required level.
7. Where an organisation uses ID scanners as part of pre-employment checks, publicising their use may help deter individuals, including agency workers, from seeking employment by using false documents.
8. Publicising cases where people have not been employed as a result of pre-employment checks may help organisations to deter individuals, including agency workers, from seeking work by using false documents.

Employment agency invoicing

9. When booking agency workers, organisations should keep a written record of the terms of the booking (e.g. a purchase order), so this can later be reconciled against invoices or timesheets for the purposes of preventing and detecting fraud.
10. Organisations should periodically conduct random spot checks on invoices and timesheets to identify losses or overbilling. This has been shown to help reduce fraudulent claims (please see the case studies in Appendix 1 for more details).
11. Where electronic timesheets are used by agency workers, organisations may want to ensure that the timesheet system:
 - provides each agency worker and each authorising officer with a unique username and password to log into the system
 - requires passwords to be changed on a regular basis
 - locks users out after a set number of incorrect attempts
 - logs the user out when it has not been used for a specified length of time
 - requires workers to input the hours they have worked on a daily basis
 - requires the timesheet to be authorised and submitted to the employment business by the authorising officer
 - enables the authorising officer to view temporary workers' timesheets at any time
 - is no longer accessible to workers once their contract has finished (the agency system administrators should be required to immediately prevent further access)
 - includes the key elements detailed in Appendix 2

Taken together, these measures will help prevent opportunist access to a payment system, reduce the risk of fraudulent alteration of data on the timesheets and enable easier reconciliation with hours work.

12. Where paper timesheets are used, organisations may want to ensure that:
 - original timesheets are provided before any payment is made
 - timesheets are kept for a minimum of two years
 - authorised signatory lists are kept up to date
 - clear procedures are in place with respect to agency workers' rest breaks
 - agencies are required to provide as much information as possible on timesheets

- timesheets include the key elements detailed in Appendix 3

Taken together, these measures will reduce the risk of fraudulent alteration of timesheets, provide clarity about what time can be claimed and ensure evidence is available for auditing and any fraud investigations.

13. Organisations should regularly undertake the following checks (please see the case studies in Appendix 1 for more details):

- a sample reconciliation check of booking confirmations, invoices and timesheets
- checks on a sample of invoices against the latest agreed contract prices
- checks to identify duplicate invoices

These measures will help organisations to detect fraud (especially fraudulent overbilling) or obtain assurance about the integrity of the invoicing process.

14. When procuring agency staff from an approved framework, organisations should ensure that staff are not provided through another agency that is not on the framework. This will help ensure compliance with NHS Improvement guidance stating that agency workers should only be contracted through approved frameworks, either directly or indirectly.

15. As a general principle, employment businesses used by health bodies should be required to provide as much information as possible on their invoices. This will assist organisations in detecting fraudulent claims.

16. Authorising officer lists should be kept up to date.

17. Organisations should ensure that agencies' invoices include the key elements set out in Appendix 4.

General recommendations

18. Organisations should encourage strong relationships and communication between those responsible for dealing with agency fraud risks, including HR, LCFSSs, NHS Protect and the police, to ensure suspected fraud is dealt with effectively.

19. Organisations should raise awareness of agency fraud risks among their staff, through training modules, meetings, publications etc. This should include training for staff on how to identify false documentation (for example, where ID scanners are used training should be provided to all staff operating them). Fraud awareness and training programmes can assist in improving fraud reporting, act as a deterrent and help prevention.

20. If organisations suspect any irregularities, they should report these to their framework provider and to NHS Protect.

Appendices

Appendix 1 - Case examples

The two case examples below illustrate measures used by NHS organisations to deal with fraud risks around invoicing and pre-employment checks respectively. While these measures do not specifically relate to agency fraud, they may successfully be applied to dealing with risks in these area (see recommendations in section 4 above for more details).

Anomaly detection software

Many companies offer anomaly detection software which highlights deviations from established patterns (e.g. in supplier invoicing) that may give rise to suspicions of fraud. These services are delivered on an entirely contingent basis. There is no hourly rate or time based fee. Charges tend to be based on a percentage of the identified fraud loss and recovered monies and on agreement with the organisation involved.

Alternatively, there are commercially available software packages that can identify duplicate invoices and flag these up for further checks.

Below is an example of a trust which has successfully recovered sums relating to duplicate invoicing. It was suggested that prior to the software being installed, human error was responsible for the high number of duplicate invoices and loss to the trust.

South Essex Partnership University NHS Foundation Trust

Purchased software: £14,000 for a three year licence. This software was run twice weekly before payment runs to prevent duplicate payments being made. Figures provided indicated that savings had been considerable with duplicate payments being prevented in the total sums of £200,000 for the year 2012/13, £150,000 for the year 2013/14 and £35,000 for the year 2014/15 to date.

The reduction in the amounts recovered over the 3 year period indicates that a change in processes or procedures can have considerable benefits. The trust has extended the use of their software licence for a further 3 years, in order to maintain the savings.

ID scanners

King's College Hospital NHS Foundation Trust

In 2010 the Trust partnered with an identification and document scanning company. The system has dramatically improved the level of identification checks and streamlined the verification of identity process by enabling the recruitment administrator to verify the

authenticity of documents without expert knowledge of their security feature. It has also reduced the administrative time of conducting such checks. The use of this technology led to the arrest and conviction of an individual who worked as a nurse in another NHS organisation and attempted to gain employment at Kings College Hospital.

The use of this technology enabled human resources to demonstrate their compliance with NHS Employment Check Standards to a higher degree, which, in turn, provided assurance to both the Care Quality Commission (CQC) and UK Border Agency (UKBA) regarding the trust's recruitment practices.

More information on this project, along with other case examples and shared good practice, can be found on the [NHS Employers website](#).

Appendix 2 - Key elements that should be included in electronic timesheet systems

Key element	Reason for incorporation into timesheet
Counter fraud declaration to be signed by the authorising officer.	<ul style="list-style-type: none"> • The aim of this measure is to prevent and detect fraud and aid investigations and prosecutions. • The declaration aids the detection of fraud, in that the authorising officer is indicating that the hours stated on the electronic timesheet are correct to the best of their knowledge. The declaration seeks to ensure that measures are taken to check that information on the timesheet is accurate and valid, thereby increasing the chance of errors and fraud being detected. • The declaration acts as a useful prompt to remind authorising officers that they have to check the hours stated on the timesheet, thereby strengthening the control environment. • Acts as deterrence against collusion. • The individual is consenting to the release of information for the purposes of prevention, detection and investigation of fraud. • The declaration clearly informs the authorising officer of the consequences of knowingly providing false information, e.g. disciplinary, criminal or civil proceedings. • The declaration will assist in establishing and maintaining an anti-fraud culture.
Inclusion of NHS Fraud and Corruption Reporting Line details: 0800 028 40 60 www.reportnhsfraud.nhs.uk	<ul style="list-style-type: none"> • Assists in the detection of fraud and in establishing and maintaining an anti- fraud culture. • Encourages staff to report any concerns of fraud or corruption to the NHS Fraud and Corruption Reporting Line.
Access to timesheet (by either temporary worker or authorising officer) prevented immediately upon termination of employment contract.	<ul style="list-style-type: none"> • Assists in preventing and detecting fraud by ensuring that temporary workers cannot make any alterations to timesheets after their termination of employment. • Helps prevent collusion by ensuring that the authorising officer cannot make any alterations to the timesheet after the termination of employment.

Appendix 3 - Key elements that should be included in paper timesheets

Key element	Reason for incorporation into timesheet
Counter fraud declaration to be signed by temporary workers.	<ul style="list-style-type: none"> • The aim of this measure is to deter fraud and aid investigations and prosecutions. Temporary workers have to formally state, that the hours they have recorded on the timesheet are correct. • The declaration requires temporary workers to accept that they understand the consequences of providing false or misleading information, e.g. disciplinary, criminal or civil proceedings. • By signing the declaration, temporary workers are consenting to the release of information for the purposes of prevention, detection, and investigation of fraud. • The declaration assists in establishing and maintaining an anti- fraud culture.
Counter fraud declaration to be signed by an authorised signatory.	<ul style="list-style-type: none"> • The aim of this measure is to prevent and detect fraud and aid investigations and prosecutions. • The declaration aids the detection of fraud, in that the authorised signatory is signing to say that the hours stated on the timesheet are correct to the best of their knowledge. • The declaration seeks to ensure that measures are taken to check that information on the timesheet is accurate and valid, thereby increasing the chance of errors and fraud being detected. • Having to sign the declaration will act as a useful prompt to remind authorised signatories that they have to check the hours stated on the timesheet, thereby strengthening the control environment. • Acts as deterrence against collusion. • By signing the declaration, the individual is consenting to the release of information for the purposes of prevention, detection and investigation of fraud. • The declaration clearly informs the authorised signatory of the consequences of knowingly providing false information, e.g. disciplinary, criminal or civil proceedings. • The declaration will assist in establishing and maintaining an anti-

	fraud culture.
Inclusion of NHS Fraud and Corruption Reporting Line details: 0800 028 40 60 www.reportnhsfraud.nhs.uk	<ul style="list-style-type: none"> Assists in the detection of fraud and in establishing and maintaining an anti-fraud culture. Encourages staff to report any concerns of fraud or corruption to the NHS Fraud and Corruption Reporting Line.
Timesheets should be self-carbonated.	<ul style="list-style-type: none"> Facilitates record keeping. Assists in identifying fraudulently amended timesheets post-authorisation.
Forms must state that they must be completed using black ink and block capitals.	<ul style="list-style-type: none"> Using block capitals and black ink should make the forms legible and ensure that correct details are captured and processed.
Inclusion of a warning that 'no correction fluid should be used on the timesheet'.	<ul style="list-style-type: none"> Limits the opportunities available to alter timesheets fraudulently once they have been authorised.
Completed timesheets should be kept for a minimum of two years.	<ul style="list-style-type: none"> Instances of fraud are not always detected immediately. Keeping timesheets, or scanned electronic copies, for a period of two years will aid investigations by ensuring that potential evidence is not destroyed.
Inclusion of a warning on the timesheet that 'any incomplete or illegible timesheets will result in the form being returned to the temporary worker and a delay in payment'.	<ul style="list-style-type: none"> Reduces the risk of error resulting in financial loss to the health body. For example, it should reduce the risk of someone misinterpreting the number of hours on a timesheet resulting in the individual being incorrectly paid.
Inclusion of a warning on the timesheet that 'faxed and photocopied timesheets will not be accepted'.	<ul style="list-style-type: none"> Reduces the opportunity to conceal fraudulent amendments using a copy of the original. Fraudulent amendments post-authorisation but before submission for processing would be difficult to detect on a photocopied or faxed timesheet.
Booking reference.	<ul style="list-style-type: none"> To aid accounting procedures and reduce the opportunity for fraud by ensuring that shifts have been pre-booked.
Warning statement to the effect that alterations or corrections made after authorisation could be subject to delay and further checks.	<ul style="list-style-type: none"> To prevent timesheet entries being fraudulently modified after having been approved and encourage further checks to be conducted.
Authorised signatory to sign after each shift	<ul style="list-style-type: none"> Temporary workers may work in

worked.	different locations, requiring a different authorised signatory to confirm hours worked. Prevents authorised signatories signing for periods of work they are personally unable to account for.
Time of hours worked in 24 hour format.	<ul style="list-style-type: none"> • 24 hour clock format should be used to ensure that it is clear what time of day or night shifts start and finish.
Time worked written in longhand.	<ul style="list-style-type: none"> • Reduces the opportunity for error or fraud by ensuring confirmation of the hours being claimed for.

Appendix 4 – Key elements that should be included in agencies' invoices

Key element	Reason for incorporation into invoice
Supplier trading name.	Assists in preventing error or fraud by ensuring that the supplier submitting the invoice can be readily identified
Supplier contact details.	Assists in preventing error or fraud by ensuring that suppliers can be readily contacted to provide clarification of all or any of the charges levied on the submitted invoice
Purchase order/ booking reference number.	<ul style="list-style-type: none"> Assists health bodies in validating the invoice submitted against agreed booking confirmations and confirming that agreed contract prices are being charged. Enables multiple invoices submitted for the same booking confirmation to be identified
Invoice number	Each invoice should be uniquely identified by an invoice number to enable the health body to identify duplicate invoices
Name of the health body, hospital and ward or department.	Assists in minimising errors and preventing fraud by ensuring that the invoice has been correctly submitted to the health body.
Temporary worker's full name, band or grade and specialty.	Assists in minimising errors and preventing fraud by ensuring that the invoice has been correctly submitted to the health body.
Dates and hours worked.	Assists health bodies in validating the invoice against accompanying authorised timesheets.
Hourly pay rate.	Enables the health body to check the hourly rate applied in the invoice against that agreed at time of booking (and against provisions in the framework agreement if applicable)
WTR payment, ENIC, commission fee, total hourly charge rate, agreed disbursements, VAT and total invoiced amount.	<ul style="list-style-type: none"> Required to verify the total invoice amount. Enables the health body to check the breakdown of charges in the invoice against the conditions agreed at time of booking (and against provisions in the framework agreement if applicable). Full breakdown enables health body to check that individual charges are applied only once and at the correct rate.
Payment terms – 30 days from receipt of invoice.	Ensures that the health body has adequate time to undertake any necessary verification checks of the information supplied in the invoice.

Appendix 5 – Further references

NHS Protect guidance on payroll fraud

In June 2015 NHS Protect published 'Payroll Fraud – Guidance for prevention, detection and investigation'. The document provides Local Counter Fraud Specialists (LCFSs) with guidance which can be used to support work to prevent, detect and investigate the most common kinds of payroll fraud at a local level. It provides an introduction to the subject area, an overview of the NHS payroll environment, practical advice on the most effective ways of tackling payroll fraud and details of how to report suspected fraud, bribery or corruption. It reflects NHS Protect's current understanding of the key threats facing the NHS and includes advice on raising awareness of payroll fraud. It is intended to supplement existing policies, directives and guidance available more widely in the NHS by providing an overview of NHS payroll processes from an anticrime perspective.

It covers four main categories of payroll fraud;

- Misrepresentation of qualifications/skills or experience
- Timesheet fraud
- Working elsewhere while sick
- Expenses and allowances fraud

The guidance can be found at:

http://www.nhsbsa.nhs.uk/Documents/CounterFraud/Payroll_fraud_guidance_Final_June_2015.pdf

NHS Employers guidance on reducing agency spend

NHS Employers have produced guidance to help organisations reduce spending on agency staff and make better use on available resources, based on a review of best practice around the NHS. While the guidance is not focused on agency fraud, following it may help organisations prevent fraud, for example by leading to better monitoring of the risks discussed in this guidance.

The guidance can be found at <http://www.nhsemployers.org/your-workforce/plan/agency-workers/reducing-agency-spend>