

OFFICIAL



Counter Fraud Authority

# Employment agency fraud

## Fraud prevention guidance

February 2026

V3.0



## Version control

Version	Name	Date	Comment
1.0	Fraud Prevention Unit	July 2019	First issue.
2.0	Fraud Prevention Unit	January 2023	
3.0	Fraud Prevention Unit	February 2026	

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## Introduction

- 1.1. This document provides information and guidance to assist NHS organisations in tackling employment agency fraud. This includes information and recommendations on pre-employment checks and other measures to help NHS organisations deal with employment agency fraud risks.
- 1.2. The NHS Counter Fraud Authority (NHSCFA) is a special health authority charged with identifying, investigating and preventing fraud and other economic crime within the NHS and the wider health group. Further information about the work of the NHSCFA can be found on our [website](#).
- 1.3. This fraud prevention guidance is aimed at Local Counter Fraud Specialists (LCFSs), framework operators, NHS organisations and staff with responsibility for procuring agency staff, approving invoices and supervising agency staff. It is intended as a framework for NHS organisations to develop or adapt their own policies, procedures and systems for dealing with employment agency fraud.
- 1.4. This document is intended to supplement existing policies, directives and guidance available more widely in the NHS.

## What is employment agency fraud?

- 1.5. Employment agency fraud remains one of the key fraud risks facing the NHS. This type of fraud occurs when individuals use false or forged identity, right-to-work or qualification documents to fraudulently gain employment in the NHS or with an independent healthcare provider providing services to the NHS under the NHS Standard Contract.
- 1.6. It is a broad category, which also sometimes overlaps with other fraud types such as:
  - invoice fraud
  - timesheet fraud
  - expenses fraud
  - working whilst sick
  - supplier fraud (including overpayments)
  - imposters/impersonating a medical professional
  - qualification fraud.

- 1.7. NHSCFA has identified significant risks relating to employment agency invoicing as well as fraud vulnerabilities within the recruitment of agency staff to the NHS. These include the risk of insufficient or incorrect information being provided on agency workers' timesheets leading to overcharging and the risk of framework and off-framework agencies colluding to increase prices to the NHS. NHS organisations can refer to NHSCFA's fraud prevention guidance documents in these areas on our [website](#).
- 1.8. The NHSCFA's latest annual [Strategic Intelligence Assessment](#) (2025), found that NHS staff fraud continues to be the area with the highest level of reporting, accounting for almost 50% of all of the reports received by the NHSCFA in this period. In 2024-25, there were 3,211 reports of staff fraud with false income and hours accounting for 62.6% of this amount. The highest reported areas within staff fraud were staff working whilst on sick leave, inflating income by falsely claiming for hours and services not worked, working elsewhere during NHS contracted hours and presenting false references, qualifications and medical certificates during the recruitment process.
- 1.9. This document firstly considers employment agency fraud generally, including the pre-employment checks that should be in place and provides recommendations as to how this type of fraud might be prevented. It then provides a more detailed look at both employment agency invoicing fraud and employment agency supplier fraud, including how to prevent these from occurring and how to report suspected employment agency fraud.
- 1.10. Various measures have been introduced by the government to reduce NHS spending on temporary staff, improve transparency in this area, provide greater assurance on the quality of agency supply and encourage staff to return to permanent or bank working. These measures, now incorporated into NHS England's '[Agency Rules](#)' (last updated Oct 2025), include limits on NHS organisations' total agency spend, hourly rate caps and a requirement to procure all agency staff through approved framework agreements. These measures have been taken into account in the development of this guidance.
- 1.11. Under the new rules for procurement of agency staff in band 2 and 3 roles, NHS organisations are required to review plans to use only substantive or bank workers to fill these shifts, with complete removal of agency use in these roles by end of January 2026 (Agency Rules, [section 8](#)). NHS organisations will still be able to procure band 2 and 3 agency staff if there is an exceptional risk to patient safety (known as provision to 'break the glass'). All providers are expected to comply with the new requirements.

## Preventing employment agency fraud

- 1.12. To help prevent and deter employment agency fraud, NHS organisations should ensure that all relevant pre-employment and qualification checks are undertaken (as set out below). Alongside these checks, NHS organisations should consider and implement NHSCFA's fraud prevention recommendations (outlined below) where appropriate.

## Why prevent employment agency fraud?

- 1.13. Implementation of the recommended measures will help mitigate related reputational risks for NHS organisations and may also reduce agency spend by minimising losses to fraud.
- 1.14. Fraud prevention measures can also be used to help demonstrate that reasonable procedures for the prevention of fraud are in place. Under the [Economic Crime and Corporate Transparency Act 2023](#), an organisation may be criminally liable where an employee, agent, subsidiary or other 'associated' person commits a fraud intending to benefit the organisation and the organisation does not have reasonable fraud prevention procedures in place. Reasonable fraud prevention procedures might include having a proportionate fraud prevention policy and using NHSCFA's [guidance on failure to prevent fraud](#) and [fraud prevention guidance](#) documents to develop or adapt local fraud prevention policies, procedures and systems.

## Pre-employment checks

- 1.15. When contracting agency workers, NHS organisations should assure themselves that the agency carries out comprehensive and systematic pre-employment checks in line with [General Condition 5.11](#) of the NHS Standard Contract and guidance issued by NHS Employers, NHSCFA and/or the Home Office.
- 1.16. General Condition 5.11 of the NHS Standard Contract states that:

*Before any provider or any sub-contractor engages or employs any person in the provision of the Services, or in any activity related to or connected with, the provision of services, the provider must ensure that any sub-contractor will, at its own cost, comply with: NHS Employment Check Standards; and other checks as required by the DBS or which are to be undertaken in accordance with current and future national guidelines.*

- 1.17. The NHS Employers '[Employment Check Standards](#)' outlines the key checks that NHS organisations in England are required to carry out in the appointment and ongoing employment of staff.
- 1.18. The key purpose of these requirements is to give employers the necessary assurance that individuals are of good character and have the appropriate experience, qualifications, skills and competency to properly and safely perform the tasks required of them in any given role. NHS organisations should ensure that agencies are provided with full role details, including area or location of supply, required registrations, qualifications and all mandatory/statutory training requirements. These standards apply to all appointments in the NHS. This includes those engaged in paid work (whether on a permanent or fixed-term contract) and temporary workers, such as those working in a trust bank or workers supplied by an agency or other third-party contractor.
- 1.19. NHS Employers '[Employment history and reference checks standards](#)' (2025) details the process of obtaining references to verify a candidate's employment and/or training history.
- 1.20. Compliance with these standards is a requirement for all providers of NHS funded services (including sub-contractors) under General Condition 5.11.1 of the NHS Standard Contract.
- 1.21. The NHS Employment Check Standards are embedded in national framework agreements for agencies to ensure that the appointment of contracted and sub-contracted workers meets the same high level of standards required in the NHS. An approved list of framework agreements is available in the NHS England guidance [Agency rules: list of approved framework agreements for all staff](#). The overarching responsibility for assuring that the appropriate screening of workers has been conducted sits with the employing organisation. Employers must therefore obtain the necessary assurances that agencies and third party staffing or service providers they contract with, have robust and effective appointment processes and carry out pre-employment checks aligned to the NHS Employment Check Standards.
- 1.22. The Home Office guidance [Right to work checks: an employer's guide - GOV.UK](#), explains how and why to carry out right to work checks and which documents you can use. It advises employers on conducting right to work checks and sets out actions to prevent liability for a civil penalty. All employees in the UK have a responsibility to prevent illegal working. This can be achieved by conducting right to work checks before employment to ensure an individual is not disqualified from carrying out the work in question by reason of their immigration status. The guidance provides information on how and when right to work checks should be conducted.

## Qualification checks

- 1.23. It is also important that organisations conduct qualification checks. The NHS Employers [Professional registration and qualification check standard](#) detail the requirements to verify professional registration, qualifications and English language competency before recruiting staff into NHS positions. For qualifications regulated by Ofqual, verification can be carried out via the awarding organisation. Details of regulated awarding organisations can be found using Ofqual's [find a regulated awarding organisation](#) service. Regulated qualifications can be checked via the [find a regulated qualification](#) service.
- 1.24. For qualifications regulated by Ofqual, suspected qualification fraud can be reported [online](#).
- 1.25. For further information on this area of fraud, please refer to [NHSCFA's guidance](#) on qualifications.

## Fraud prevention recommendations

- 1.26. To help prevent and deter employment agency fraud, alongside the pre-employment and qualification checks set out above, the NHSCFA recommends that NHS organisations:
  - require the agency worker to produce their agency identification as well as their passport or other acceptable identification, together with evidence of professional registration on each occasion; this is to confirm the worker is the person contracted through the agency, with remote verification in place for remote workers. The NHS Employers [identity check standard](#) includes examples of acceptable forms of documentary evidence.
  - request that agencies inform their staff that their agency identification and acceptable photo identification, such as a passport or driving licence will be inspected on arrival at the NHS organisation
  - develop an action plan to follow where an agency worker is suspected to be an imposter or is unable to produce identification (see [NHSCFA's Quick Guide](#) on imposters/impersonating a medical professional) with 'first shift' checks including a signature to prevent and deter accomplices posing as agency workers
  - ask the agency worker to produce evidence of pre-employment checks carried out by the agency to provide assurance that checks have been completed before the employment commences; organisations should consider use of a standard template such as an agency worker placement form and can recommend its use by the agency

- require agencies to provide evidence of pre-employment checks carried out on staff, in line with the NHS Employment Check Standards at regular intervals, such as quarterly covering a suitable sample of agency staff
- consider including a statement in the contract with the agency that reserves the right to audit the agency's employment checking processes, helping to clarify expectations in line with NHS Employers guidance
- seek assurance on pre-employment checks by reviewing audit results confirming that checks have been completed and appropriate documentation is held on file and endorsed/signed as required; providing greater confidence in the agency's processes
- consider using appropriate equipment such as ID scanners when checking identification documents to demonstrate that identity checks are being carried out to the required standard and publicise their use to help deter the use of false documents
- publicise instances where individuals have not been employed as a result of pre-employment checks through training, publications, social media or in meetings to help deter fraudulent applications
- carry out annual audits of the recruitment of all agency staff, including (but not limited to) pre-employment checks, value for money, the cost of supply, complying with price caps and key sub-contractors or subsidiaries
- ensure that pre-employment checks are in-date and sufficient and that agencies undertake follow up checks on longstanding agency staff (see case study 1) for example annual passport verification

## Employment agency invoicing fraud

- 1.27. Employment agency invoicing fraud occurs when suppliers of goods or services to the NHS attempt to mislead the relevant organisation in order to obtain payments that are not properly due. This might be carried out in different ways, e.g. duplicate invoicing, including hidden or incorrect fees, or invoicing for services that were not supplied.
- 1.28. Previous work by the NHSCFA has also highlighted significant levels of staff fraud risk associated with employment agency invoicing (see [counter fraud guidance](#) on timesheets, expenses and working whilst sick). These risks include insufficient or incorrect information being recorded on agency workers' timesheets, which can lead to overcharging by the agency.

## Invoicing fraud - fraud prevention recommendations

1.29. To help prevent and deter employment agency invoicing fraud, the NHSCFA recommends that NHS organisations:

- ensure that core hours and expectations of working hours, such as start times and breaks, are clearly communicated to agency staff
- keep a written record of the terms of the booking (for example, a purchase order) when booking agency workers, so these can be reconciled against invoices or timesheets to help prevent and detect fraud
- periodically conduct random spot checks on invoices and timesheets to identify losses or overbilling as this has been shown to help reduce fraudulent claims (see the case studies in Appendix 1 for more details)
- ensure that timesheets are completed by the agency staff member undertaking the work and not by the agency on their behalf

1.30. Where electronic timesheets are used by agency workers, NHS organisations may want to ensure that the timesheet system:

- requires workers to input the hours they have worked on a daily basis, including start and finish times and lunch breaks
- requires timesheets to be authorised and submitted to the agency by the designated authorising officer
- enables the authorising officer to view temporary workers' timesheets at any time
- ensures that only staff from the procuring organisation can access systems when uploading agency workers' timesheet shifts
- ensures that only authorised senior members of staff, who were present during the shift, can approve the timesheet
- is no longer accessible to workers once their contract has ended, with agency system administrators required to immediately prevent further access
- includes a suitable counter fraud declaration signed by both the employee and the authoriser (example declarations and guidance on timesheet good practice can be found in the [NHSCFA's Quick Guide](#) on Timesheets)
- provides each agency worker and authorising officer with a unique username and password to access the system

- requires passwords to be changed on a regular basis
- locks users out after a set number of incorrect login attempts
- automatically logs users out after a specified period of inactivity

1.31. Where paper timesheets are used, organisations should ensure that:

- original timesheets are provided and reviewed before any payment is made
- timesheets are retained in line with the organisation's records retention policy
- authorised signatory lists are kept up to date
- clear procedures are in place in relation to agency workers' rest breaks
- timesheets include a suitable counter fraud declaration and paper copies are signed by the employee and the authoriser.

More detailed advice on preventing timesheet fraud can be found in NHSCFA's [quick guide](#) on timesheet fraud.

1.32. Organisations should also regularly undertake:

- sample reconciliation checks between booking confirmations, invoices and timesheets
- checks on a sample of invoices against the latest agreed contract prices
- checks to identify duplicate invoices
- identification checks on agency staff each time they arrive to work

1.33. More detail on the measures described above can be found in NHSCFA's guidance on timesheet fraud, expenses, working whilst sick and imposters/impersonating a medical professional. These guidance documents are available on [NHSCFA's website](#).

1.34. When procuring agency staff, organisations should ensure that workers are only provided from an agency listed on the [approved framework](#).

1.35. As a general principle, employment agencies providing services to the NHS under the NHS Standard Contract, should be required to provide comprehensive information on their invoices. This will assist organisations in identifying and detecting fraudulent claims.

- 1.36. Taken together, these measures will reduce the risk of fraudulent alteration of timesheets, provide clarity on claimable time and ensure that evidence is available for auditing purposes and the investigation of any anomalies. This will help organisations to detect and prevent fraud, particularly fraudulent overbilling, and obtain assurance about the integrity of the invoicing process.

## 4. Employment agency supplier fraud

- 4.1. Employment agency supplier fraud includes any act whereby a supplier or purported supplier misleads a health body in order to obtain payments that were not properly due. NHSCFA has identified a substantial risk of overpayments due to:
- duplicate invoicing
  - hidden or incorrect fees, such as 'handling fees', 'on-costs' and 'administration fees'
  - over-inflated agency commission above contracted rates
  - VAT fraud, for example VAT charged on invoices without a valid VAT registration number. If you suspect tax fraud or avoidance, you can report it directly to HMRC - [Report Tax Fraud to HMRC](#)
  - invoicing for services that were not supplied
  - collusion between framework and off framework agencies to increase prices.

### Supplier fraud - fraud prevention recommendations

- 4.2. To help prevent and deter employment agency supplier fraud, the NHSCFA recommends that:
- all services needing an invoice should be cross checked in order to reduce the risk of duplication and services supplied should always be confirmed
  - all VAT registration numbers should be checked in order to reduce risk of VAT fraud
  - sub-contractors are also obliged to follow the same main requirements as framework agencies.
- 4.3. Further information about supplier fraud can be found in NHSCFA's [Invoice and mandate fraud guidance](#)

## 5. Reporting suspected fraud

5.1. Staff should report any suspicions of fraud against the NHS by:

- completing the online fraud reporting form at [reportfraud.cfa.nhs.uk](https://reportfraud.cfa.nhs.uk), with all reports treated in confidence, and the option to report anonymously
- calling the NHS Fraud and Corruption Reporting Line (powered by Crimestoppers) on 0800 028 40 60 (available 24/7)
- Seeking advice from their Local Counter Fraud Specialist

## 6. Raising awareness of employment agency fraud

- 6.1. Organisations should raise awareness of employment agency fraud risks among staff, through appropriate channels such as training modules, meetings and publications. This should include targeted training on pre-employment checks and how to identify false documentation, for example, through the use of ID scanners. Fraud awareness and training programmes can improve fraud reporting, act as a deterrent and support prevention efforts.
- 6.2. Organisations should encourage strong working relationships and effective communication between those responsible for managing employment agency fraud risks. This includes temporary staffing teams, HR and recruitment teams, LCFSs, the NHSCFA and the police, to ensure suspected fraud is identified, escalated and addressed effectively.

## 7. Case examples

- 7.1. The case studies below (case studies 1 and 2) provide examples of employment agency fraud including dual working and imposters. They identify possible control failures and recommend future preventative actions. These measures may also be applied to address risks in other areas of employment agency fraud.
- 7.2. Case examples 3 and 4 illustrate measures implemented by NHS organisations to manage fraud risks around invoicing and pre-employment checks respectively.

# Case study 1 - Employment agency fraud (dual working)

## Background

A Band 8A Nurse/Manager (NM) was employed at an NHS organisation (organisation A) to deal with a backlog of Continuing Health Care (CHC) / Personal Health Budgets (PHB) cases and reviews, following the COVID-19 pandemic. The NM was contracted via a recruitment agency to work 37.5 hours per week Monday to Friday. A temporary contract of employment and a day rate covering the period between 2 November 2020 to 31 March 2021 was agreed for the NM.

In March 2021 the NM's line manager received a WhatsApp message from the NM requesting authorisation of their timesheets. On review however, it was identified that the timesheets related to work undertaken at another NHS organisation (organisation B) between 28-31 March 2021.

Concerns were raised that the timesheets had been submitted in error and/or that the NM may have had undeclared secondary employment which overlapped with the hours for which they were being paid by organisation A.

The line manager stated that the NM's recent work output had been poor, and that email communications were often sent late at night outside of core hours. The NM had also informed the line manager that they were struggling to manage their current workload.

A referral was made to the LCFS in March 2021. The case was subsequently referred to the NHSCFA in November 2022.

The NM had been recruited through an agency registered on an NHS Framework. The investigation identified that the NM had been 'cleared' for placement with the agency in 2017.

The LCFS investigation identified the NM had been employed by at least five other NHS organisations between March 2020 to June 2021. In January 2021, the NM had completed a Declaration of Interest form at organisation A with a nil return, failing to disclose any secondary employment.

## **Lack of controls**

It was found that on appointment, the core working hours had not been clearly defined or communicated to the NM.

Timesheets were submitted to the line manager and subsequently authorised for payment without any verification processes being undertaken to ensure the hours being claimed for had been worked.

Although it is standard practice for new starters to the NHS to declare any conflicts of interest or secondary employment within 28 days of commencing appointment, in this case the NM was not asked to make a declaration until two months after their start date.

In addition, it could not be confirmed whether the agency had undertaken any follow up pre-employment checks since the NM was initially cleared in 2017 prior to placement at organisation A.

## **Learning outcomes and recommendations**

### **Pre-employment checks**

As part of the employment process the organisation did not complete any pre-employment checks for the NM as they had used an individual supplied by an agency registered on the NHS Framework. However, the checks undertaken by the agency were out of date and insufficient. When contracting staff from an agency or other external third-party providers, NHS organisations must satisfy themselves that all necessary pre-employment checks have been completed in compliance with the NHS Employment Check Standards. It is therefore recommended that re-employment checks are undertaken to verify that an employee continues to meet the preconditions of the role they are applying for.

It is also recommended that staff within the organisation responsible for conducting pre-employment checks receive sufficient document verification training. This training may be provided free of charge through police anti-terrorism units. Enquiries should be made with the relevant local police force.

NHS organisations should require agency workers to present an acceptable form of photographic identification and evidence of professional registration on their first day of work to confirm that the worker is the person contracted through the agency.

NHS organisations should require agencies to provide evidence of the pre-employment checks completed on potential employees in line with NHS Employment Check Standards. Evidence should be provided at regular intervals.

NHS organisations should also consider including a statement within contracts with agencies that reserves the right to audit the agency's employment checking processes.

## Declarations of interest

It is the organisation's responsibility to capture and manage interests, ensuring that all staff and contractors declare any relevant outside interests as soon as possible after joining. Organisations should have a code of conduct or standards of business conduct policy that clearly outlines requirements for secondary employment and sets out boundaries and expectations. All staff, at the commencement of employment, should be required to complete a declaration of interest, including the declaration of any secondary employment.

## Employee management

Where hybrid or flexible working arrangements are in place, it is recommended that the employee's contract of employment and associated HR policies are reflective of these arrangements to set out the organisation's expectations.

Staff should be made aware that failure to comply with their employing organisation's policies and procedures may result in disciplinary action and, in some cases, criminal proceedings.

Working patterns must be actively managed and a clear audit trail maintained. Timesheets should accurately record the hours worked and locations where work took place. Managers are responsible for verifying timesheets and reconciling them against other records before authorising. Timesheet authorisation should not be delegated and, in the first instance, always completed by the employee's direct line manager.

## Working with Agencies

Organisations should prioritise filling shifts using bank staff and use agency workers only as a last resort. Where the use of an agency is necessary, the agency should be an approved NHS supplier under the relevant framework agreements [Framework Agreements | NHS SBS](#).

When booking agency workers, organisations should maintain clear records of the terms of the booking, such as purchase orders, to enable reconciliation against invoices or timesheets for the purposes of preventing and detecting fraud. Organisations should periodically conduct random spot checks on invoices and timesheets to identify losses or overbilling. This practice has been shown to help reduce fraudulent claims.

## Case study 2 - Employment agency fraud (imposters)

### Background

A fraud was identified at a University NHS Trust where a qualified Registered Mental Health Nurse (RMN) booked multiple shifts at NHS organisations across several counties for the same date and time. The investigation showed that at least one Health Care Support Worker (HCSW) impersonated the RMN and worked over 115 shifts in the RMN's name, resulting in an estimated loss to the NHS of approximately £71,000.

In 2023 and 2024, several more cases were investigated where bank and agency healthcare workers had booked shifts and then arranged for another, unqualified person to undertake those shifts in their name. In one instance it was found that a male had been undertaking shifts for a female HCSW.

Whilst these incidents constitute potential fraud, they also create serious patient safety risks, as unqualified individuals are performing healthcare duties without the necessary skills or oversight. These unknown persons would not have been subject to any mandatory NHS Employers pre-employment checks, such as identification verification, right to work in the UK, qualifications, references or criminal records checks.

Furthermore, imposters working within NHS environments present the risk of an information governance breach. The false worker would have access to patient records which could be potentially used to gather personal information for additional fraudulent activity.

See [NHSCFA's quick guide](#) on imposters for more information on this type of fraud.

### Lack of controls

A review was undertaken to assess the Trust's controls for verifying the identities of new staff and temporary workers when they attend a shift. Recommendations were made to strengthen these controls, ensuring that only the correct people are employed in the future, therefore protecting patients from harm and reducing risk of fraud.

### Learning outcomes

The review recommended that the LCFS should:

- request that contracted agencies reissue guidance that agency employees attending a shift without relevant identification, uniform and a booking reference will be sent home.
- reinforce the importance of undertaking identification checks by sharing findings and lessons learned from previous investigations with staff and agencies.

## Ward Visits

It was further recommended that the LCFS should:

- Arrange ward visits with a member of the senior nursing team to establish if the current induction checklist and the newly implemented temporary staff checking form are being completed and that identification checks are being undertaken, recorded and retained.
- Review whether all agency employees are advised via temporary staffing teams that they must carry photo identification from the booking agency, wear the uniform provided (where applicable), and have their booking reference each time they report for duty, with failure to adhere to these requirements resulting in them being sent away and not permitted to work their shift.
- Review that, when the agency employee attends a bank or agency shift, their photo identification and booking reference are checked and recorded by the Nurse in Charge (NIC).
- Review whether agency employees are required to report to a single point of contact at the start of each shift, for example a manager in the Hospital at Night team or operations centre, for relevant checks to be completed.
- Review whether the Trust local induction form is being completed at the start of every shift and appropriately retained.
- Review whether agency employees are signing in and out at the beginning and end of every shift, including full name, signature, dates and times.
- Review if timesheets (where completed) include the name and signature of the agency employee and whether they are checked to ensure that they match the name of the individual completing a shift.
- Review the process followed if it is suspected that a person attending to undertake a bank or agency shift is not the person that was originally

## Case example 3 - Anomaly detection

The example below illustrates how the NHS is applying advanced analytics to detect anomalies that may indicate potential fraud across multiple datasets such as staff records, agency data, and shift patterns through the [Pilot WISE](#) (Workforce Integrity and System Efficiency) programme.

The pilot aims to analyse both local and national datasets at scale to identify irregular behaviours across several key themes, while integrating additional data sources to enhance the level of insight available for each record.

While commercial tools are available that can identify certain irregularities, this pilot uniquely combines the expertise of the LCFS community with data science specialists and NHSCFA professionals. This collaborative approach builds on previous known behaviours and the sector's expertise to produce accurate and reliable results.

All results from the pilot are fully transparent, reproducible, and auditable. This ensures that, should an identified anomaly progress to investigation, the entire detection lifecycle – including the specific algorithms used - can be comprehensively documented, clearly explained, and communicated to all relevant bodies.

In parallel, the pilot will also identify fraud-prevention opportunities, enabling potential risks to be proactively addressed and monitored over time. This approach supports the attribution of measurable financial savings to the preventative actions implemented.

## Case example 4 - ID scanners

The example below demonstrates how an NHS organisation used technology to assist with and improve the level of identification checks undertaken as part of its recruitment process.

The organisation partnered with an identification and document scanning provider to verify the authenticity of identity documents. The introduction of the document scanning system significantly improved the robustness of identification checks, streamlined the identity verification process and reduced the administrative time required to complete the checks.

The use of this technology led to the arrest and subsequent conviction of an individual who was employed as a nurse at another organisation and attempted to gain employment at the trust using fraudulent documentation.

In addition, this technology enabled the human resources team to clearly demonstrate compliance with NHS Employment Check Standards. This provided assurance to both the Care Quality Commission and UK Border Agency regarding the trust's recruitment and identity verification practices.



Counter Fraud Authority

10 South Colonnade

Canary Wharf

London

E14 5EA

Tel: 0207 895 4500

[www.cfa.nhs.uk](http://www.cfa.nhs.uk)

