

TIAN News

October 2023



Introduction

Welcome to our sixth edition of TIAN News. This edition spans another wide range of articles on important risk and governance issues, including:

- The outcome of a comparison of NHS Board Assurance Frameworks identifying a number of areas requiring further focus.
- Results of a recent IIA survey on the current and emerging risk landscape facing all organisations.
- Case studies on value-adding audit work relating to key risk areas, including learning lessons arising from the recent Pandemic and the safe management of Oxygen Cylinders.
- Plus briefings and guidance regarding compliance with recently updated NHS standards over Pre-Employment Checks, and developments soon to impact on all Procurement activity.

Amanda Lowe, Director of Audit and Assurance Services, ASW

NHS Board Assurance Frameworks (BAF)

MIAA recently published a new ‘Insight’ briefing providing information to help audit committees review their organisation’s approach to the BAF. An efficient and effective Board Assurance Framework (BAF) is a fundamental component of good governance, providing a tool for the Board to identify and ensure that there is sufficient, continuous and reliable assurance, organisational stewardship and the management of the major risks to organisational success.

The principles of assurance frameworks have been in place across the NHS for a number of years, and there has been a continued focus on ensuring the embeddedness of these processes and the extent they are used by the Board. Whilst traditionally the BAF focused on risks, controls and assurances within the organisation, MIAA have started to see a wider focus on risks impacting across organisation boundaries, and also an increase in external risks reflecting the new integrated “system” environment within which organisations are operating.

Audit Committee’s Role:

In the NHS the role of the audit committee is to ‘review and report on the relevance and rigour of the governance structures in place and the assurances the board receives’. The BAF is key mechanism for the Board in assessing the effectiveness of the organisation’s risk management, control and assurance arrangements. Audit committees need to satisfy themselves that the systems and processes underpinning the BAF are effective.

Key Findings from review of NHS BAFs:

Internal auditors are required to review NHS organisation’s BAF arrangements on an annual basis as part of complying with Public Sector Internal Audit Standards. Overall, MIAA’s work in this area has found that BAF’s are structured to meet NHS requirements, are regularly reported to the Board and are reflective of organisations’ and wider NHS risk environment.

Whilst structural requirements and overarching governance arrangements are often well established

for the BAF our 2022/23 BAF reviews did identify a number of thematic areas for focus:

- Controls, assurances and actions for BAF risks not linked.
- Assurances not formulated using the ‘three lines of assurance model’.
- Actions to mitigate risks not specified or not adequately detailed to demonstrate how the risk will be mitigated.
- Action owners and deadline dates not documented.
- Lack of clarity on the BAF on how existing controls would reduce the impact of crystallised risks.
- Risk scores not aligned to the controls/assurances.
- Risk appetite: No overall risk appetite statement in place.
- Risk appetite – target risk scores not aligned with risk appetite statement.
- Lack of consistency in the level of challenge, scrutiny and debate of the BAF at sub-committees of the Board.
- Lack of clarity on how the BAF drives all board agenda items.

MIAA’s ‘Insight’ briefing is intended to prompt and inform Audit Committees discussions – questions they may wish to consider include:

1. Does your BAF drive the Board agenda?
2. Is your BAF regularly reviewed by management and the content challenged and updated?
3. Does your BAF reflect your risk appetite?
4. Are controls and assurances documented on the BAF distinct, clearly articulated and appropriately linked?
5. Do assurances on the BAF reflect the three lines of assurance?
6. Are you assured that controls documented on the BAF mitigate the stated risk?
7. Are actions to mitigate BAF risks SMART?
8. How are system risks being recorded, measured and managed?

Further Information: If you would like to discuss how internal audit can help develop your BAF, then please contact your local TIAN audit lead; or for further information about this publication, please contact Louise Cobain, Executive Director of Assurance, at louise.cobain@miaa.nhs.uk / 07795 564916. A copy of the full MIAA Briefing is available at <https://www.miaa.nhs.uk/insights/miaa-news/2324-miaa-insight-series-through-the-audit-committee-lens-board-assurance-framework/>.

Horizon Scanning - Institute of Internal Auditors (IIA) ‘Risk in Focus’ 2024

Risk in Focus is an annual thought leadership research project undertaken by the European IIA which analyses the top risks faced by organisations across Europe covering all sectors. It is a barometer of what Chief Audit Executives (CAEs) and others perceive as their organisations’ risk priorities for 2024 and beyond, and designed to be a reference tool to inform both internal auditors and audit committees.

This year’s Risk in Focus 2024 involved a collaboration between 16 European Institutes of Internal Auditors, spanning 17 countries including the UK and Ireland - the highest number of European countries involved so far. The survey elicited 799 responses from CAEs across the continent. The report was also informed by five roundtable discussions organised with 46 CAEs on each of the key risk areas covered in the report, plus 11 one-to-one interviews with subject matter experts that included CAEs, Audit Committee Chairs and industry experts to provide deeper insights into how these risks are manifesting and developing.

Key Findings:

- Cybersecurity retains its longstanding top spot in this annual business risk survey, with 84% of CAEs identifying this as a ‘top-five’ risk.
- Human capital, diversity, talent management and retention also retained its 2nd place ranking in

- this year’s report as many organisations find themselves out of sync with post-pandemic culture.
- CAEs ranked macroeconomic and geopolitical uncertainty as their organisations’ 3rd biggest risk – jointly with changes in laws and regulations.

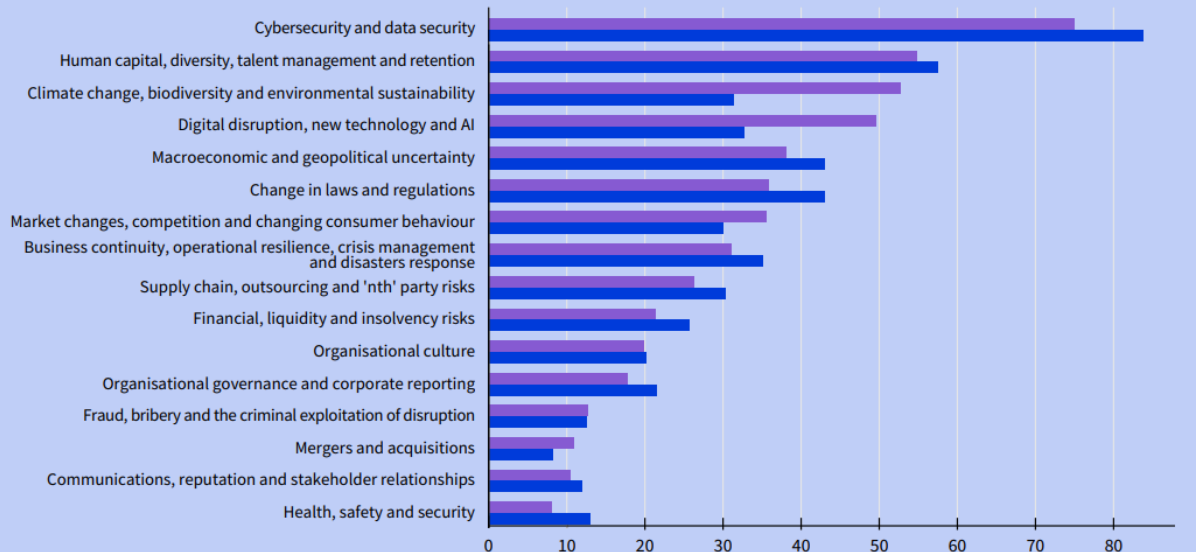
What are the top five risks your organisation currently faces?

Business continuity and operational resilience moved up two places this year in response to continuing global turmoil with market changes coming in as a new category.



What do you think the top five risks to your organisation will be in three years' time?

Human capital, diversity, talent management and retention together with climate change, biodiversity and environmental sustainability cemented themselves in the top three risks for 2027 behind cybersecurity and data security.



Board briefing:

Boards must continue to collaborate with their internal audit team to ensure the long-term success and sustainability of their organisations while also responding rapidly to immediate, fast-moving threats. The backdrop of economic uncertainty coupled with climate-related disasters, labour shortages, supply chain issues, geopolitical tensions, and the ongoing Ukraine crisis, means that organisations are now confronted with a poly-crisis of interconnected risks. To weather this crisis, boards must instil an unwavering focus on resilience and a growth mindset to navigate their organisation through this poly-crisis and enable them to spring back when conditions are right.

Further information: The Board Briefing is available at https://www.iaa.org.uk/media/1693096/ciia-risk-in-focus-2024-board-briefing_final-web.pdf, with the full report at https://www.iaa.org.uk/media/1693097/ciia-risk-in-focus-2024_final-web.pdf. To discuss the report's findings, and its implications for your organisation's assurance requirements, please contact your local TIAN Head of Internal Audit.

NHS Procurement Briefing: A fundamental change in approach?

Procurement is a key function within every organisation – and these are busy times for all public sector Procurement teams. To highlight this, Heather Tierney-Moore, Chair of NHS Supply Chain, asked in an [article](#) last year: “When was the last time your board discussed procurement and its role in your strategy for improving health outcomes?”

Heather’s article emphasises that procurement is not about shopping for individual goods or services, but requires whole ‘sourcing (and investment) strategies’ that will have a positive impact on the health outcomes of local populations. It therefore should not be something that sits solely within a Finance or specific Procurement team. With NHS spend on goods and services running at approximately £30 billion per annum, the way this money is spent, and with who, can have a significant impact on local economies and environments, as articulated in [this article by The King’s Fund](#).

The development of overall procurement [policy](#) is led by the Crown Commercial Services, and NHS Procurement is subject to all the legislation, regulations, directives and guidance covering any public procurement. In addition however there is much that is specific to the NHS, with guidance issued by [NHSE’s Central Commercial Function](#) (CCF). Ensuring procurement remains compliant with an ever-changing regulatory landscape is in itself challenging. NHS Procurement has many routes and key players, including [NHS Supply Chain](#), NHS Regional Procurement Hubs (who also collaborate as CPP LLP), Commissioning Support Units (CSUs) and NHS Shared Business Services. There are also several Framework Providers, and an increasing number of more localised collaborative procurement arrangements aiming to deliver efficiencies of scale as well as enhanced staff development and retention through the pooling of talent and opportunities.

Sustainability Agenda:

The Government has pledged to meet Net Zero nationally by 2050. In 2020, a more ambitious [target was set for the NHS](#): to achieve net zero by 2040 for emissions which are directly controlled (and an 80% reduction by 2028 to 2032). These targets will only be achievable by ensuring all investment and procurement decisions carefully consider potential climate impact. Consideration of this therefore needs to be baked into organisational and corporate strategies, and to be a routine part of Board’s decision-making.

By April 2024 all suppliers to the NHS must have a Carbon Reduction Plan (which may be incorporated within an overall Green Plan), encompassing all spend regardless of the contract value. Whilst there are some exceptions to this timeframe for SMEs, this is only the first necessary step towards achieving the even more ambitious national target - of net zero by 2045 for all emissions over which the NHS has an influence. i.e. Covering all the NHS supply chain.

Recent public sector procurement rules now require consideration of wider social-value (across the 5 themes of the [Social Value Model](#): COVID-19 recovery, tackling economic inequality, fighting climate change, equal opportunity and wellbeing.) Assessment of social value must now account for at least 10% of the marks in any tender exercise.

More Change Coming...

To top it all off, there is also a Procurement Bill making its way through Parliament. Once implemented, this Act will be applicable across all public procurement. The intention of this reform is to:

- Save money – slashing red tape.
- Boost productivity – driving innovation.
- Increase transparency.
- Spread opportunity – making it easier for SMEs to bid for public service contracts.
- Improve public services.
- Empower communities.

Changes brought about by the new Bill will include:

- One joined up digital procurement system that is used universally - allowing and encouraging new entrants. This will also mean more information will become available to the public about spending.
- More flexibility for procurement professionals to design local procurement processes and negotiate with suppliers.
- Below a certain value buyers will be able to reserve competition for suppliers located in the UK, SMEs and social enterprises.
- Introduction of ‘Exclusions frameworks’ - which will make it easier to exclude suppliers who have under-performed; plus establishment of a debarment register.
- Requiring buyers to take account of national strategic priorities - such as job creation, improving supplier resilience and driving innovation.

The new Bill is in its final stages and Government currently estimate it will be implemented in October 2024 following a 6-month lead-in period after Royal Assent. [Various documents, including a planning and preparation checklist](#) are available to help organisations start considering the requirements and the impact on their systems and processes.

Action Points:

Organisations need to start considering how their investment and procurement functions will need to change to ensure they remain compliant – but also, perhaps more importantly, to ensure they deliver increased sustainability and help reduce health inequalities. So, to ask Heather Tierney-Moore’s question in a slightly different way: “When will be the next time your board discusses procurement and its role in your strategy for improving health outcomes?”

Further information: Contact your local TIAN audit team to discuss the implications of these changes and best way to be assured regarding them. To support our NHS clients 360 Assurance and Audit Yorkshire recently ran an event focused on NHS Procurement on 11 September 2023 - with slides from the event being available on their websites at: [360 Assurance](#) or [Audit Yorkshire](#).

Learning from the COVID-19 Epidemic and Trusts’ Preparations for the National Public Inquiry

This article summarises the results of ASW Assurance (ASW) reviews of NHS provider Trusts’ response to the COVID-19 pandemic which has been undertaken across a number of their clients

Background/Work Done:

An independent Public Inquiry has been established nationally¹ to examine the UK's preparedness and response to the COVID-19 pandemic, and to learn lessons for the future. The main focus of the public Inquiry is on central, devolved and local public health decision-making and its consequences; the response of the health and care sector across the UK; and the economic response to the pandemic and its impact, including government interventions.

ASW has developed and undertaken work to assess the impact and effectiveness of our NHS provider Trusts' response to the exceptional arrangements implemented during the pandemic, including identifying lessons learnt ahead of publication of the national Public Inquiry's results. ASW's internal audit specialists considered key issues within 3 important areas (as summarised below) - with the scope tailored for each client based on their particular needs and number of audit days available. The key objectives of this review was to:

1. Gold Command

- Ascertain Trust's initial preparedness for the COVID-19 pandemic, including initial capacity and their ability to increase capacity.
- Determine whether appropriate decision-making processes were in place to ensure decisions made were appropriately communicated and implemented.
- Assess the quality of note-taking and decisions made by Gold Command recorded by loggists.

2. Review COVID-19 Outbreaks and Management of Patient Flow

- Infection prevention and control (IPC) processes in place.
- Triage and discharge arrangements implemented during the pandemic.
- Use of critical care and its capacity.
- How outbreaks of COVID-19 across the Trust was managed, and whether this was in line with policy.
- How restrictions on patient visiting arrangements were put in place during the pandemic.

3. Staffing Aspects

- How the Trust managed and supported staff through the pandemic, specifically considering whether the impact of COVID-19 on staff and staffing levels was appropriately managed in terms of:
 - Sickness management - recording of sickness, referrals to Occupation Health.
 - High-risk and clinically vulnerable staff - processes in place to ensure these staff were identified, supported and working in appropriate roles/ locations.
 - Arrangements for vaccinating staff and the level of staff that were vaccinated.
 - Whether appropriate staff wellbeing and support was made available.
 - Effective arrangements were put in place for the provision of Personal Protective Equipment (PPE) to staff, including fit testing, stock control, distribution and usage.

Audit Delivery:

The reviews confirmed the availability and use of data, and reviewed the evidence in place to back up decisions made/ arrangements put in place. Audit testing included:

- Reviewing papers and minutes of relevant meetings from the period.
- Interviewing key members of staff relating to each of the areas above.
- Examination of key documentation including:

¹ This was set up under the Inquiries Act 2005

- Gold Command decisions.
- Relevant policies/ guidance.
- Processes and structures that were put in place during the COVID-19 pandemic.
- Workforce data.
- Communications to staff during the COVID-19 pandemic.
- Complaints, incident and staff survey data to triangulate results, where possible.

Key Findings:

Overall, this work has confirmed that Trusts were generally as prepared as they could be for the immediacy of the COVID-19 pandemic – utilising the Emergency Preparedness Resilience and Response (EPRR) frameworks and business continuity plans in place. They were not, however, well prepared for the magnitude and length of the pandemic, which impacted on their resilience to sustain their response. Elements of some services and governance groups were stood down at the start of the pandemic to help increase capacity. Some of the those interviewed considered that senior teams needed to have been more familiar with how to oversee a major incident.

Overall, appropriate structures were put in place to ensure the decisions made by Incident Command were clinically-led and evidence-based, with advice from key sub groups. Defined communication channels informed staff of the guidance available. The quality of note-taking and recording of decisions affected the overall clarity of some decisions recorded, but this generally improved during the pandemic. The redeployment of staff at speed into logistic roles, and level of their training and support, may have had an impact on the quality of logs, and learning has been taken from this to ensure appropriate staff are trained for these key roles in future.

IPC processes were adapted during the pandemic to reflect national guidance received, and reporting structures were generally appropriate for the monitoring and escalation of issues/arrangements. Up-to-date IPC guidance and information was available to staff through Trust intranets. Some staff involved considered that IPC measures were overcautious and in place for longer than necessary, which therefore impeded the return to normal operation. There were clear documented processes for the management of outbreaks to ensure appropriate investigation, and key learnings identified were shared. Examples of this included an Interim Isolation Unit set up for COVID-19 positive patients, and “care-podding” within the ICU.

One Trust introduced ward zones and a Care Hotel to improve patient flow, and identified weaknesses to some existing discharge arrangements which have contributed to new initiatives and ongoing improvements. Ventilation and space issues resulted in capacity issues in some areas. Other examples were also found where the COVID pandemic presented opportunities to enhance collaboration between care services, and to quickly implement changes in practice - with some of those changes having since been incorporated into “business as usual”.

Good arrangements were in place to ensure visiting restrictions were continually considered, implemented and updated based on national guidance, as well as the needs and individual risks to patients. Technology was also made available to facilitate virtual visiting when visiting restrictions were in place.

All Trusts undertook risk assessments of staff to identify the most vulnerable, who were offered redeployment/ working from home. Similarly the most vulnerable were prioritised during the vaccine rollouts, and all Trusts organised successful vaccination programs. For staff who were reluctant to have the vaccine, Trusts tried to support and encourage them through open communications, drop-in sessions for questions and answers, together with confidential individual conversations.

Appropriate staff well-being and support was provided, and was well-utilised by staff. A range of resources, interventions and services addressing psychological wellbeing, physical wellbeing and healthy lifestyles were all well-promoted during the pandemic.

Client trusts were generally successful in sourcing, procuring, quality checking and distributing PPE. We noted the need to increase the percentage of staff that were up to date with Fit testing, and to improve the accurate recording of Fit testing data. Staff were provided with training in the use of PPE to ensure it was correctly worn and disposed of safely.

Reporting Results:

These reviews identified some important learning points for Trusts to help strengthen their future emergency response planning, and ensure continual improvement. ASW presented the findings in a bespoke report format which enabled responses from key Trust staff to be reflected, and to collate learning within each scope area.

Overall, Trusts’ response to the pandemic was found to be continually adapted, based on learning, infection prevalence and national guidance received. Staff interviewed were mostly positive about their Trusts’ response. Generally Trusts performed well in respect of staff redeployment, diverting admissions and stepping up communications and awareness campaigns with staff and patients alike.

For further information about this work, please contact Marina Willis, Senior Audit and Assurance Manager, ASW Assurance at marinawillis@nhs.net.

Audit Case Study: A picture tells a thousand words - presenting audit findings visually

The Audit Yorkshire (AY) team recently delivered audit assurance over the management and storage of Oxygen Cylinders at one of their NHS Trust clients.

Background/Work Done:

On 6th January 2023 NHS England issued all providers with best practice guidance on the “Safe use of Oxygen Cylinders” via the Patient Safety Specialist and Emergency Preparedness, Resilience and Response (EPRR) Networks. This was followed by a Patient Safety Alert Notice, which was issued on 10th January 2023 regarding “Use of Oxygen Cylinders where patients do not have access to medical gas pipeline systems”. AY considered both these documents as part of a recent audit at one of their NHS provider clients – and also included a physical inspection at the Trust’s main hospital to confirm how well it stores oxygen cylinders across the site.

Findings:

The audit identified some significant control weaknesses around the management and storage of oxygen gas cylinders. In addition, major fire risks were also noted, including where safe evacuation routes on some wards were not being maintained, gas cylinders were stored with flammable and other combustible materials, and other equipment was plugged in next to oxygen gas cylinders. Having combustible materials present in an area where oxygen is used creates an increased fire risk and threat to patient safety. The audit also identified inadequacies in staff training, with 42% of staff not having completed any training on medical devices, whilst others had last received training over 10 years ago with no subsequent refresher training.

Reporting Results:

During the physical inspection photographs were taken in areas of non-compliance, and these were included within the audit report to illustrate and provide insight to the key findings. This was a new approach to presenting findings to the client and had a number of benefits as it allowed for detailed findings within the report to be easily interpreted and understood. The client also had a better understanding of the basis for the auditor’s opinion, which in turn helped in securing remedial action and agreement of audit recommendations. Audit Committee members also appreciated having a visual understanding of what was the situation was in some areas of the hospital, as sometimes words cannot always paint the right picture. The team is now looking for suitable opportunities to use this approach in future audits, where the selective use of photographs can help make audit reports more

understandable and engaging. To put it simply - “a picture is worth a thousand words”!

For further information about this work, please contact Kim Betts, Audit Manager, Audit Yorkshire kim.betts1@nhs.net.

Audit Case Study: Permits to Work

Background:

Permits to work form part of an essential safety culture and are given to contractors once they have been inducted and provided with relevant safety information. The permit process is there to ensure that contractors and relevant Trust personnel maintain safe practices while completing works and that the Trust knows which contractors are working onsite, where they are working and that necessary safety controls are in place. The permits to work should be issued by authorised persons and/or project managers prior to any work commencing and apply to specific tasks, areas and named personnel.

The Estates Team uses five permits, Medical Gas Pipeline Systems, Electrical permits for High and Low Voltage, Permit to Work Systems - General and Permit to Penetrate. The general permit covering other works such as Roof Spaces, Fire Alarm Systems and Work at Heights.

Work Done:

The ASW audit team review focused on the ‘Permit to Work – General’ and ‘Permit to Penetrate’. The Permit to Penetrate is used for works that alter or penetrate fire compartmentation - such as drilling through walls to install cables. The aim of the permit is to ensure that the integrity of fire compartmentation is always safeguarded and maintained.

Prior to the audit, the client’s Estates Team highlighted weaknesses with the current permit to work system and confirmed the organisation was in the process of developing electronic work permits. The estates management team plan to implement a more specialised and comprehensive permit system than the current paper-based process. This will allow permits to be more readily accessible and will enable validation photos (eg to evidence fire compartmentalisation has been maintained during the completion of remedial works) to be stored alongside permits providing an improved record of work undertaken.

Objectives and Scope of the Audit:

The primary objective for the review was to provide assurance that the current permit to work process was properly in use across the Trust, and that developments to the system are being appropriately managed. To provide this assurance the ASW team focused on:

- Establishing there is Trust wide awareness of safety procedures to follow when internal and external contractors undertake estates related works.
- Confirming that the current permit to work process is being consistently used by external and internal contractors to maintain safety – both during projects and business as usual activities.
- Ensuring governance arrangements provide sufficient oversight of the development, roll out and escalation of the improvements being made to enhance the Trust’s permit to work process.

Outcome & Learning:

ASW were able to confirm the client’s Estates Team had a sound awareness of safety procedures to follow when any contractor is on site. Other areas within the Trust however were less aware of their responsibilities - particularly around ensuring that permits to work are completed and appropriately recorded where required.

Whilst the Estates Team was aware the current paper-based system in place is not fit for purpose, and the team is developing an electronic system to improve management of permits, there was no clear

and cohesive approach to implementing the new system involving all trust stakeholders. This is important in order to ensure the end product will be robust, consistently used Trust-wide and able to provide assurance that estates work is being undertaken safely.

Other learning included the use of a number of permit books within the Estates Department which results in inconsistent use within Estates, and makes it difficult to confirm that all contractors are operating safely within the organisation’s environment. It was also not possible to obtain evidence or assurance that these permits are being correctly used outside the Estates Department.

There was a lack of governance over the permits to work processes, both within the Estates Department and wider organisation. The issues highlighted within the audit had therefore not been escalated to senior managers or the Trust Board. There was also no oversight of the development, roll out or escalation of the ongoing improvements which were being undertaken in a silo environment - so opportunities to learn from this were being missed.

The Estates Department’s long term goal is to directly manage all on-site contractors as this will significantly strengthen their current control, and provide more assurance in relation to fire and personal safety. Implementation of this goal however will require time, Trust-wide education and additional resourcing. In the short term, the Estates Department has therefore created a new risk on their Risk Register regarding outside contractors not being effectively managed.

For further information about this work, please contact Beverley-Anne Trenberth, Senior Audit and Assurance Manager, ASW Assurance at btrenberth@nhs.net.

NHS Pre Employment Checks - Checklist

The standards relating to Pre Employment Checks were reviewed and updated earlier this year, culminating in their being re-issued by NHS Employers in April. In addition to the updated standards NHS Employers have also issued new e-learning resources, available at: <https://learninghub.nhs.uk/catalogue/nhs-employment-checks>.

MIAA have issued a Checklist designed to assist NHS bodies to comply with the risks and requirements in this important area. Robust and rigorous checks over prospective employees are an essential part of managing both people risks and helping ensure delivery of safe and effective care to patients.

NHS pre-employment check standards support NHS organisations to practically consider and implement the six pre-employment checks mandated by the Department for Health and Social Care for all appointments to the NHS. These standards are subject to periodic review to ensure they reflect changes to legal and regulatory requirements.

The mandated pre-employment check primary requirements fall into the following key themes:

- Identity Checks
- Professional registration and qualification checks
- Employment history and reference checks
- Work health assessments
- Criminal record checks
- Right to work check standards

The checklist mirrors the six key themes, as well as the relevant guidance, and is designed to help NHS organisations provide assurance over their compliance.

Further Information: If you would like further details on this area then please contact Louise Cobain, Executive Director of Assurance, at louise.cobain@miaa.nhs.uk or call her on 07795 564916.

Events Round Up

TIAN members organise and facilitate a number of Groups and Forums across the country to support

and develop NHS governance. eg Regional Audit Committee Chair meetings. A wide range of other education, training and networking events are also run, with many of these sessions now held virtually and being accessible to all TIAN member’s NHS clients. These include:

- [Hewitt Review, 17th November 2023](#) – This NW Collaborative Masterclass run by MIAA will delve into how the NHS can best leverage opportunities within Integrated Care Systems
- [Provider Collaboratives, 5th December 2023](#) - This half-day virtual event organised by Audit Yorkshire and 360 Assurance will consider the progress made in working across new partnerships to deliver health and social care in an equitable and sustainable way.

Watch Back: You can watch back recordings of MIAA NW Collaborative Masterclasses or read about all the previous sessions by visiting the [North West Collaborative YouTube channel](#). Similarly, details of past events organised by Audit Yorkshire and 360 Assurance, including recent half-day session on NHS Procurement held on 11th September are available at <https://www.360assurance.co.uk/events/> and <https://www.audit-yorkshire.nhs.uk/events/archive-events/>.

And Finally..... TIAN Shortlisted for a National Award!

Recognition of the high quality of work being delivered across the country by our NHS-based audit teams came recently when TIAN were shortlisted by CIPFA for their 2023 Public Finance Awards within the “Excellence in Public Sector Audit” category. The award nomination related to all the work done last year supporting NHS England and clients with assurance around Financial Sustainability - including the national benchmarking of audit results, and working with the HFMA to share lessons learned.

Congratulations are also due separately to the MIAA team who have also been shortlisted in the same category! We are in great company, with stiff competition coming from the National Audit Office amongst others. Fingers-crossed that either TIAN or MIAA will pick up the win at the awards dinner in London on 28th November – which would then make it 2 years in a row for the NHS following Barts Assurance winning it last year! 😊



Find us at: 

Get in touch: To find out more, or if you have feedback on any areas covered in this edition, please contact: **Mike Townsend, Managing Director of Barts Assurance | M: 07523 933348 | E: michael.townsend@nhs.net | www.bartsassurance.net | @bartsassurance**