

# TIAN News

July 2024

## Introduction



I am delighted to welcome you to our ninth edition of TIAN News as we all digest the result of the recent election and look ahead to what the new government may mean for the NHS and other public services. In addition to details of recent and upcoming events, this edition includes another wide range of articles covering important risk and governance issues:

- A look at maximising assurance from Electronic Patient Records by Audit Yorkshire, and how one client is minimising its temporary staff costs.
- How 360 Assurance are helping to support their clients with System-wide assurance.
- Briefings produced by MIAA designed to support Audit Committees to understand changes in the new HFMA Audit Committee Handbook, and to share learning around Cost Improvement Planning.

**Louise Cobain, MIAA Executive Director of Assurance and TIAN Vice Chair**

## Summary guide to changes in the NHS Audit Committee Handbook

At the end of March the HFMA issued a significantly revised new version of the [NHS Audit Committee Handbook](#). This replaces the previous version issued in 2018 and has been substantially restructured and rewritten. It is important that all NHS audit committee members, and staff that regularly attend and support audit committees, are aware of the Audit Committee Handbook, and the changes from previous versions. To assist in this, MIAA has produced an [‘Insight’ briefing](#) which summarises the major changes between the new Handbook and previous versions and reiterates some of the key elements.

The briefing summarises the changes made across areas including Membership, Attendance, Accountability & Reporting, as well as highlighting the following topical new current issues:

- ICSs
- External audit market
- Financial sustainability
- Environmental, social and corporate governance
- Digital developments
- Internal audit standards.

The briefing also notes that the fundamental basis of the Handbook has not changed, with the core principles being maintained:

- All NHS organisations must have an audit committee, internal auditors, external auditors and a counter fraud function.
- The purpose of the NHS audit committee remains unchanged in supporting the Board by critically reviewing and reporting on the robustness of the governance and assurance mechanisms on which the Board place reliance (including ensuring there is an effective internal audit function, reviewing the work and findings of external auditors, local counter

fraud services and other significant assurance functions, reviewing the financial statements and overseeing the effectiveness of arrangements to allow staff to raise concerns).

- Committees should have a minimum of 3 members all of which must not have management responsibilities within the organisation and collectively have the skills and experience required to meet the roles and responsibilities of the committee.
- The committee should meet 4 or 5 times a year (or more if required).

*If you have any queries or feedback on this briefing, please contact: Sarah Dowbekin, Head of R&D, QA & Professional Standards at MIAA. (M: 07788 308 155; E: [sarah.dowbekin@miaa.nhs.uk](mailto:sarah.dowbekin@miaa.nhs.uk)).*

### Getting the most out of Electronic Patient Records

A well-designed Electronic Patient Record (EPR) should open up a world of possibilities for undertaking internal audit reviews rich with previously uncaptured detail and enabling thousands of patients' stories to be reflected. By basing an audit around an EPR, what may once have been limited to small sample testing can now, in theory at least, be 100% of cohort testing telling us how patients experience the systems we review. We can use the data to identify patients whose journey did not follow the expected patterns and pathways and undertake specific analysis of what happened and what was done about it.

As with anything where humans are involved, however, we cannot expect the data to be perfect or to tell the whole story. When undertaking audit work using data from an EPR it's important to understand the maturity of the system – how far back does data go, how experienced are staff in using the system and how advanced is the reporting the host organisation has developed from the EPR system?

But every cloud has a silver lining! Understanding gaps in the EPR can lead to understanding challenges in the overarching systems people work in. Has there been a lack of training? Are staff being pulled away from their usual role, leaving knowledge and capacity gaps? Do staff use spaces and equipment differently to how the organisation expects? Are staff still using paper records and why?

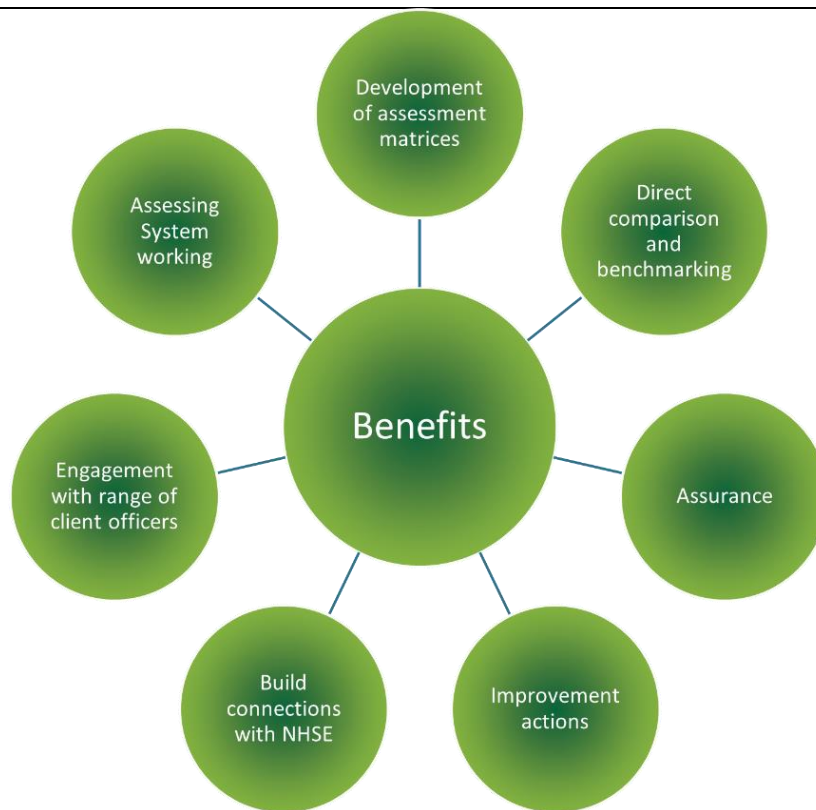
These are all questions which came up in recent maternity audits, where a Trust had implemented a new EPR which also manages elements of broader administration around patient access and care. Where the EPR wasn't being used to its full potential, the conversations around why added real colour to what could have been heavily data-based audits. This enabled recommendations that applied to real-life circumstances and not just a tick-box. It also enabled us to add value by recommending improvements at an early stage in the new EPR's use, to help the Trust understand the limitations of data which could be extracted and potentially avoid misinterpretation of data which we found to be inconsistently recorded.

By working closely with analysts and digital experts, auditors can effectively interrogate data from EPRs and give Trusts insight on how they are performing and whether their staff are complying with expectations. However, by working closely with front line staff who use the EPR day to day, we can capture the real challenges stopping teams from working at their most effective and support them to find solutions.

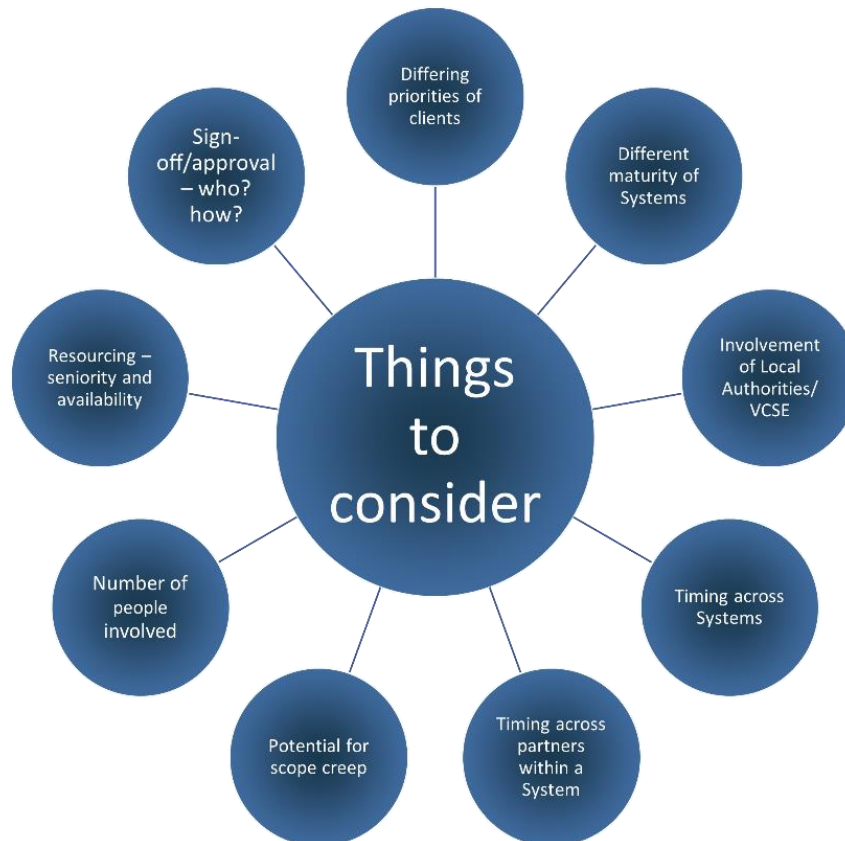
*If you would like to discuss or find out more about this work, then please contact Bryony Harris – Internal Auditor, Audit Yorkshire at [bryony.harris2@nhs.net](mailto:bryony.harris2@nhs.net).*

### System-wide reviews – learning from 2023/24 work

As the internal audit provider for all NHS organisations within a number of Integrated Care Systems, 360 Assurance has, for the last few years, capitalised on this position to the benefit of clients by delivering some System-wide pieces of work.



However, undertaking work across multiple partners in a System is not without its challenges, and there are a number of things to consider, as reflected in the image below.



Overall, the benefits of System-wide work outweigh the challenges and it is important to continue to undertake them, not only for their intrinsic value but to align with the NHS aims of improving patient

outcomes and reducing health inequalities through joined up collaborative working which uses innovative approaches to streamline patient pathways and care delivery. Good communication, including clarifying and resolving a number of things upfront, should enable maximum benefit to be obtained from such work. Below are some of the areas which 360 Assurance has identified for smooth operation of System-wide work in 2024/25:

- Recognition and acceptance that in some years the work will not be as directly relevant to all partner organisations.
- An internal audit at System level is unlikely to resolve the big issues Systems have, so need to manage expectations.
- Ideally a System - wide lead or group to decide on the topic and give their approval on behalf of all the partners. This might be the System-wide DoFs meeting or equivalent.
- It may then be a System-wide group (one that forms part of the System governance structure and is appropriate to the topic area) that determines and approves the scope/ToR.
- A single point of contact for escalation - One person who takes overall responsibility as Executive lead who can act on behalf of the System partners.
- The scope needs to be kept focused and realistic.
- Early determination of the sign-off process, through a single point/meeting.
- Commitment to timeframes on both sides, with agreed start, update and finish times for the work.

*If you have any queries or feedback on this briefing, please contact: Elaine Dower, Deputy Director at 360 Assurance (M: 07342 081522, [elaine.dower@nhs.net](mailto:elaine.dower@nhs.net)).*

### **How can AI affect fraud in the NHS?**

We're regularly hearing in the news about how Artificial Intelligence (AI) will impact and shape our work and home lives. However, we have looked at how it may impact on fraud in the NHS.

#### **Application forms**

The Counter Fraud Team has been sent numerous application forms to review as it was suspected that responses on these have been created with the help of AI. Typing "how can I describe how I am a good team player" or similar into a Generative AI powered app will come up with a very professional response.

At the time of writing, there is no 'ban' on using AI to assist in drafting application forms – it is no different to finding samples from Google or asking a friend for advice. In all of these situations, the crux of the matter is to make sure that what is written is truthful.

AI (like Google and friends) can make things up which do not apply to the applicant, and therefore the application form may be fraudulent if it makes false representations. For example, we have seen somebody giving examples of tasks they had done in their role as a Project Manager – but in their work history, they had never had a job as a Project Manager. By contrast, if a Care Assistant asks AI to "list tasks a Care Assistant does" and the applicant chooses only the responsibilities which actually apply to their role to add onto their application form, it would not be fraud.

#### **Phishing emails**

Phishing emails are sent to try and trick the receiver into doing something, such as entering their log in details into a fake website or make a payment which is not required. These emails are often sent from organised crime groups who can be anywhere in the world and poor spelling, terminology and grammar can be an indicator that they are not genuine. However, AI will allow the fraudsters to create personalised and professional sounding emails more effectively.

#### **Invoice fraud**

For years, fraudsters have used many techniques to try convincing organisations to make payments for goods and services which have not been received. AI is going to assist the fraudster in many ways, from analysing publicly available information to spot patterns of spend, to drafting realistic looking fake invoices.

### CEO Fraud

Fraudsters impersonating senior staff may become more difficult to spot if AI is used. At present, this will be as described above, with more convincing emails. As AI technology develops, we anticipate that voice recognition and deepfake videos could be used too.

These are just a few ways which AI could be used to assist fraudsters target the NHS. It is important to be aware of this developing risk, but current advice remains the same. It is also important to remember that using AI is not a crime, but it can be used by criminals to help commit fraud more effectively.

*If you would like to discuss or find out more about these fraud risks, then please contact Marie Dennis - Assistant Anti-Crime Manager, Audit Yorkshire at [marie.dennis2@nhs.net](mailto:marie.dennis2@nhs.net).*

### Reducing the Cost of Agency staff – An Innovative Approach at one NHS Organisation



Media headlines like the ones above are relatively common. The reality is that all NHS organisations work hard to secure the most appropriate staffing at the most reasonable cost. Audit Yorkshire recently audited the 'Use of Agency Staff' at an NHS organisation. During that review we noted an innovative approach which has significantly reduced their cost of agency staff (nursing).

The organisation has introduced a new lead role entitled 'Workforce Assurance and Compliance Officer'. The Officer has responsibility for proactively managing agency spend. The Officer has developed a process '**Agency Cascade**'. The Agency Cascade system aims to reduce the overall cost of agency staff by actively managing the shift fill process and by restricting agency access to book shifts at key points in the shift fill process. In essence Agency Cascade requires any staffing gaps to be considered in a particular sequence:

- The opportunity to book unfilled shifts is first provided to NHS Professionals workers (Bank Workers) only to fill shifts.
- This ensures a good fill rate from NHS Professionals workers (generally at very cost-effective rates)
- Any shifts that can't be filled are placed on the Agency Cascade. Bookings are opened to Agencies in the following cost tier-based order:

14 days before the shift	Information given to lower cost agencies
7 days before the shift	Information given to next tier of agencies
3 days before the shift	Information given to highest cost agencies

All of the agencies used by the organisation are 'on framework.' In addition there are two further controls built into the organisation's Bank Booking System. These are called '**Padlocks**' and '**Golden Keys**':

- **Padlocks** – all shifts on the Agency Cascade are 'locked' and must be unlocked by an authorised person at the organisation. This means that EVERY shift passed to agencies has to be approved before being made visible on the Agency Cascade.
- **Golden Keys** – these system tools are only available to Senior Managers. The Golden Key must be used to make shifts visible to the highest cost agencies. This means that every decision to use more expensive agencies is evaluated and authorised by Senior Management.

**Bumping** - The Agency Cascade system also allows for 'bumping', whereby cheaper agencies and NHS Professionals can access shifts and 'bump' the higher cost agency bookings out up to 2 hours before a shift is due to start – thus replacing a more expensive booking with a much more cost effective one. In 2023/24 the combination of Padlocks, Golden Keys and Bumping saved the organisation an estimated £250k – easily covering the cost of the Workforce Assurance and Compliance Officer.

Under the Agency Cascade system agency booked workers have a higher chance of being 'bumped' from shifts – often with little notice. The introduction of the Agency Cascade has therefore generated an increase in numbers of staff joining the organisation's bank - looking to reduce the risk that they will be 'bumped.' This has also resulted in some Agencies reducing rates - to reduce the likelihood that shifts booked will be 'bumped'.

*If you would like to discuss or find out more about this work, then please contact Laura Stead - Senior Auditor, Audit Yorkshire: [laura.stead1@nhs.net](mailto:laura.stead1@nhs.net).*

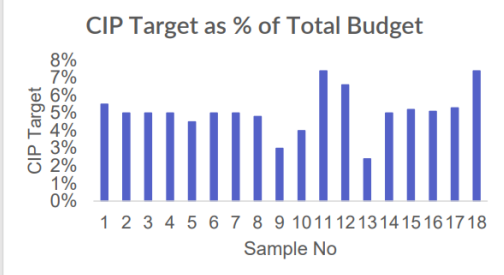
### **Cost Improvement Programmes - How do processes compare?**

MIAA recently issued an 'Insight' briefing in May summarising the anonymised results of a survey of NHS Foundation Trust/Trust Board members and other relevant personnel, across MIAA's client base, to collate views on the CIP processes within their organisations. The topics covered by the survey were:

- CIP Identification Processes
- CIP Monitoring
- Governance Arrangements
- Implementation Criteria
- Post Implementation Reviews
- Quality Impact Assessments (QIA)
- CIP Schemes: Recurrent v Non Recurrent

The [full briefing](#) analyses the benchmarking data provided, and highlights key trends and areas of good practice and areas for enhancement and consideration.



Survey Responses – MIAA Clients	
<p>1. Trust CIP Target (%)</p> 	<p>2. CIP Governance Arrangements</p> <p>Key responses included:</p> <ul style="list-style-type: none"> <li>42% of Trusts have a (Programme Management Office (PMO) to oversee the governance arrangements in place.</li> <li>100% of respondents confirmed they have a specific committee charged with oversight of CIP.</li> <li>Other governance arrangements in place included: <ul style="list-style-type: none"> <li>Executive led Integrated Performance Management Meeting</li> <li>QIA panel Divisional Assurance Meetings</li> <li>Medical Director &amp; Chief Nurse sign off of QIA's</li> <li>Programme Director CIP Office meeting.</li> </ul> </li> </ul>
<p>3. What percentage of CIP Schemes are recurrent?</p> 	<p>4. What percentage of CIP schemes have a supporting QIA?</p> 

Key survey findings included identifying the following as areas of good practice:

- Most respondents identify CIP schemes via divisional meetings or CIP specific groups and/or committees.
- The survey confirmed that 100% of respondents assess CIP against;
  - Financial Savings
  - Recurrency of Savings
  - No adverse impact on quality
  - Equality & Diversity.
- 100% of respondents have a specific committee charged with oversight and governance of CIP projects who are accountable for the monitoring and evaluation of projects.
- 80% of respondents have supporting QIAs which assess the risks to quality and financial savings prior to the commencement of a CIP.
- All respondents to the survey have provided several methods to generate and identify ideas of CIP that can be established across organisations.

Areas identified with scope for enhancement included:

- 30% of respondents state their organisation currently does not have processes in place for post implementation reviews, which are used to provide assurance on quality and CIP impact. Post implementation reviews can be conducted through budget monitoring exercises and milestone tracking of CIP projects.
- 20% of respondents state that their organisation does not have a supporting QIA in place. There is a risk quality could be compromised in the establishment of CIP projects.
- 20% of respondents have a level of recurrent CIPs under 40% leading to the requirement of further CIP identification and generation in future.

*The briefing can be used to inform your CIP arrangements. However, please contact your local TIAN audit provider if you would like independent assurance over this area. If you have any specific queries or feedback on this briefing then please contact: Sarah Dowbekin, Head of R&D, QA & Professional Standards at MIAA.(M: 07788 308 155; E: [sarah.dowbekin@miaa.nhs.uk](mailto:sarah.dowbekin@miaa.nhs.uk)).*

## Events Round Up

TIAN members organise and facilitate a number of Groups and Forums across the country to support and develop NHS governance, such as 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 members' NHS clients.

### Upcoming Events:

September 17, 2024 - Financial Planning at System Level. This half-day virtual event will focus on topics related to financial planning at a system level. The session is aimed at Board members, and particularly those who sit on Finance Committees.

December 10, 2024 - Governance and Risk Management (Audit Committee). This half-day virtual event will focus on topics related to governance, risk management and audit. The event is aimed at Board members (particularly those who sit on Audit Committees).

Details of planned and past events organised by Audit Yorkshire and 360 Assurance are available at <https://www.360assurance.co.uk/events/> and <https://www.audit-yorkshire.nhs.uk/events/archive-events/>. This includes slides from the recent session on June 13, 2024 relating to "Hearing the Staff Voice".

### 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](#). This includes a recording of their latest webinar on 3rd of July 2024 which covered "AI and the Public Sector". This webinar covered what AI and generative AI are, policy and practical considerations, and how it might be used to support public services.

## And Finally..... HFMA Awards!

Recognising their longstanding and dedicated contributions to the HFMA, both at branch level and on the national Governance & Audit Committee, Mike Townsend and Louise Cobain each recently received a "Key Contributor" award from the association. The awards were presented by the HFMA president, Claire Wilson, at their annual Key Supporters dinner on 11<sup>th</sup> July - which was held this year in the very impressive surroundings of the Members Dining Room of the House of Commons!

Mike Townsend (below), MD of Barts Assurance, and Louise Cobain (right), MIAA Director of Assurance; receiving their awards from Claire Wilson, Director of Finance, Cheshire and Merseyside Integrated Care Board and HFMA President.





### About Us:

TIAN is the collaborative network of NHS based audit and assurance providers – see [www.tian.org.uk](http://www.tian.org.uk) for further details. Together our members deliver assurance services to almost half of all NHS bodies across the country, as well as helping to support a range of other clients across the wider public sector. The member organisations comprising TIAN are:



Find us at:   
[www.tian.org.uk](http://www.tian.org.uk)

**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](mailto:michael.townsend@nhs.net) | [www.bartsassurance.net](http://www.bartsassurance.net) | @bartsassurance