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Introduction

We have reviewed recent documents and publications from a range of national and local sources including regulatory bodies, Department of Health and Social Care, NHS England/Improvement and HFMA, and have summarised below recent developments and issues within the NHS that may be of interest to management, Board/Governing Body members and Audit Committee members. This is not exhaustive, and 360 Assurance cannot be held responsible for any omission. We have indicated where these are for information and where we recommend action is taken by clients.

Updates from:



www.england.nhs.uk



www.improvement.nhs.uk

Contracts and payment guidance October 2020 to March 2021 <https://www.england.nhs.uk/wp-content/uploads/2020/09/C0768-finance-guidance-with-annex-3-added-23-september-2020-pdf>

This document sets out details of the financial arrangements for the NHS for the second half of the 2020/21 financial year.

What this means for you:

Clients should ensure financial arrangements detailed in the guidance are reflected in their financial planning processes.

NHS to introduce 'one stop shops' in the community for life saving checks - <https://www.england.nhs.uk/2020/10/nhs-to-introduce-one-stop-shops-in-the-community-for-life-saving-checks/>

Professor Sir Mike Richards was commissioned by NHS chief executive Sir Simon Stevens to review diagnostic services as part of the NHS Long Term Plan. In his report published on 1 October 2020 Prof Richards recommends the NHS radically overhauls the way MRI, CT and other diagnostic services are delivered for patients. Community diagnostic hubs or 'one stop shops' should be created across the country, away from hospitals, so that patients can receive life-saving checks close to their homes. The centres could be set up in free space on the high street or retail parks. Access to blood tests in the community should also be expanded so that people can give samples close to their homes, at least six days a week, without having to go to hospital. Recommendations include:

- Tests for emergency and elective diagnostics should be separate, to reduce hold-ups for patients
- CT scanning capacity should be doubled over the next five years to meet increasing demand and to match other developed countries
- Tests for heart and lung diseases need to be enhanced given the link to coronavirus
- More staff need to be trained to undertake screening colonoscopies
- The imaging workforce needs to be expanded as soon as possible with 2,000 additional radiologists and 4,000 radiographers as well as other support staff.

What this means for you:

This is included for information.

Advancing mental health inequalities strategy <https://www.england.nhs.uk/publication/advancing-mental-health-equalities-strategy/>

With its first Advancing Mental Health Equalities Strategy, NHS England and NHS Improvement calls on all mental health services to take concrete steps to fight stigma and inequalities across the sector.

This strategy summarises the core actions that we all need to take to bridge the gaps for communities fairing worse than others in mental health services. It is also an important element of the overall NHS plans to accelerate action to address health inequalities in the next stage of responding to COVID-19.

What this means for you:

This is included for information.

Updates from:



**Department
of Health &
Social Care**

<https://www.gov.uk/government/organisations/department-of-health-and-social-care>

New blueprint for better hospital food

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/929234/independent-review-of-nhs-hospital-food-report.pdf


Millions of NHS patients and staff will benefit from tastier, healthier and better-quality meals following an independent review of hospital food, led by a panel of advisers including chef and restaurateur Prue Leith. The review makes recommendations on how NHS Trusts can prioritise food safety and provide more nutritious meals to both staff and patients.

The government has announced it will establish an expert group of NHS caterers, dieticians and nurses to take forward the recommendations made in the report and decide on next steps. These include:

- upgrading hospital kitchens so a 24/7 service can be provided to everyone; from a hot drink and a snack in the middle of the night to a hot meal for new mums in a maternity ward or for patients hungry after a long fast due to surgery, plus facilities for staff to store, prepare and eat food at any time during the day or night
- introducing digital menus and food ordering systems which can factor in a patient’s dietary and cultural requirements, and nutritional needs. This will improve communication between dietitians and caterers, reduce food waste and provide patients with the right food for recovery
- agreeing national professional standards for NHS chefs with mandatory professional development, including appropriate compulsory food hygiene and allergen training
- increase the role of nurses, dieticians, caterers and staff wellbeing leads in overseeing food services so that nutritious meals are part of a patient’s recovery plan

What this means for you:

This is included for information.

<p>PPE strategy for second wave of COVID-19 https://www.gov.uk/government/publications/personal-protective-equipment-ppe-strategy-stabilise-and-build-resilience</p> <p>This strategy sets out how the UK government is moving beyond the emergency COVID-19 response to stabilise and build resilience. It details how government is preparing for a second wave of COVID-19 or concurrent pandemic alongside usual seasonal pressures.</p>	<p>What this means for you: This is included for information.</p>
<p>Updates from:</p>	
<div style="display: flex; align-items: center;">  <p>www.cqc.org.uk</p> </div>	
<p>Developing our future strategy https://cqc.citizenlab.co/en-GB/folders/strategy-2021-share-your-views</p> <p>As part of how the CQC is developing its next strategy, a document has been published which shares their latest thinking on a range of key areas. The document is a product of engagement so far and presents emerging themes that they want to explore and refine ahead of a formal consultation in January 2021.</p> <p>The document is built on four central and interdependent themes that determine the changes the CQC wants to make to how they regulate. Running throughout each theme is an ambition to improve people’s care by looking at health and care systems, and how they’re working together to reduce inequalities. The themes are:</p> <p>PEOPLE: We want to be an advocate for change, ensuring our regulation is driven by what people expect and need from services, rather than how providers want to deliver them. We want to regulate to improve people’s experience so they move easily between different services.</p> <p>SMART: We want to be smarter in how we regulate, with an ambition to provide an up-to-date, consistent, and accurate picture of the quality of care in a service and in a local area.</p> <p>SAFE: We want all services to promote strong safety cultures. This includes transparency and openness that takes learning seriously – both when things go right and when things go wrong, with an overall vision and philosophy of achieving zero avoidable harm.</p> <p>IMPROVE: We want to play a much more active role to ensure services improve.</p>	<p>What this means for you: This is included for information.</p>
<p>Out of sight – who cares?: Restraint, segregation and seclusion review https://www.cqc.org.uk/sites/default/files/20201023_rssreview_report.pdf</p> <p>This report looks at the use of restraint, seclusion and segregation in care services for people with a mental health condition, a learning disability or autistic people. The CQC looked in depth at how long-term segregation was used and found that the 66 people they met in who were in segregation had been let down by the health and care system. Creating a package of care to meet their individual needs was often seen as too difficult to get right and they had fallen through the gaps.</p>	<p>What this means for you: Mental health and learning disability providers should consider whether any changes in working practice are required in light of the report.</p>

<p>Assessment of mental health in acute Trusts https://www.cqc.org.uk/sites/default/files/20201016b_AMSAT_report.pdf</p> <p>This report reviews the findings from over 100 acute hospital inspections. The CQC looked at how well the mental health care needs of patients were met and where Trusts, and the wider system, need to improve.</p>	<p>What this means for you:</p> <p>This is included for information.</p>
<p>Updates from:</p>	
<p>Other Publications</p>	
<p>Improving UK primary care buildings https://www.good-governance.org.uk/wp-content/uploads/2020/09/Press-Release-15.09.20.pdf</p> <p>The Good Governance Institute (GGI) and Primary Health Properties (PHP) have launched a report outlining the best way to improve UK primary care estate to best look after citizens and communities.</p>	<p>What this means for you:</p> <p>This is included for information.</p>
<p>The impact of COVID-19 on the future delivery of NHS community services https://www.hfma.org.uk/publications/details/the-impact-of-covid-19-on-the-future-delivery-of-nhs-community-services</p> <p>This HFMA briefing looks at what Covid-19 means for the future of NHS community services. In this context, NHS community services means community services funded by the NHS. These services may be delivered by NHS provider organisations, social enterprises or the independent sector. It considers the role of community services in the future NHS; how the sector can meet existing, and new, demands and the resources that are needed in order to do this well.</p>	<p>What this means for you:</p> <p>This is included for information.</p>
<p>COVID-19 – Key legal considerations arising from the pandemic https://nhsproviders.org/resource-library/briefings/covid-19-key-legal-considerations-arising-from-the-pandemic</p> <p>The coronavirus pandemic has raised questions as to how NHS providers can meet their legal obligations to staff and patients, and how their Boards and Trust leaders seek sufficient assurance in respect of potential liabilities while working under immense pressure.</p> <p>This document (produced by Hempsons and NHS Providers) looks at the legal liabilities that are likely to arise due to the environment created by the pandemic and suggests ways in which Trust Boards could respond. The document is deliberately broad, covering a range of issues that have been raised with us as areas of concern since the beginning of the pandemic in the UK:</p> <ul style="list-style-type: none"> • Clinical negligence • Employment and workforce • Governance and board liability • Health and safety <p>This guidance is generic and does not remove the need for trusts to seek specific legal advice in respect of individual cases when necessary</p>	<p>What this means for you:</p> <p>Clients should review the report and consider whether any lessons can be learned.</p>

<p>The bigger picture: Learning from two decades of changing NHS care in England https://www.health.org.uk/publications/reports/the-bigger-picture</p> <p>In this, the REAL Centre's first report, they look back at the care and treatment provided by the NHS in England over the past two decades – as measured by health care activity.</p> <p>They provide a framework for understanding the drivers of health care activity, describe how supply and demand side factors interact, and how policy can influence the care the NHS provides. They look at the overall trends in activity and how specific services have changed. Where possible, they estimate the proportion of any change that can be explained by four demographic factors: population size, age, gender, and proximity to death. They then explore what drives the remaining change, unexplained by demography.</p> <p>Although focused on England, many of the lessons may be relevant to the other countries of the UK. They take an in-depth look at emergency and planned hospital care, mental health, community and primary care.</p>	<p>What this means for you:</p> <p>This is included for information.</p>
<p>How many terms should foundation trust governors serve? https://nhsproviders.org/resource-library/briefings/how-many-terms-should-foundation-trust-governors-serve</p> <p>This is a question that is asked quite frequently and while typically foundation trusts have been guided by the foundation trust code of governance provisions in respect of non-executive directors (NEDs), the code does not address the number of governor terms.</p> <p>NHS Provider's analysis looks at the key statutory duties for governors, which require an outside perspective and degree of independence. For governors, like their NED colleagues, independence is vital and while there is nothing specific in the code of governance, it is both good sense and good practice for trusts to seek to refresh their council membership from time to time by limiting the number of consecutive terms governors can serve.</p> <p>NHS Providers contend that limiting the number of consecutive terms governors can remain in place to three is reasonable and constitutes good governance practice. Trusts might wish to allow former governors to return after a period of time, but there should arguably be a gap of at least one three-year term.</p>	<p>What this means for you:</p> <p>Foundation Trust clients should review the report and consider whether any changes need to be made to terms served by governors.</p>
<p>What the £13bn debt write-off means for the NHS https://www.health.org.uk/publications/reports/what-the-13bn-debt-write-off-means-for-the-nhs</p> <p>In April 2020, the Health and Social Care Secretary announced that over £13bn of debt held by NHS trusts would be written off. This briefing explores the detail behind the numbers and what the write-off means in practice – both now and in the long term. This briefing was developed by the Health Foundation in partnership with NHS Confederation.</p>	<p>What this means for you:</p> <p>This is included for information.</p>
<p>CCG mergers: How clinical commissioning groups and local government can work together https://www.nhscc.org/policy-briefing/updated-for-2020-21-how-clinical-commissioning-groups-and-local-government-can-work-together/</p> <p>Following the first round of mergers in 2020, the second wave of CCGs is planning to merge in April 2021. NHS England and NHS Improvement's guidance for CCGs planning to merge outlines that there will be consideration of whether proposed new CCGs will be "coterminous" with one or more upper-tier county council or unitary local authority (ie cover the same geographical area), although it is acknowledged that this doesn't have to be the case.</p> <p>NHS Clinical Commissioners and Local Government Association have developed an interactive discussion guide to assist CCGs and local government colleagues to have open conversations and identify any issues that may arise. This guide was produced in response to feedback from members around some of the challenges that areas have had keeping local authorities (and elected members) involved and sighted on the merger process.</p>	<p>What this means for you:</p> <p>The document should be considered by those CCGs currently in a merger process.</p>