



NHS Monthly Insight Report

May 2021

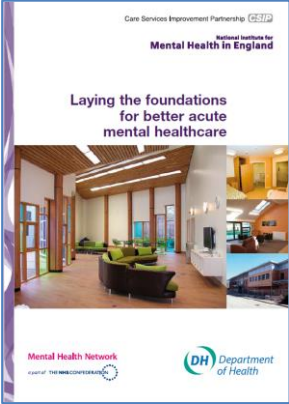
360 Assurance is a member of The Internal Audit Network (TIAN) which comprises the 10 NHS internal audit consortiums and in house teams operating in England. These organisations collaborate across a number of areas to leverage their collective knowledge and expertise and drive efficiency and effectiveness. The monthly insight report highlights key publications and is intended as a useful update and reference tool. This report is produced by TIAN and shared by 360 Assurance.

Monthly Insight Report

May 2021

Introduction

The Internal Audit Network (TIAN) comprises the 10 NHS internal audit consortiums and in house teams operating in England. These organisations collaborate across a number of areas to leverage their collective knowledge and expertise and drive efficiency and effectiveness. The monthly Insight Report is produced by CW Audit on behalf of TIAN and is shared across TIAN members and their clients.

Developments in the NHS	
<p>Laying the foundations for better acute mental healthcare (NHS England)</p>	<p>This workbook provides assistance for commissioners and providers of acute mental health services seeking to improve and develop their current services. It involves a step-by-step process of strategic analysis and modelling.</p>
	<p>It can be found here: https://www.england.nhs.uk/publication/laying-the-foundations-for-better-acute-mental-healthcare/</p> <p>For information</p>
<p>An exemplar operational risk management strategy for the estate</p>	<p>This exemplar operational risk management strategy as it relates to the NHS estate, builds on the base provided by the guidance in the document 'Risk management in the NHS' to provide an operational risk management strategy for trusts. It emphasises the need for monitoring and auditing to ensure cost-effective solutions.</p>
	<p>It can be found here: https://www.england.nhs.uk/publication/an-operational-risk-management-strategy-for-trusts/</p> <p>For consideration by providers in the management of their estate.</p>

Developments in the NHS

10 practical lessons from implementing digital innovations (Nuffield Trust report)



Digital technology is often implemented as a 'ready-made' solution to many of the challenges facing the health and social care system with little consideration of the complexity of implementing digital health innovations. What's more, guidance on how to best approach the implementation of innovations in health settings is scarce. As a result, many innovations are not embedded into care pathways effectively or adopted successfully. Identifying how to harness the benefits of digital technology will not only increase the chance of successful adoption, but also help to deliver the best care possible for patients, as well as deliver benefits for staff.

This summary outlines 10 key lessons for the implementation, adoption, and spread of digital innovations in health and social care services. The lessons are designed to support policy makers, commissioners, innovators and service providers keen to integrate technology into health and social care services to successfully embed innovations into care pathways. However, they will not be universally relevant to every innovation, context and stakeholder, all of the time.

1. Dedicate sufficient time and resource to engage with end users
2. Co-design or co-production with end users is an essential tool when implementing technology
3. Identify the need and its wider impact on the system, not a need for a technology
4. Explore the motivators and barriers that might influence user uptake of an innovation
5. Ignore information governance requirements at your peril
6. Don't be afraid to tailor the innovation along the journey
7. Ensure adequate training is built in for services using the technology
8. Embedding the innovation is only half the journey – ongoing data collection and analysis is key
9. Ensure there is sufficient resource, capacity and project management support to facilitate roll-out
10. Recognise that variation across local areas exists and adapt the implementation accordingly

The report can be found here: <https://www.nuffieldtrust.org.uk/research/10-practical-lessons-for-implementing-digital-innovations-learning-from-the-care-city-test-bed#the-10-key-lessons>

For information

Queen's speech 2021

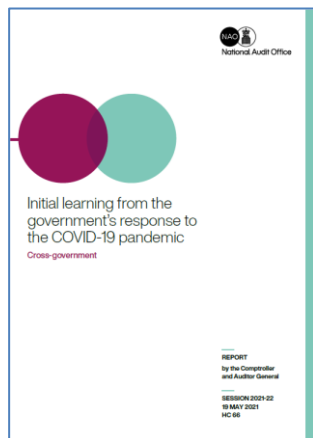
The Queen outlined the government's priorities for the year ahead, highlighting 30 laws that the government intends to pass in the coming year. Health and care was at the heart of this Queen's Speech, with the Prime Minister saying that it "sets out how we will beat COVID-19 and back the NHS". Alongside the wide-ranging Health and Care Bill, the government has announced plans to continue to support the vaccine roll out, provide additional funding for the NHS, focus on prevention and reform the Mental Health Act. There was a renewed commitment to bring forward "proposals on social care reform", however there was no detail on what these proposals would entail.

This briefing contains an overview of key announcements relevant to health and social care, including the Health and Care Bill, along with a summary of other legislation and policies of interest. It can be found here: <https://nhsproviders.org/resource-library/briefings/on-the-day-briefing-queens-speech-2021>

For information

Developments in the NHS

NAO: Initial learning from the government's response to the COVID-19 pandemic



The COVID-19 pandemic has stress-tested the government's ability to deal with unforeseen events and potential shocks. Government has often acted at unprecedented speed to respond to a virus which has caused dramatic disruption to people's lives, public service provision and society as a whole. Government had to continue to deliver essential public services, while reprioritising resources to deliver its response to the COVID-19 pandemic and supporting staff to work from home. In its response, government has had to streamline decision-making, work across departments and public bodies and use a range of delivery structures.

The NAO suggests that Departments will need to reflect on the lessons learned to ensure that they capitalise on the benefits and opportunities these new ways of working have brought.

This report draws out learning from the reports that we have published to date, as well as other work we have published that covered the COVID-19 pandemic. It can be found here: <https://www.nao.org.uk/report/initial-learning-from-the-governments-response-to-the-covid-19-pandemic/>

It sets out this learning across six themes:

- risk management;
- transparency and public trust;
- data and evidence;
- coordination and delivery models;
- supporting and protecting people; and
- financial and workforce pressures.

For information

Integrated care systems explained: making sense of systems, places and neighbourhoods (The King's Fund)

The King's Fund has developed this "explainer" to describe the development of integrated care systems. It can be found here: <https://www.kingsfund.org.uk/publications/integrated-care-systems-explained>

For information

The role of communities in health care (The King's Fund)

The King's Fund has developed this "explainer" to describe the role community can play in improving health and the development of population health management. It can be found here: <https://www.kingsfund.org.uk/publications/communities-and-health>

For information

Developments in the NHS

The role of primary care in integrated care systems (NHS Confederation)

Overall, NHS Confederation members welcomed the direction of travel signalled in the government's white paper on health and care reform in England. However, over 50 per cent of primary care leaders and managers surveyed for this report stated that they were 'unclear' or 'very unclear' about the role of primary care networks within integrated care systems.

Many of the proposals have the potential to bring the healthcare system closer to being truly population health focused and reflective of local need. However, this will only be achieved with ongoing and meaningful engagement with primary care and adequate resourcing of primary care leadership. Members have set out five key requirements they want to see in the development of ICS structures, governance and, most importantly, culture. This includes: collective voice and representation for primary care at system level; processes and structures for primary care at place level; system priorities that reflect local neighbourhood needs; systems that promote collaboration and enablers that equip primary care for system working. The report can be found here: <https://www.nhsconfed.org/publications/role-primary-care-integrated-care-systems>

For information

Provider collaboratives: opportunities and challenges (NHS Confederation briefing)

The COVID-19 pandemic has shown the benefit of NHS providers working together to address challenges. Collaboration across NHS providers has existed for many years, with several of NHS Confederation members engaged in different forms of provider collaboration. However, provider collaboratives (one or more providers operating across places within an ICS) have been more formally recognised in policy terms over recent years and are expected to be a key element of ICS delivery.

From April 2022, all health and care organisations in England will be required to work together as integrated care systems. NHS England and NHS Improvement is developing guidance on the expectations of provider collaboratives. Early indications are that as a minimum all NHS trusts will be expected to be part of at least one provider collaborative. In reality, multiple collaboratives could operate locally, regionally and nationally, across one or more ICS footprint, as well as across several pathways and places within the ICS. This complexity creates opportunities to work differently but will not fit easily into a simple new architecture for the NHS and its partners. This briefing explores this: <https://www.nhsconfed.org/publications/provider-collaboratives>

Although opportunities remain, members have identified six key challenges presented by the current drive for provider collaboratives. This includes lack of clarity on the overall purpose and aims of a provider collaborative; continuation of the provider-commissioner split; the need for inclusive representation, resources and investment; the balance between provider collaboratives at system and provider collaboration at place; and questions over the duty to collaborate and management of risks. There is a risk that in making provider collaboratives a mandatory requirement, policymakers will remove the spirit of collaboration, forcing collaboratives to become focused on 'tick box' regulatory programmes rather than true innovation.

The NHS Confederation urge NHS England and NHS Improvement to avoid adopting overly simplistic models of collaboration, and instead embrace a flexible and permissive approach that considers a range of models that will work in varied geographies and contexts. However, they do believe it is imperative that the collaborative structures developed are inclusive of a range of providers, including community, ambulance and specialist trusts, as well as finding a method to genuinely listen to the voice of primary care.

For information

Disclaimer: This briefing paper is intended to highlight recent developments and issues within the NHS that may be of interest to non-executive directors, lay members and NHS managers. It is not exhaustive and TIAN cannot be held responsible for any omission.