NHS Monthly Insight Report

November 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.

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Introduction

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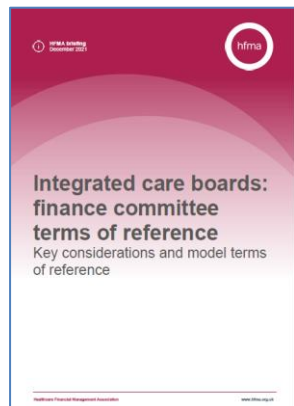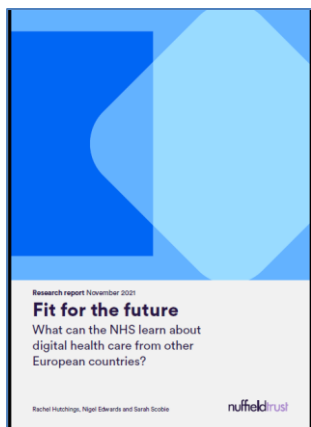| Developments in the NHS	
NHS report: The future of NHS human resources and organisational development report	This report outlines the ten-year strategy for the human resources (HR) and organisational development (OD) services in the NHS. It is aimed at HR and OD directors, chief people officers, HR and OD practitioners, managers, leaders and anyone with an interest in HR and OD. It can be found here: https://www.england.nhs.uk/publication/the-future-of-nhs-human-resources-and-organisational-development-report/ *For information*
HFMA briefing: Integrated care boards: finance committee terms of reference 	This briefing is intended to assist shadow ICBs if they decide to establish a committee covering financial matters. There are two mandated ICB committees – the audit committee and the remuneration committee. Each ICB will need to consider what further arrangements, including other committees and groups, they will need to effectively discharge their functions. As there is no 'one size fits all' ICB, the number of committees – and their terms of reference – will vary and it is for each ICB to ensure that it designs its governance framework to efficiently and effectively meet its own needs. In many cases, this is likely to include a committee or group with a specific focus to meet the ICB's responsibilities to deliver organisational and system financial oversight of planning, reporting and investment. This briefing includes key areas of consideration and model terms of reference that can be used by ICBs as a starting point for discussions on how local arrangements will work.. It can be found here: https://www.hfma.org.uk/publications/details/integrated-care-boards-finance-committee-terms-of-reference *For information and consideration by ICBs*
HFMA briefing: Supporting system working through finance: principles and behaviours	The shift from competition to collaboration in the NHS aims to deliver better outcomes across the whole heath and care system. However, while significant time and energy is being focused on the changing NHS architecture to facilitate this, attention on ensuring the right underlying culture and behaviours are in place is essential. HFMA and Newton together explored the key principles of a system financial framework and the behaviours needed to make it work, starting with a roundtable in May 2021. Based on the roundtable discussion and subsequent interviews, this briefing (https://www.hfma.org.uk/publications/details/supporting-system-working-through-finance-principles-and-behaviours) covers: • system financial framework principles; • system behaviours; and • system stories. *For information*

Developments in the NHS	
HFMA briefing: Driving environmental sustainability: ten top tips for finance teams	The NHS has committed to become 'net zero' by 20401, to play its part in tackling the urgent climate crisis. Delivering on this ambition will be a significant challenge, particularly as the NHS deals with the current level of unprecedented pressure on services. HFMA believe that finance professionals have a key role in driving and supporting action to reduce carbon levels across NHS, and its supply chain. However, it can be difficult to know where to stary with such a vital all-encompassing task. By sharing some key areas of focus, this short paper aims to support finance teams to have conversations across organisations, and health and care systems, on what actions they can take. It can be found here: https://www.hfma.org.uk/publications/details/driving-environmental-sustainability-ten-top-tips-for-finance-teams *For information and consideration by finance teams*
Nuffield Trust report: Fit for the future. What can the NHS learn about digital health care from other European countries? 	Building on earlier research into the use of digital technology in England's acute sector, this report examines the approach that five European countries have taken: Denmark, Finland, Sweden, Estonia and Portugal. Although solutions cannot be simply transposed from one health system to another, all five countries have successful experience that may offer useful learning for the NHS. Nuffield Trust found that those countries which have made significant progress, benefit from having an overarching policy focus on digital. Digital health is inseparable from the wider approach to digital in both public policy and society, with a clear link between digital health and wider societal and health care goals, wellbeing and prosperity. Country context and culture are especially important. They saw that in countries where digital technology is widely used to access public services, the use of digital technologies to support health care is less controversial, and is widely expected and accepted. Cultivating public confidence and trust in the use of health care data must be a priority. Governance and leadership are also key. Many of the countries studied have devolved regional responsibility for health, but clear governance of where data are held, how they can be accessed and by whom, is essential. It is important to establish clear and consistent national leadership, and to be clear about the roles and responsibilities of different stakeholders. It is essential to ensure that digital health care solutions are co-designed and implemented collaboratively with end users. This should include a focus on understanding the factors that support people (including both staff and patients) to use technology, recognising the importance of cultural and organisational change. As with the NHS, the Covid-19 pandemic has had a significant impact on the use of digital technology in multiple countries. The existence of a digital health infrastructure has assisted countries' responses to the pandemic by providing, for example, a platform for accessing test results. Respondents reported that the pandemic had helped to highlight the benefits to patients and health care professionals. Helping to maintain this shift into the long term is a significant goal to aim for. The report can be found here: https://www.nuffieldtrust.org.uk/research/fit-for-the-future-what-can-the-nhs-learn-about-digital-health-care-from-other-european-countries *For information*

Developments in the NHS	
Putting data, digital and tech at the heart of transforming the NHS	This independent review sets out 9 recommendations, which the Secretary of State has confirmed he will accept in full. The review argues for a shift in culture, operating model, skills, capabilities and processes to put data, digital and technology at the heart of how we transform health services. In doing so, it recognises progress made by NHS Digital and NHSX during the past 2 years of the pandemic. As the Secretary of State said when announcing the changes arising from the review, NHSX has more than fulfilled the mandate it was given when it was set up, putting digital transformation at the centre of the NHS's future vision, and NHS Digital has continued to deliver a number of vital services throughout the pandemic. The report can be found here: **https://www.gov.uk/government/publications/putting-data-digital-and-tech-at-the-heart-of-transforming-the-nhs** *For information*
CQC: Provider collaboration review: Mental health care of children and young people during the COVID-19 pandemic	In June and July 2021, the CQC carried out reviews in seven areas of England. They also carried out specific activities to get to the heart of children and young people's experiences. Through these activities they heard from just over 1,700 children and young people. The local areas and organisations covered included: • Birmingham and Solihull Integrated Care System (ICS) • Bristol, North Somerset and South Gloucestershire ICS • Buckinghamshire, Oxfordshire and Berkshire West ICS • Hertfordshire and West Essex ICS • North London Partners in Health and Care ICS • Nottingham and Nottinghamshire ICS • South Yorkshire and Bassetlaw ICS Key findings from this review include: • The COVID-19 pandemic has had an enormous impact on the mental health of children and young people, and has led to an increased demand on services, particularly eating disorder services. • While leaders responded quickly to try and ensure that there were enough staff with the right skills in the right places, services have also struggled to meet demand. Not only did this increase the risk of children and young people's symptoms worsening and reaching crisis point, it also led to them being cared for in unsuitable environments. • Across all areas, we have seen positive examples of systems working collaboratively together to ensure continued access to mental health support. However, there were some concerns around silo working. • Communication, both between services and with families, was mixed, with some people not always aware of what support was available. • The pandemic has also shone a light on, and exacerbated, health inequalities faced by some children and young people, in particular those people living in deprived areas. While some areas were taking steps to tackle this, more needs to be done. • Digital technology enabled services to adapt almost overnight, ensuring continuation of care and, in some cases, increasing support for children and young people in comparison to pre-pandemic levels. But alongside this we heard about the associated risks to children and young people's safety, for example staff missing cues or issues that would have been picked up face-to-face, as well as unseen risks within the home environment. Their report is here: https://www.cqc.org.uk/publications/themes-care/provider-collaboration-review-mental-health-care-children-young-people *For information*

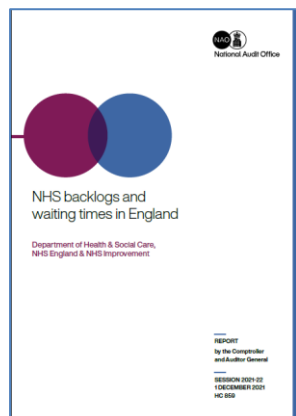|	
Trust boards and systems - the key issues (NHS Providers' and Hempsons report) 	NHS Providers' have published a joint publication with Hempsons offering a guide to the evolving system-based landscape and the factors behind successful partnerships, which sets out the central elements in the Health and Care Bill. The report outlines the broad roles of integrated care boards, integrated care partnerships, provider collaboratives and place – based partnerships, and the main governance issues that trusts and foundation trusts will need to take account of. It also addresses some of the key workforce issues, including finding ways to reduce obstacles to working across organisations. The report can be found here: https://nhsproviders.org/resource-library/briefings/trust-boards-and-systems-the-key-issues *For consideration by NHS provider\trust boards*
NHS backlogs and waiting times in England (NAO report) 	Waiting is a feature of public healthcare systems but must be managed to avoid adverse impacts on patients. The NHS sets performance standards for waiting times for elective and cancer care. Its performance against these was deteriorating before the COVID-19 pandemic and has worsened since it began. Millions of patients' care was disrupted, meaning backlogs increased. The Department of Health & Social Care (the Department) and NHSE&I have already taken some steps to address the increasing backlogs and waiting times. NHSE&I is developing recovery plans and has an additional £8 billion of NHS recovery funding announced in September 2021. Some backlogs are already visible in NHS systems, but others relate to people who did not present for care during the pandemic, known as 'missing' referrals. This report looks in detail at backlogs and waiting times for elective and cancer care in the NHS in England. It explains how the current increased backlogs and waiting times have arisen, including the impact of the COVID-19 pandemic. The report (https://www.nao.org.uk/report/nhs-backlogs-and-waiting-times-in-england/) sets out: • how waiting times performance for elective and cancer care are tracked in the NHS, and how long patients have been waiting relative to the performance standards; • the causes of increasing longer waits before the pandemic and the disruption caused by the pandemic; and • the steps the Department and NHSE&I have already taken to address the increasing backlogs and waiting times, and the constraints and challenges the NHS faces in making a full recovery. The NAO intends to follow this report with a second one, which will describe the NHS's plans to improve this situation and evaluate its early progress. *For information*

Developments in the NHS	
The challenges of developing integrated care partnerships (ICPs): a discussion (NHS Confederation briefing)	Following the publication of the national ICP engagement document, the ICS Network hosted a 'Spotlight' session with the Department for Health and Social Care, providing ICS leaders with an opportunity to discuss and ask questions about ICP establishment. This briefing summarises the key issues covered: • All integrated care systems (ICSs) are at different stages in their development and establishing ICPs brings different challenges depending on size, relationships and other local circumstances within systems. • It will be important to build on the structures and relationships already in place locally and to bear in mind the important role existing partnerships and health and wellbeing boards play. • The permissiveness of the health and social care bill in allowing ICSs to develop in a way that suits local needs is vitally important when it comes to setting up ICPs that will work. • ICPs are not just about 'seats around the table': they are intended to actively drive integrated working between partners across a system. The briefing can be found here: https://www.nhsconfed.org/publications/challenges-developing-integrated-care-partnerships-icps *For information*
Nuffield Trust report: Attracting, retaining and supporting a diverse workforce	The work that the NHS does would not be possible without the critical contribution of a broad diversity of people, covering different genders, ethnicities, disabilities, religions, national origins, sexual orientations, ages and other characteristics. However, Nuffield Trust concludes that there appears to be scope for the NHS to become a more inclusive, diverse and equitable workforce at every level. Across an array of characteristics – including ethnicity, disability, gender and religion – some groups are under-represented in certain NHS careers. Despite efforts to improve equality and inclusion in the workforce and some improvements around diversity – such as in terms of minority ethnic representation in very senior roles – progress has been limited. This report builds on existing work to develop practical policy recommendations that can improve the current situation. It can be found here: https://www.nuffieldtrust.org.uk/research/attracting-supporting-and-retaining-a-diverse-nhs-workforce *For information*
Clinical Prioritisation Programme - latest guidance for providers issued by NHSE/I	The Clinical Prioritisation Programme (CPP) has supported enhanced management of waiting lists, in some cases building on current good practice. Alongside support for the Clinical Prioritisation Programme all providers are required to review current waiting list policies in line with corporate governance guidelines, which will include an Internal Audit review. This is to ensure policies and delivery are reflective of current policy. As part of this review all secondary care providers should ensure that local waiting list policies and management are clear on application of active monitoring. Local policies and management should be explicit that patients included in this category will have a RTT clock stop applied. The review of policy and management should include relevance to patients who may choose to delay their time of treatment for social or personal circumstances, which will be for a minority of patients. This is covered in a letter (C1449 waiting list management and prioritization letter) from the National Director of Emergency & Elective Care to all providers, which we have circulated with our NHS Key Briefing November 2021. ***NHS Providers should ensure they comply with the CPP and arrange for an internal audit review of waiting list management in line with the stated requirement.***

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.