



NHS Monthly Insight Report

April 2022

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

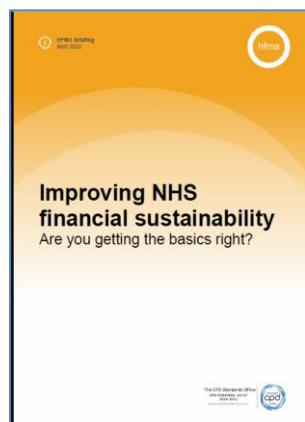
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Introduction

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

HFMA: Improving NHS financial sustainability: are you getting the basics right?



This HFMA self-assessment is intended to help finance teams to think about the core elements that should be in place to support board assurance over an NHS organisation's financial sustainability.

This assessment is divided into two parts.

1. Initial self-assessment - a small number of statements to prompt thinking about how arrangements work, or should work, in practice. It is intended to provide a quick assessment of the relative maturity of the organisation's arrangements for financial sustainability and provide an indication of where further work is required.
2. Detailed checklist – a more detailed list of questions linked to the initial self-assessment. It is not a comprehensive list of all the factors that need considering - it focuses on those areas most likely to have an impact on financial sustainability.

The checklist is not designed to be a simple 'tick-box' exercise, but rather for consideration of the question; both in terms of whether the arrangement is in place, but also if that arrangement is working effectively.

It is intended to prompt an honest assessment of the arrangements as they stand and provide a focus for further work. It is for each organisation to decide how they will use it.

It can be found here: <https://www.hfma.org.uk/publications/details/improving-nhs-financial-sustainability-are-you-getting-the-basics-right>

For information and use as appropriate

HFMA briefing: How to review and scrutinise the numbers during the year

Within the current financial context, good governance is more important than ever. Non-executive directors (NEDs) need to challenge appropriately financial reports during the year. This briefing sets out a series of questions that NEDs can ask at board and sub- committee meetings. By asking questions and understanding why they are asking them, NEDS will be able to assess the financial sustainability of the NHS body and to identify any areas of potential concern.

The briefing can be found here: <https://www.hfma.org.uk/publications/details/how-to-review-and-scrutinise-the-numbers-during-the-year>

For consideration by NEDs

Developments in the NHS

National infection prevention and control (IPC)

UKHSA has published their revised UK IPC Guidance. This takes into account UKHSA's latest assessment of the scientific evidence, and also the feedback from local providers on the ongoing impact on capacity that IPC measures are having.

This revised guidance contains the following important changes in relation to the isolation of COVID19 positive inpatients and their contacts:

- Stepping down inpatient COVID-19 isolation precautions: For inpatients with COVID-19, where available, LFD tests can be used to reduce the isolation period down from 10 days to 7 days. Patients should have two negative LFD tests taken 24 hours apart as well as showing clinical improvement, before being moved out of isolation before day 10. These tests can take place on any two consecutive days from day 6 onwards but if either of the two tests is positive, the patient must not be retested and must complete the full 10 day isolation.
- Stepping down COVID-19 precautions for exposed patient contacts: Inpatients who are considered contacts of SARS-CoV-2 cases are no longer required to isolate if they are asymptomatic.

In-line with the flexibility afforded for local risk-assessment within the UK IPC Guidance, and advice from UKHSA, the following should also be noted:

- Returning to pre-pandemic physical distancing in all areas, including in emergency departments, ambulances and patient transport, as well as all primary care, inpatient and outpatient settings. This should be done in a way that maintains compliance with all relevant Health Technical Memoranda and Health Building Notes.
- Returning to pre-pandemic cleaning protocols outside of COVID-19 areas, with enhanced cleaning only required in areas where patients with suspected or known infection are being managed.

These changes to the UK IPC Guidance signal a step in the transition back to pre-pandemic IPC measures. This transition is further supported by the publication of an IPC Manual for England. The Manual can be found here: <https://www.england.nhs.uk/publication/national-infection-prevention-and-control/>

Providers should make plans to assure themselves that they have implemented the standard IPC measures outlined in the Manual as soon as possible

2022/23 priorities and operational planning guidance

Further 2022/23 priorities and planning guidance has been issued by NHE/I and includes:

- Revenue finance and contracting guidance (here: <https://www.england.nhs.uk/publication/planning-guidance-revenue-finance-and-contracting-guidance-for-2022-23/>)
- Capital guidance for 2022-25 (here: <https://www.england.nhs.uk/publication/planning-guidance-capital-guidance-for-2022-25/>)
- Elective recovery planning supporting guidance (here: <https://www.england.nhs.uk/publication/planning-guidance-elective-recovery-planning-supporting-guidance/>)

For information

Developments in the NHS

<p>Elective recovery plan (NHS Providers' briefing)</p>	<p>The waiting list for NHS care has reached a new high of 6.1 million. NHS England and NHS Improvement published their delivery plan for elective care recovery in February, which NHS Providers' summarised in this briefing for trust boards. The plan sets out key targets for how the NHS will recover services and bring down waiting lists over the next three years, including eliminating the longest waits of over two years by July 2022 and waits of over one year by March 2025, as well as aiming for 75% of patients who have been urgently referred by their GP for suspected cancer to have their condition diagnosed (or cancer ruled out) within 28 days by March 2024. Governors may wish to ask how the board is assured that these targets will be met, especially given challenges around capacity and staff shortages.</p> <p>Health inequalities and poorer outcomes for vulnerable groups have worsened during the pandemic. Systems are expected to analyse their waiting list data according to health inequality outcomes and relevant characteristics, including deprivation and ethnicity. Governors may wish to ask how the trust is tackling disparities in waiting times based on ethnicity and deprivation, and how their trust is collaborating with other providers to help reduce variation within and across systems.</p> <p>While this plan focuses on planned hospital 'elective' treatment, there are also very worrying delays for mental health treatment, and for community services. NHS Providers' continue to call for the NHS to be supported and resourced to address these backlogs too. Governors may wish to ask the non-executive directors how the trust is collaborating with partners to ensure backlogs across all services are being tackled.</p> <p>The briefing can be found here: https://nhsproviders.org/media/693062/220208-erp-otdb.pdf</p> <p>For information</p>
<p>Provider collaboratives: explaining their role in system working (king's Fund)</p>	<p>This article by the King's Fund looks at provider collaboratives in England, the opportunities they provide and the unresolved questions to consider when thinking about their role in the changing health and care landscape. It describes different models used for collaboratives that have been developed.</p> <p>It can be found here: https://www.kingsfund.org.uk/publications/provider-collaboratives</p> <p>For information</p>
<p>Integration and innovation in action: provider collaboration</p>	<p>An in-depth look has been published by NHS Confederation into how collaborations between providers at neighbourhood, place and system level are making a positive impact on patient care.</p> <p>It can be found here: https://www.nhsconfed.org/publications/integration-and-innovation-action-provider-collaboration</p> <p>For information</p>

Developments in the NHS

Royal Assent of Health and Care Act 2022

The Health and Care Act 2022 has completed the parliamentary process and received Royal Assent. This is an important step on the journey towards establishing Integrated Care Systems on a statutory footing, which will take place on 1 July 2022 as communicated in the NHS 2022/23 priorities and operational planning guidance, and enabling more collaborative ways of working across the health and care system.

This next phase of system development continues and builds on the evolution of local partnerships and collaborative ways of working over several years, with the first ICSs created in 2018, emerging from Sustainability and Transformation Partnerships. The vision for greater integration was laid out in the Five Year Forward View and further cemented by the NHS Long Term Plan in 2019.

ICB leaders should prepare for the implementation of statutory ICS arrangements on 1 July 2022 in line with the ICS establishment guidance previously set out by NHS England.

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.