



NHS Monthly Insight Report

January 2023

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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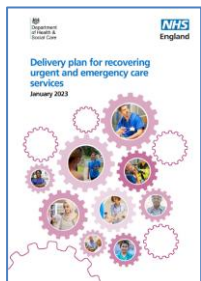
Introduction

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 briefing: Financial reporting watching brief 2022/23 and beyond	<p>This briefing covers changes and developments in accounting standards, best practice in financial reporting and government reporting requirements. It covers the current financial year but also looks ahead to identify changes which will affect the NHS in the future.</p> <p>It can be found here: https://www.hfma.org.uk/publications/details/financial-reporting-watching-brief-2021-22-and-beyond-(october-2021update)</p> <p><i>For information</i></p>
Hewitt review: HFMA response to the call for evidence	<p>The HFMA has responded the Hewitt review: call for evidence. The terms of reference for the Hewitt review were published on 6 December 2022. The review considers how the oversight and governance of integrated care systems (ICSs) can best enable them to succeed, balancing greater autonomy and robust accountability with a particular focus on real time data shared digitally with the Department of Health and Social Care (DHSC), and on the availability and use of data across the health and care system for transparency and improvement. It will cover ICSs in England and the NHS targets and priorities for which integrated care boards (ICBs) are accountable, including those set out in the government's mandate to NHS England.</p> <p>In particular, the review will consider and make recommendations on:</p> <ul style="list-style-type: none">• how to empower local leaders to focus on improving outcomes for their populations, giving them greater control while making them more accountable for performance and spending• the scope and options for a significantly smaller number of national targets for which NHS ICBs should be both held accountable for and supported to improve by NHS England and other national bodies, alongside local priorities reflecting the particular needs of communities• how the role of the Care Quality Commission (CQC) can be enhanced in system oversight. <p>The response can be found here: https://www.hfma.org.uk/publications/details/hewitt-review</p> <p><i>For information</i></p>
HFMA: Summary of 2023/24 priorities and operational planning guidance	<p>NHS England has published the 2023/24 priorities and operational planning guidance. It sets out the national priorities for the NHS to recover core services and productivity, make progress in delivering the key ambitions in the NHS long term plan, and continue to transform the NHS for the future.</p> <p>This briefing summarises the key points from the guidance. The guidance should be referred to for the full detail.</p> <p>It can be found here: https://www.hfma.org.uk/publications/details/summary-of-2023-24-priorities-and-operational-planning-guidance</p> <p><i>For information</i></p>

Developments in the NHS

Delivery plan for recovering urgent and emergency care services



To support recovery, this plan sets out a number of ambitions, including:

- Patients being seen more quickly in emergency departments: with the ambition to improve to 76% of patients being admitted, transferred or discharged within four hours by March 2024, with further improvement in 2024/25.
- Ambulances getting to patients quicker: with improved ambulance response times for Category 2 incidents to 30 minutes on average over 2023/24, with further improvement in 2024/25 towards pre-pandemic levels.

NHS England has engaged with a wide range of stakeholders to develop the plan, and it draws on a diverse range of opinion and experience, as well as views of patients and users.

The Department of Health and Social Care, who produced the content on actions being taken in social care, have led on engagement with the sector.

The plan can be found here: <https://www.england.nhs.uk/publication/delivery-plan-for-recovering-urgent-and-emergency-care-services/>

For information and development of local system plans

NHS financial framework 2023/24 and associated guidance has been issued

The following documents set out the financial arrangements for 2023/24:

- NHS financial framework: Integrated care board and system finance business rules (<https://www.england.nhs.uk/publication/icb-and-system-finance-business-rules/>) - This document sets out the Integrated care board (ICB) and system finance business rules from 1 April 2023. This document should be read alongside the relevant NHS operational planning and contracting guidance.
- NHS operational planning and contracting guidance – found here: <https://www.england.nhs.uk/operational-planning-and-contracting/>
- Revenue finance and contracting guidance for 2023/24 – found here: <https://www.england.nhs.uk/publication/2023-24-revenue-finance-and-contracting-guidance/>
- Capital guidance for 2023/24 – found here: <https://www.england.nhs.uk/publication/capital-guidance-for-2023-24/>

For information

NHSE publishes statutory guidance for FT capital resource limits

The Health and Care Act 2022 includes a new discretionary power allowing NHS England to make an order imposing a limit on the capital expenditure of an NHS foundation trust.

As part of the Act, NHS England must publish statutory guidance about the circumstances in which they are likely to make an order and the method they would use to determine the limit; this document provides that guidance (<https://www.england.nhs.uk/long-read/foundation-trust-capital-resource-limits-statutory-guidance/>)


For information

Nuffield Trust briefing: People, partnerships and place: How can ICSs turn the rhetoric into reality?

A new era for health and social care formally arrived in England last year when 42 integrated care systems (ICSs) became legally enshrined as the bodies responsible for integrating the NHS and its composite parts with local authorities and other services. The idea behind this approach to integrating care is that the design of services and their delivery will be driven locally at 'place' level, largely in line with health and wellbeing board geographies. But given the longstanding history of integration as the focus of health and care policy, it is perhaps no surprise that many are sceptical about how and why these latest efforts will be different. Structures and organisational charts are evolving, but it is unclear yet what and whether real change will follow.

With this in mind, Nuffield Trust hosted a series of roundtable workshops as the new legislation was being formed and when ICSs became statutory entities in July 2022. They invited over 50 stakeholders representing varied perspectives and parts of the system and asked them to think about what integration at the local, place level might look like and what might need to change to realise that vision. This briefing sets out their findings and recommendations. <https://www.nuffieldtrust.org.uk/research/people-partnerships-and-place-how-can-icss-turn->

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	<p>the-rhetoric-into-reality</p> <p><i>For information</i></p>
DHSC 2021-22 accounts published	<p>The Comptroller and Auditor General of the National Audit Office, has reported on the 2021-22 accounts of the Department of Health and Social Care (DHSC), including his qualifications of his audit opinions.</p> <p>He has qualified his opinion because of insufficient audit evidence to support £1.36bn of consumables inventory. He has also qualified his opinion because he was unable to obtain sufficient evidence to support transactions and balances related to the UK Health and Security Agency (UKHSA) in the Departmental Group Accounts. He has issued a “disclaimer of opinion” on UKHSA’s own accounts. He has qualified his regularity opinion because a £2.457bn prior period adjustment was made without obtaining parliamentary approval which resulted in a breach of one of DHSC’s parliamentary control totals. The accounts can be found here: https://www.nao.org.uk/reports/dhsc-annual-report-and-accounts-2021-22/</p> <p><i>For information</i></p>
<p>Independent healthcare and the NHS (King’s Fund briefing)</p> 	<p>Private providers have always played a role in the NHS, and while there was a small increase in NHS expenditure on independent sector providers following the implementation of the Health and Social Care Act 2012, it has flatlined at a lower level since. Although the role of the independent sector in providing NHS services has not increased substantially in recent years, according to some data sources, private spending by individuals on health care – known as ‘out-of-pocket’ spending – has. As waiting lists continue to grow and the public continues to experience difficulties accessing health services, and as the NHS workforce crisis intensifies, more people may choose to opt out of the NHS and pay for treatment privately.</p> <p>In this briefing, the King’s Fund set out some of the trends in public and private spending on independent sector health care providers. They consider what factors may be driving these trends, look at the impact this has on household spending among different groups, and consider some of the implications for the public and the NHS.</p> <p>The briefing can be found here: https://www.kingsfund.org.uk/publications/independent-health-care-and-nhs</p> <p><i>For information</i></p>
Accountability and autonomy in the NHS in England: priorities for the Hewitt review (NHS Confederation report)	<p>Sir Chris Ham reflects in this report (https://www.nhsconfed.org/publications/accountability-and-autonomy-nhs-england) on progress made against his recommendations on the conditions ICSs need to succeed and on next steps for the Hewitt review. The key points summarised:</p> <ul style="list-style-type: none"> • Progress has been made in acting on some of the recommendations in the NHS Confederation’s report, Governing the Health and Care System in England. • This is most evident in plans to create a new NHS England (NHSE), reduce staffing at the centre and regions, and co-produce the operating framework. • More work is needed to reduce the number of national NHSE programmes, ensure greater consistency in how these programmes work, and bring an end to constant bidding for funds tied to specific priorities. • The Department of Health and Social Care’s (DHSC) 2020 report on Busting Bureaucracy should be revisited to release frontline staff to improve the delivery of care and enable senior leaders to look out more and look up less. • High priority should be given to an organisational development (OD) programme to support the development of collaboration, mutual respect and trust and determine how peer support, shared learning and improvement collaboratives can play a bigger part in improving performance in future. • Work is needed to define a high-performing integrated care system (ICS) and how data on performance can be used to stimulate

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improvements through transparent public reporting.

- The Hewitt review offers an opportunity for these and other issues to be addressed with priority being given to ensuring that planning guidance for 2023/24 is short and focused on a small number of national priorities, leaving scope for ICSs to add local priorities.
- Leaders in the DHSC and NHSE must recognise the exceptional pressures facing the health and care system and set out what a realistic set of medium-term objectives for ICSs looks like under current circumstances.

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.