



NHS Monthly Insight Report

April 2023


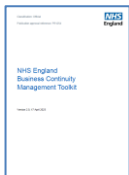

360 Assurance is a member of The Internal Audit Network (TIAN) which comprises the eight NHS internal audit consortiums and in house teams operating in England. These organisations collaborate across a number of areas to leverage their collective knowledge and expertise and drive efficiency and effectiveness. 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

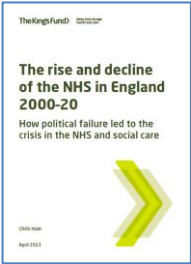
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Introduction

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 360 Assurance on behalf of TIAN and is shared across TIAN members and their clients.

Developments in the NHS	
<p>Sustainability reporting in the NHS (HFMA briefing)</p> 	<p>Each of the four nations of the UK have set net zero targets. Sustainability reporting is a key mechanism to support decision-making and accountability of progress towards these targets.</p> <p>This briefing sets out the NHS environmental sustainability commitments and reporting requirements across the United Kingdom, what NHS organisations must report in 2022/23, along with good practice in sustainability reporting for NHS organisations in 2022/23 and beyond. It also looks ahead at future developments, the role of the finance function and how they can get involved in supporting the agenda.</p> <p>It can be found here: https://www.hfma.org.uk/publications/details/sustainability-reporting-in-the-nhs</p> <p>For information</p>
<p>NHS England business continuity management toolkit</p> 	<p>This document highlights the need for Business Continuity Management (BCM) in NHS organisations so that they can maintain continuity of key services in the face of disruption from identified local risks. Under the Civil Contingencies Act 2004 and the Health and Social Care Act 2012 (as amended), all NHS organisations have a duty to put in place continuity arrangements. The toolkit is driven by the Plan, Do, Check, Act (PDCA) cycle along with being updated in line with both ISO 22301 principles, as well as the Business Continuity Good Practice Guidelines 2018.</p> <p>The toolkit can be found here: https://www.england.nhs.uk/publication/nhs-england-business-continuity-management-toolkit/</p> <p>NHS organisations should consider their arrangements against this best practice guide</p>
<p>NHS delivery and continuous improvement review: findings and recommendations</p> 	<p>The findings and recommendations of the delivery and continuous improvement review conducted by Anne Eden. The review's recommendations were consolidated into three actions:</p> <ul style="list-style-type: none">• Establish a national improvement board to agree a small number of shared national priorities on which NHS England, with providers and systems, which will focus our improvement-led delivery work• Launch a single, shared 'NHS improvement approach'• Co-design and establish a Leadership for Improvement programme. <p>The report can be found here: https://www.england.nhs.uk/publication/nhs-delivery-and-continuous-improvement-review-recommendations/</p> <p>For information</p>
<p>Primary care commissioning assurance framework</p>	<p>ICBs will take delegated authority to discharge a host of NHS England statutory functions. From 1 April 2023, all ICBs will assume delegated responsibility for primary care services, and ICBs will also enter into joint working arrangements with NHS England to jointly commission some specialised services. It is</p>

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	<p>intended that NHS England will delegate further direct commissioning functions to ICBs from April 2024.</p> <p>When ICBs assume responsibility for the delegated functions, the liability for those functions moves to the ICB. NHS England will retain overall accountability for the discharge of its responsibilities under the Act and therefore requires the necessary assurances that its functions are being discharged safely, effectively and in line with the legal requirements.</p> <p>The assurance framework sets out how NHS England will be assured that ICBs are exercising the delegated functions safely, effectively, and in line with legal requirements. The aim of the framework is to provide ICBs with details of what NHS England will need to be assured of and how they can evidence this to demonstrate compliance.</p> <p>It can be found here: https://www.england.nhs.uk/publication/primary-care-commissioning-assurance-framework/</p> <p><i>ICBs should ensure they can demonstrate compliance with the framework</i></p>
NHSE publishes revised agency rules	<p>This document sets out all the rules for trusts on agency expenditure, which are collectively known as the ‘agency rules’. It builds on and supersedes previous rules documents. Trusts should refer to this document for details on how to comply with all the agency rules, including the requirements to:</p> <ul style="list-style-type: none"> • comply with a ceiling for integrated care board total agency expenditure • procure all agency staff at or below the price caps • only use approved framework agreements to procure all agency staff. <p>The updated document can be found here: Agency-rules-changes-for-2023-to-2024.pdf (england.nhs.uk)</p> <p><i>Trusts must ensure they have procedures in place to comply with these rules</i></p>
Five principles for implementing the NHS Impact approach to improvement in England (The Health Foundation)	<p>The NHS is facing an unprecedented range of workforce, financial and performance pressures. The time has come to think and act differently and to do so at pace. What is needed is a strategy and management system capable of maximising the impact and spread of the many promising NHS-led innovations, service improvements and new technologies.</p> <p>The new NHS Impact approach to improvement could help to meet this need. It rightly articulates the importance of taking an aligned and integrated approach to improvement delivery and capability building across NHS provider organisations and integrated care systems (ICSs). Carefully implemented it could help to tackle the NHS’s most entrenched challenges, such as improving flow along urgent and emergency care pathways and improving GP access.</p> <p>To support the implementation of the NHS Impact approach to improvement by provider, ICS and national leaders, this Health Foundation long read sets out five guiding principles and some recommendations. Given the many challenges facing providers and ICSs, and the complexity involved in driving system-wide improvement, NHS England and its partners need to be realistic about the pace at which the improvement approach can be implemented. They should also take account of the different levels of improvement skills, knowledge, infrastructure and cultural maturity between organisations and care sectors, which could lead to uneven progress in implementing the improvement approach. Efforts to build learning processes and cultures across and between ICSs, which are vital in sustaining improvement across systems, need to be prioritised. Meanwhile, provider and integrated care board (ICB) leaders need to strengthen their strategic ambidexterity – the ability to balance short-, medium- and long-term strategic and operational priorities.</p> <p>The NHS Impact approach (https://www.england.nhs.uk/nhsimpact/) to improvement should be the defining way of doing things for providers, ICSs and national bodies. For this to happen it needs to become a centrepiece of national health care policy.</p> <p>The article can be found here: https://www.health.org.uk/publications/long-reads/five-principles-for-implementing-the-nhs-impact-approach</p> <p><i>For consideration by NHS bodies when implementing NHS Impact approach</i></p>
Hewitt review: an independent review of integrated care systems	<p>The review set out to consider the oversight and governance of integrated care systems (ICSs). Each ICS has an integrated care board (ICB), a statutory organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in the ICS area. ICBs include representatives from local authorities, primary care and NHS trusts and foundation trusts. The review covered</p>

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	<p>ICs in England and the NHS targets and priorities for which ICBs are accountable, including those set out in the government's mandate to NHS England. The government is now considering the recommendations made by the review, which can be found here: Hewitt Review: an independent review of integrated care systems - GOV.UK (www.gov.uk)</p> <p>In summary:</p> <ul style="list-style-type: none"> • The central premise is to shift away from a culture of top-down performance management to one of learning and improvement, significantly reducing the number of national priorities and targets • The review calls for a reset in national/local relationships away from hierarchical structures • Local variation should remain the name of the game when it comes to ICS development and ways of working. • A commitment to prevention is at the heart of the review • The review stops short of giving firm answers on the respective roles and responsibilities of providers and ICBs • The impact of the proposals is by no means certain, as the government has only committed at this stage to reviewing the recommendations made <p><i>For information</i></p>
<p>The rise and decline of the NHS in England 2000-20: How political failure led to the crisis in the NHS and social care (King's Fund report)</p> 	<p>Multi-year funding increases and a series of reforms resulted in major improvements in NHS performance between 2000 and 2010, but performance has declined since 2010 as a result of much lower funding increases, limited funds for capital investment, and neglect of workforce planning. Constraints on social care spending has also resulted in fewer people receiving publicly funded social care and a repeated cycle of governments promising to reform social care but failing to do so.</p> <p>The health and social care sector now finds itself facing unprecedented challenges, from increasing demand and growing waiting lists, to a workforce in crisis. This paper, from former Chief Executive of The King's Fund Chris Ham, analyses how a major public service that is highly valued by the public was allowed to deteriorate. It focuses on the period since 2010 and the factors that contributed to the decline of the NHS after the progress that had been made in the previous decade.</p> <p>While the current situation can feel overwhelming, the improvements that occurred between 2000 and 2010 show that change is possible where the political will exists. The paper concludes by setting out what now needs to be done to sustain and reform the NHS, with a focus on spending decisions, moderating demand and sharing responsibility with patients and the public, alongside a long-term perspective.</p> <p>The report can be found here: https://www.kingsfund.org.uk/publications/rise-and-decline-nhs-in-england-2000-20</p> <p><i>For information</i></p>

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.