



**NHS Monthly Insight Report**

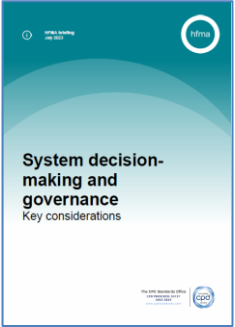
**July 2023**

# Monthly Insight Report

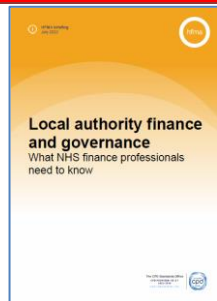
## July 2023

### Introduction

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.

Developments in the NHS	
<p>HFMA briefing: system decision-making and governance</p> 	<p>System governance decision-making, particularly in the context of financial and operational pressures, is complex. This briefing explores issues around system governance and decision-making. It explores the tensions that can arise due to competing financial duties and identifies the key questions to be asked in shaping local governance arrangements.</p> <p>Recognising that there is no one simple approach to making this work and that at this point in time each system is still developing its own arrangements, this paper sets out the context and key questions to be asked locally in shaping arrangements covering:</p> <ul style="list-style-type: none"> <li>• Duty, authority and power</li> <li>• Accountability, responsibility and</li> <li>• Governance and delegation</li> <li>• Differences in governance</li> <li>• Barriers in integrated decision-making</li> <li>• Collective decision-making</li> <li>• Managing conflict</li> <li>• Handling fundamental disagreement</li> <li>• Conflict within an NHS organisation</li> <li>• Assurance mechanisms</li> </ul> <p>This paper will be revisited as arrangements have time to develop. It can be found here: <a href="https://www.hfma.org.uk/docs/default-source/publications/briefings/system-governance-and-decision-making.pdf?sfvrsn=9c134ce7_0">https://www.hfma.org.uk/docs/default-source/publications/briefings/system-governance-and-decision-making.pdf?sfvrsn=9c134ce7_0</a></p> <p><i>For information</i></p>
<p>HFMA briefing: Local government finance and governance</p>	<p>Integrating health and social care has long been a priority. The NHS and local authorities have worked together in various guises across the years to deliver joined-up care for people who rely on multiple services.</p> <p>With the Health and Care Act 2022 (the Act), the relationship between the NHS and local authorities is now written into law. Most stakeholders support the way the Act formalises system working and welcome the opportunity to address the wider determinants of health, reduce health inequalities and improve outcomes. Working together is not however without challenge. The partners in any system come to the table with very different cultures, expectations and priorities.</p> <p>An important step in working together is taking the time to understand one another. This briefing is aimed at NHS staff and gives a short overview of local authority finance and governance. It explores some of the priorities and challenges facing local authority colleagues and</p>

## Developments in the NHS

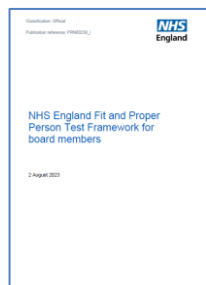


discusses cultural differences between local authorities and the NHS.

It can be found here: <https://www.hfma.org.uk/publications/details/local-authority-finance-and-governance> (requires HFMA login)

*For information*

NHS England Fit and Proper Person Test Framework for board members



NHS England (NHSE) published a new Fit and Proper Persons Test (FPPT) Framework on 2 August 2023 alongside guidance for chairs on implementation and additional guidance for those who will be conducting the testing, entering the information into the Electronic Staff Record (ESR) and signing off the FPPT. Parts of the framework take effect from 30 September 2023, with full implementation expected by 21 March 2024. Trust chairs are responsible for ensuring the FPPT is implemented effectively.

The Framework was produced in response to recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). This also takes into account the requirements of the Care Quality Commission (CQC) in relation to directors being fit and proper for their roles.

It can be found here: <https://www.england.nhs.uk/publication/nhs-england-fit-and-proper-person-test-framework-for-board-members/>

Guidance has also been issued for Chairs to implement the framework (<https://www.england.nhs.uk/publication/guidance-for-chairs-on-implementation-of-the-fit-and-proper-person-test-for-board-members/>).

NHS Provider has also produced a briefing which sets out the key elements of the framework, gives an overview of its contents, and includes our view on the framework and accompanying guidance. It can be found here: <https://nhsproviders.org/resources/briefings/next-day-briefing-fit-and-proper-persons-test-framework>

*For implementation by all NHS organisations*

NHS Providers' report:  
Stretched to the limit: Tackling the NHS productivity challenge

Despite performance gains to date, the NHS is tasked with delivering yet more activity within existing resources as well as taking further costs out of the system without impacting on patient care. This will present a major challenge for providers and staff, already stretched to the limit.

In this report NHS Providers explores the main barriers Trusts are facing as they seek to recover performance and improve productivity. They also consider the financial impact of current pressures and the scale of the efficiency ask, which is even more stretching than in 2022/23.

The report looks at what Trusts are already doing, both within their own organisations and in collaboration with system partners, to improve patient flow, reduce costs, deliver operational efficiencies, and improve productivity.

It also highlights what is needed from government and national bodies, in the short term and long term, to enable NHS providers to deliver the level and quality of healthcare the public expects and deserves.

It can be found here: <https://nhsproviders.org/stretched-to-the-limit>

*For information*

## Developments in the NHS

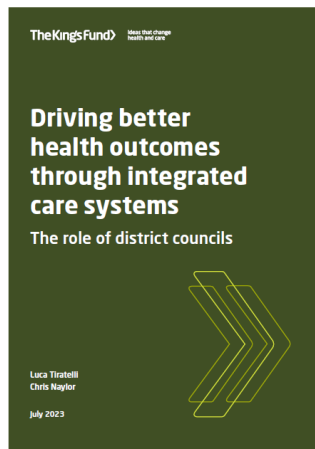
NHS Confederation briefing:  
How the upcoming major conditions strategy can set the conditions to prevent, treat and manage multimorbidity in England.

This briefing <https://www.nhsconfed.org/publications/prevention-integration-and-implementation> highlights that:

- NHS leaders have identified key levers that the major conditions strategy can use to maximise its impact on healthy life expectancy and reduce inequalities. These fall under three categories: create a healthy society; make the most of existing infrastructure and policy; and implementation.
- The major conditions strategy will allow health services to evolve from a single-disease approach to a multimorbidity approach, which will match how patients need to use the service.
- Integrated care systems will provide vital infrastructure for the sharing of data, integration of services and creation of a patient-centred approach to health and care provision.
- A health service designed around multimorbidity would be a step-change for patients and requires a series of shifts to be made in both focus and provision.

*For information*

Driving better health outcomes through integrated care systems: the role of district councils (Kings Fund report)



This report explores the role of district councils within integrated care systems. It suggests that there are five principles that underpin successful involvement of district councils in ICSs.

- creating effective local partnership structures that can drive collective action on the wider determinants of health
- aligning agendas across levels within the ICS so there is a 'golden thread' connecting work at system level and more local partnership work
- embedding district council leadership throughout the system
- investing in relationships between partners
- building shared purpose and collective

It identifies a range of actions that enable integration between ICSs and district councils and help to put the five principles described above into practice.

- identifying shared priorities and acting together on these
- promoting mutual understanding
- building an integrated workforce
- enabling data sharing
- building on existing structures or networks
- acting on all partners' priorities within the ICS
- consistent leadership and purpose over time

The report can be found here: <https://www.kingsfund.org.uk/publications/driving-better-health-outcomes-integrated-care-systems-role-district-councils>

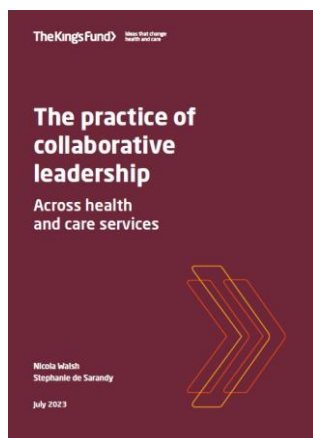
*For consideration within integrated care systems*

The practice of collaborative leadership across health and

Health and care staff are beginning to successfully work collaboratively across organisational and professional boundaries. However, after many years of government policies promoting organisational independence in the NHS, the switch to working together is proving challenging

## Developments in the NHS

care systems (Kings Fund report)



even within the new organising framework of an ICS.

The Kings Fund shows how health and care leaders at all levels have a critical role in modelling and rewarding collaborative behaviours but that this is insufficient on its own, attention also needs to be given to six key leadership practices:

- creating a safe, inclusive and trusting environment in which everyone can contribute fully – leaders need to look at problems from perspectives beyond their own. This means leaders need to be open and trusting, to connect with others and create different spaces in which people feel safe to contribute and be heard; to listen to and value others' contributions and ensure others do the same.
- building healthy relationships – this requires sustained effort but adopting a more relational way of working based on humility, respect and trust strengthens connections between organisations and individuals leading to increased staff engagement and more co-ordinated services.
- developing a shared purpose and shared group identity. It is important to clearly set out the shared purpose around why organisations or/and professional groups are working together and create a shared group identity to promote engagement across the collaboration and to address any power differentials (see below).
- actively managing any power dynamics – so no organisation or professional group dominates. Introducing processes that create a more open and participatory environment can also be useful to enable individuals to think differently.
- surfacing and managing any conflict – in collaborations you are working with different views and ideas, sometimes these will turn into conflict. It is important to approach any conflict with an open and curious mind, rather than turning away from it.
- developing shared decision-making processes – designing transparent processes that enable all key organisations or groups to contribute to a decision produces a range of benefits, although it takes longer. Benefits include greater ownership over the decisions adopted and strengthening trust across a collaborating group.

This report can be found here: [The practice of collaborative leadership | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/the-practice-of-collaborative-leadership)

*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.

