



NHS Monthly Insight Report

October 2023

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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

HFMA briefing: An introductory guide to costing in the NHS 2023 update



HFMA survey: Financial accounts year-end processes

The use of cost data and role of costing practitioners has evolved since the first publication of this guide in 2015. All sectors are now submitting patient level cost information centrally and there is increased awareness about useful of cost data at a local level to support sustainable healthcare.

The role of the costing practitioner has adapted to meet these changing requirements, but at its heart remains a requirement to collaborate with clinical and operational colleagues to ensure that services are designed and delivered with value for patients, organisations and the taxpayer at the centre.

In order to meet the increasing remit of the role of costing in the NHS it needs not only to expand the skill set of existing practitioners, but to substantially increase the number of people in this crucial role. The HFMA Healthcare Costing for Value Institute has produced this introductory guide to costing in the NHS as part of supporting our member organisations in doing just this. It can be found here: https://www.hfma.org.uk/publications/introductory-guide-costing-nhs-2023-update (access to HFMA member s only)

For information

In July and August 2023, the HFMA surveyed its members about the year-end process to see whether there were any lessons that could be learned. The survey was circulated to auditors as well as those preparing the annual report and accounts. The survey revealed the following key points:

- The length of time taken to prepare and finalise the accounts is the main concern identified in the survey. This was particularly an issue for commissioning organisations preparing two sets of part-year accounts but was also made worse by the timing of the planning submissions. For finance staff, this means that there are four to five months that they are unable or unwilling to take holiday which means that roles in financial reporting are difficult to fill.
- For providers, the audit of the accounts has slightly improved, but it was worse for commissioners this year which is not unexpected.
- Auditors are concerned about the quality of draft accounts and the pressure on NHS bodies to report a particular financial position
- Further guidance would be welcomed in relation to:
 - o capital accounting issues, including IFRS 16 and valuation
 - o provisions and accruals, in particular, the impact on the financial position of the NHS body
 - $\circ \quad \text{the remuneration report including the fair pay disclosures and senior managers' pensions} \\$
- IFRS 16 implementation was worse than expected for many respondents valuation of right of use assets was an unexpected issue at audit but also simply keeping the data up to date and embedding leases as business as usual is a concern.

The results can be found here: https://www.hfma.org.uk/publications/year-end-survey-202223

For information

Developments in the NHS	
CQC State of Care report 2022/23	State of Care is the CQC annual assessment of health care and social care in England. This year's report finds that the combination of the cost-of-living crisis and workforce pressures risks 'unfair care', with longer waits, reduced access and poorer outcomes for some. The report can be found here: https://www.cqc.org.uk/publications/major-report/state-care/2022-2023 For information
Patient and carer race equality framework (NHSE)	This NHSE document outlines the participatory approach to anti-racism that mental health trusts and mental health providers should take to improve experiences of care for racialised and ethnically and culturally diverse communities. It can be found here: https://www.england.nhs.uk/publication/patient-and-carer-race-equality-framework/ For implementation by mental health trusts and providers
Staff recognition framework – a guide for senior leaders and managers	The NHSE has issued a framework to support colleagues and leaders in health and care to further their understanding of, and approaches to, staff recognition. It can be found here: https://www.england.nhs.uk/publication/staff-recognition-framework-a-guide-for-senior-leaders-and-managers/ For consideration by NHS organisations
DHSC issues shared outcomes toolkit for integrated care systems	This toolkit aims to develop an approach to shared outcomes that builds on what others across integrated care systems (ICSs) have done, while also customising and adapting for local circumstances. It seeks to support places within ICSs in the development of their own local shared outcomes frameworks and includes: case studies of good practice suggestions for overcoming challenges example frameworks to help guide the development of locally-driven shared outcomes. This document (https://www.gov.uk/government/publications/shared-outcomes-toolkit-for-integrated-care-systems) also sets the context for shared outcomes within existing national oversight and outcomes frameworks and suggests models of delivery for places to consider. For consideration within systems
NHS Providers' briefing: Provider Selection Regime (PSR) draft guidance The Bright State of the State of th	NHS England and the Department of Health and Social Care have announced that the Provider Selection Regime (PSR) – the new framework for the procurement of health services – will launch on 1 January 2024. The draft statutory guidance sets out the scope of the new procurement regime as well as the various award processes decision-making bodies may use in their procurement of healthcare services. The aim of the PSR is to move away from competitive retendering as the default procurement process in support of a more flexible and collaborative approach to delivering services. The new regime will make it more straightforward to continue with existing service provision where arrangements are already working well. This briefing gives an overview of the statutory guidance's contents and also includes NHS Providers' view of the PSR and the implications of the new regime for trusts. It can be found here: https://nhsproviders.org/resources/briefings/next-day-briefing-provider-selection-regime-psr-draft-guidance For information
Addressing the leading risk factors for ill health – a	The building blocks of good health need to be in place in our communities – things like decent homes, good schools, and sound business practices. When these building blocks of health are weak or missing, our health can suffer; for example, when businesses promote unhealthy

Developments in the NHS

framework for local government action (The Health Foundation report)



products like alcohol and junk food.

Recent governments have had bold ambitions to improve health and reduce inequalities but have often shied away from the necessary population-level policy action required. National approaches have instead focused on supporting individuals to change their behaviour rather than creating healthy places for everyone.

In this gap, local authorities have continued to lead local efforts to improve health and tackle inequalities driven by risk factors such as tobacco, alcohol and unhealthy food.

This briefing aims to support local authorities in England to work across their teams and address these risk factors. This is done by setting out a framework for population-level actions, including examples of approaches taken by different councils and linking to relevant legislation.

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.

















