



NHS Monthly Insight Report

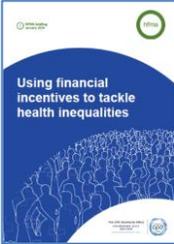
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Introduction

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	
<p>Department of Health and Social Care Annual Report and Accounts 2022-23</p>	<p>Gareth Davies, the Comptroller and Auditor General of the National Audit Office, has qualified his audit opinion on the DHSC accounts (https://www.nao.org.uk/reports/department-of-health-and-social-care-annual-report-and-accounts-2022-23/) because he has disclaimed the UK Health Security Agency (UKHSA) accounts for a second year running. The disclaimer of the UKHSA accounts is due to a combination of the impact of last year’s disclaimer, reducing the assurance over in-year transactions and opening balances, together with a lack of assurance over closing balances relating to the Covid Vaccine Unit (CVU).</p> <p>For information</p>
<p>HFMA briefing; Using financial incentives to tackle health inequalities</p> 	<p>Finance staff have a key role in ensuring financial incentives are designed effectively and form part of a wider financial strategy to reduce health inequalities. Financial incentives should be considered as one tool of many, not to be used in isolation but as part of a wider change programme. They work best when they are simple, predictable, use a clear evidence base and are designed to avoid the pitfalls.</p> <p>This briefing summarises the financial incentives which are already built in at a national level and looks at opportunities for individual systems to use financial incentives at a local level. Where relevant, the briefing considers how incentives support NHS England’s Core20PLUS5 approach on health inequalities. This is a national approach which provides structure and directs integrated care boards on which areas they might prioritise in order to have the greatest impact.</p> <p>The briefing can be found here: https://www.hfma.org.uk/publications/using-financial-incentives-tackle-health-inequalities</p> <p>For information</p>
<p>HFMA Introductory guide to NHS finance</p> 	<p>This guide is available for free for all NHS staff.</p> <p>The HFMA’s introductory guide to NHS finance is a comprehensive guide of how the NHS finance regime works, as well as the wider landscape in which it operates. It is designed to give readers a solid grounding in – and practical understanding of – all key aspects of NHS finance and will provide contextual background that helps explain how the NHS has developed over the years. It was updated in January 2024.</p> <p>The guide is a vital resource for anyone who wants to understand NHS finance and get the maximum value from NHS resources. It will be of interest to finance staff at all levels, non-executive directors, clinicians, budget holders and general managers. Indeed, anybody who wants to know more about how money works in the NHS; be they at the beginning of their career, moving to a new role, or just interested to understand the impact of recent changes.</p> <p>The guide can be found here: https://www.hfma.org.uk/publications/introductory-guide-nhs-finance</p> <p>For information</p>

Developments in the NHS	
<p>HFMA briefing: Summary of the provider selection regime</p>	<p>The provider selection regime (PSR) came into force on 1 January 2024. The PSR is set out in new statutory regulations that have been created under the Health and Care Act 2022. These regulations reflect the move away from competitive tendering and towards an integrated approach.</p> <p>This briefing (https://www.hfma.org.uk/publications/summary-provider-selection-regime) (requires HFMA login) summarises the key points of the PSR but is not a substitute for reading the regulations and NHS England’s guidance.</p> <p>For information</p>
<p>NHS Providers’ briefing: Secretary of state intervention powers in the reconfiguration of NHS services</p>	<p>Schedule 6 of the Health and Care Act 2022 established new powers for the secretary of state for health and social care in relation to NHS service reconfigurations, which come into force on 31 January 2024.</p> <p>The Department for Health and Social Care has issued new statutory guidance about reconfiguring NHS services and ministerial powers of intervention in service changes: Reconfiguring NHS services - ministerial intervention powers - GOV.UK (www.gov.uk)</p> <p>This briefing (https://nhsproviders.org/media/698034/nhs-providers-briefing_ministerial-intervention-powers-090124.pdf) sets out what NHS trusts and foundation trusts should know about the new powers and the requirement for commissioners to notify the minister about substantial reconfigurations.</p> <p>For information</p>
<p>IIA issues new Global Internal Audit Standards</p>	<p>The new Global Internal Audit Standards (https://www.theiia.org/en/standards/2024-standards/global-internal-audit-standards/) were released on 9 January 2024 and will become effective in January 2025.</p> <p>The previous version, the International Standards for the Professional Practice of Internal Auditing, released in 2017, remains approved for use during a one-year transition period.</p> <p>The Standards guide the worldwide professional practice of internal auditing, are principle-based, and serve as a basis for evaluating and elevating the quality of the internal audit function. At the heart of the Standards are 15 guiding principles that enable effective internal auditing. Each principle is supported by standards that contain requirements, considerations for implementation, and examples of evidence of conformance. Together, these elements help internal auditors achieve the principles and fulfill the Purpose of Internal Auditing.</p> <p>Audit Committees should seek assurance from their internal audit function regarding implementation of these Standards within the required timeframe</p>
<p>Inclusive digital healthcare: what you need to know (NHS Confederation briefing)</p>	<p>NHS England’s recent framework outlines the importance of digital inclusion throughout the NHS and provides guidance on effective and inclusive health and social care services to help address disparities and discrimination faced by digitally excluded groups. It emphasises the need for strong leadership commitment, geared towards addressing digital inequalities and creating parallel accessible services online and in-person.</p> <p>Collaboration with cross-sector partners within health and social care is also highlighted as important, especially with local and national initiatives that have unmatched access to excluded groups.</p> <p>The framework suggests there will be long-term financial savings from its implementation.</p> <p>While the framework provides clear, actionable starting points for staff across the NHS and beyond, there are implementation challenges around workforce, resources and funding that the framework does not address. This briefing looks at those challenges. It can be found here: https://www.nhsconfed.org/publications/inclusive-digital-healthcare-what-you-need-know</p> <p>For information</p>

Developments in the NHS

Nuffield Trust: An evaluation of Patient Initiated Follow Up (PIFU) outpatient services in the English NHS

Millions of people use hospital services as an outpatient, with numbers of appointments rising rapidly over recent years. As a relatively new initiative in England, the NHS has been rolling out patient-initiated follow-up ('PIFU' for short) for appropriate patients and conditions – with the idea that this may suit people's needs better while reducing unnecessary appointments at the same time. The NIHR RSET team was asked to conduct a mixed-methods evaluation to understand how it's working in different contexts, whether it's having an impact on re-appointment rates and workload, how the professionals and patients involved feel about it, and whether there are any unintended consequences. These slide sets (<https://www.nuffieldtrust.org.uk/research/an-evaluation-of-patient-initiated-follow-up-pifu-outpatient-services-in-the-english-nhs>) bring together the full results from the large-scale mixed methods evaluation that took place from 2022 to 2023. The analysis included a literature review, interviews with national stakeholders, staff and patients, and detailed analysis of national and local datasets to understand impact and concludes:

- In the NHS, PIFU is most commonly being used in short-term pathways (eg physiotherapy or following surgery), although there are several examples where it is being used for people with long-term conditions.
- Models of PIFU vary widely between trusts and clinical areas in the approach to patient selection, monitoring and discharge. The nature of the condition was a key influence on how PIFU was implemented.
- Where PIFU had been implemented successfully, enablers included conditions where symptoms and deterioration were easy to identify, clinical engagement, supporting guidance, champions, dedicated staff capacity and flexible recording systems.
- Barriers to successful implementation included patients not being aware they were on PIFU, perceptions of challenges accessing care, staff resistance, competing priorities and limited capacity to dedicate to PIFU, a lack of engagement with primary care and challenges updating Electronic Patient Record (EPR) systems to record PIFU activity.
- Increasing PIFU rates appear to be associated with less frequent outpatient attendance and rates of missed appointments, particularly within certain clinical specialties. However, in some specialties increased PIFU rates seem to be associated with *more frequent* visits.
- This complements findings from interviews with staff and our workshop in that the variety of ways PIFU is implemented can lead to different impacts.
- We found no practically significant association between PIFU rates and frequency of ED visits overall (results were statistically significant but of negligible effect size), but a small number of specialties appeared to have less frequent ED visits associated with higher PIFU rates.

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.

