



**NHS Monthly Insight Report**

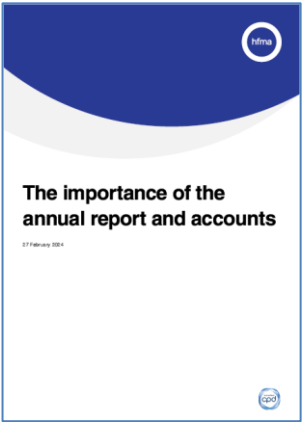
**February 2024**

# Monthly Insight Report

## February 2024

### Introduction

Audit Yorkshire is a member of The Internal Audit Network (TIAN), which comprises of 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 NHS 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 Audit Yorkshire.

Developments in the NHS	
<p>HFMA briefings: The importance of the annual report and accounts &amp; tailoring annual report and accounts</p> 	<p>The annual report and accounts is an official, legal document that demonstrates each NHS organisation's stewardship of public sector resources to their stakeholders. This HFMA briefing (<a href="https://www.hfma.org.uk/publications/importance-annual-report-and-accounts">https://www.hfma.org.uk/publications/importance-annual-report-and-accounts</a>) sets out why it is important, what is included in the document and why people not involved with its production should be interested.</p> <p>To be of value, the annual report and accounts document needs to provide stakeholders with the information they need without overwhelming them. In some cases, the annual report can seem like a document showcasing absolutely everything about an organisation, with the risk that key messages are lost or confused.</p> <p>The document needs to be prepared in accordance with the appropriate guidance that, to some extent, dictates its content. However, these are written with the intention of producing an annual report that is easy to read and reflects the unique story of each NHS body.</p> <p>This HFMA briefing (<a href="https://www.hfma.org.uk/publications/tailoring-annual-report-and-accounts">https://www.hfma.org.uk/publications/tailoring-annual-report-and-accounts</a>) considers what actions NHS bodies can do to ensure that the report and accounts document meets stakeholders' needs while also complying with the reporting requirements. The adoption of the new Code of governance is an opportunity for NHS providers to take a fresh look at their annual report and governance arrangements.</p> <p><i>For information</i></p>
<p>HFMA briefing: Introduction to the NHS payment scheme</p>	<p>This briefing is aimed at finance staff in all sectors who may not be directly involved in the contracting and commissioning of services, or who have recently moved into roles in this field. It may also be of interest to non-finance staff supporting the strategic design of services and pathways in their organisations and wider integrated care systems (ICSs).</p> <p>HFMA have included a section towards the end of the document highlighting other sources of information that are available on this topic, including further details of the overall process of allocating funds through the layers of the public sector structure.</p> <p><i>For information</i></p>

## Developments in the NHS

NHS leadership competency framework for board members & framework for conducting annual appraisals of NHS chairs

This framework is for chairs, chief executives and all board members in NHS systems and providers, as well as serving as a guide for aspiring leaders of the future. It is designed to:

- support the appointment of diverse, skilled and proficient leaders
- support the delivery of high-quality, equitable care and the best outcomes for patients, service users, communities and our workforce
- help organisations to develop and appraise all board members
- support individual board members to self-assess against the six competency domains and identify development needs.

It can be found here: <https://www.england.nhs.uk/publication/nhs-leadership-competency-framework/>

The chair's appraisal framework (<https://www.england.nhs.uk/publication/framework-for-conducting-annual-appraisals-of-nhs-chairs/>) establishes a more standardised approach to the annual appraisal of chairs, including integrated care board (ICB), NHS trust and foundation trust chairs.

***For implementation in NHS bodies***

Understanding differences in infant mortality rates across local areas (Nuffield Trust report)



Many previous studies on risk factors for infant mortality have focused on data at an individual level, but this hypothesis-generating piece of research, using an adjusted regression model, covers the whole population and analyses publicly available data from 2017 in a novel way.

Applying a linked data approach to local authority-level infant mortality rates in 2017, the Nuffield Trust found that infant mortality rates were likely to be higher in that year in areas where:

- there were fewer households with central heating and where households were more likely to be crowded;
- there was a greater proportion of the population who were severely obese;
- there was lower spend on early years provision and Sure Start.

This report (<https://www.nuffieldtrust.org.uk/research/understanding-differences-in-infant-mortality-rates-across-local-areas>) provides a new methodology for local authorities to better monitor and interrogate data that might not be available nationally. Focusing specifically on influences at this level will also help local authorities to build area-specific evidence to support better local decision-making and the development of targeted policies to tackle infant mortality.

***For information***

## Developments in the NHS

A picture of health: delivering the next generation NHS (NHS Providers' briefing)

The NHS is the keystone in the health of our nation, inextricably linked to our economic and social prosperity. Its key principles must be championed and protected at the same time as reflecting on the challenges it faces.

In anticipation of the next general election, this NHS Providers' briefing outlines five shared commitments focused on working with the government to deliver the next generation NHS and create a picture of health that is responsive, effective and continuously improving:

- 1 Reaffirm commitment to the core values of the NHS to improve health and care for all and reduce inequalities.
- 2 Build a new infrastructure programme for the NHS.
- 3 Nurture a thriving health and care workforce.
- 4 Champion a culture of openness, improvement and innovation.
- 5 Provide care in the right place at the right time.

The NHS Providers' briefing can be found here: <https://nhsproviders.org/resources/briefings/a-picture-of-health-delivering-the-next-generation-nhs>

***For information***

Building the health of the nation (NHS Confederation report)

Similar to the NHS Providers' briefing above, this sets out that Health and care leaders want to see the next government prioritise the following five areas:

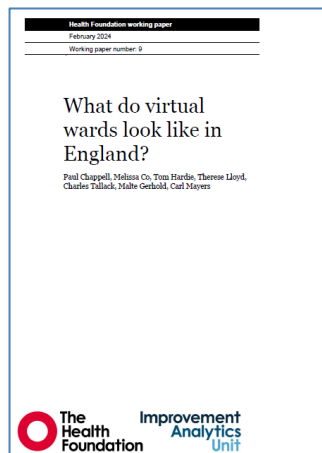
1. Put the NHS on a more sustainable footing, with no top-down structural reform in England for the next parliament. Commit to a short-term stabilisation plan during the first 12 months of parliament to help get performance in the English NHS back on track.
2. Increase NHS capital spending across the UK and reform how the capital regime operates. Specifically in England, capital funding needs to increase to at least £14.1 billion annually, a £6.4 billion increase from the current level of £7.7 billion. This is vital if we are to increase productivity and reduce waiting lists.
3. Commit to fund and deliver the NHS Long Term Workforce Plan for England, alongside an equivalent plan for social care.
4. Provide more care closer to home by enabling local health systems to proportionately increase investment upstream into primary care and community-based services, mental health and social care.
5. Deliver a strategy for national health given that most policy that impacts people's health is made outside the NHS. The Prime Minister should lead a cross-government national mission for health improvement to shift the focus from simply treating illness to promoting health and wellbeing, reducing inequalities and tackling the wider determinants of health, and supporting the public to be active partners in their own health.

This report can be found here: <https://www.nhsconfed.org/publications/building-health-nation-priorities-new-government>

***For information***

## Developments in the NHS

The Health Foundation: What do virtual wards look like in England?



In April 2022, NHS England launched its national virtual ward programme with the long-term aim of providing 40 to 50 virtual ward beds per 100,000 people in England. So far, every integrated care board in England has introduced virtual wards. Further aims of this programme include improving patient choice and experience, avoiding risks associated with inpatients stays and improving hospital flow by reducing lengths of stay and freeing up beds.

In this working paper (<https://www.health.org.uk/publications/what-do-virtual-wards-look-like-in-england>), the IAU analyses aggregate national data on virtual wards to describe what virtual wards currently look like across England and discuss the effects of virtual wards on patients, staff and hospital capacity, as well as the gaps in the evidence.

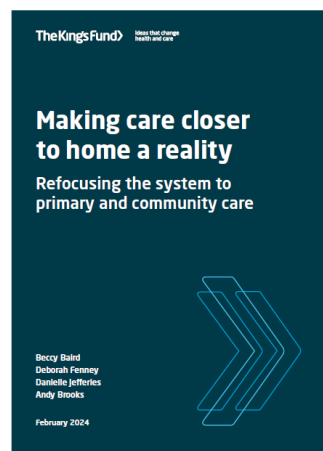
It is not yet clear if virtual wards reduce pressure on hospital beds. We do not know how many of the patients cared for on virtual wards would have been in hospital if they were not in a virtual ward bed. Better data will help with this.

Virtual wards may benefit some patients, but more research is needed, including on equity. They also may benefit patients with certain demographics or conditions more than others. Moving resources to virtual wards might also have unintended consequences for other services and their patients.

To enable better evaluation and improvement of virtual wards, we need good data. Current national virtual wards data only provide limited patient information. NHS England is developing a national minimum dataset for virtual wards that will allow better analyses.

*For information*

Making care closer to home a reality (Kings Fund report)



The health and care system in England must shift its focus away from hospital care to primary and community services if it is to be effective and sustainable. Despite successive governments repeating a vision of health and care services focused on communities rather than hospitals, that vision is very far from being achieved.

This research explored the underlying factors that have prevented change, and what might need to be done to achieve the vision; the Kings Fund analysed published evidence and national datasets, and interviewed stakeholders across the health and care system.

They found that to achieve the vision, political and other national leaders will need to completely shift their focus away from hospitals towards primary and community health and care – and all policies and strategies must align to that focus.

This report (<https://www.kingsfund.org.uk/insight-and-analysis/reports/making-care-closer-home-reality>) is not about closing hospitals or moving existing services from one location to another, although the latter option may sometimes be appropriate. Rather, it is about a wholesale shift in the focus towards primary and community health and care across the domains of leadership, culture and implementation. This will free up every sector to provide the care that it is best equipped to deliver.

*For information*

## Developments in the NHS

Arrangements for delegation and joint exercise of statutory functions

This guidance (<https://www.england.nhs.uk/publication/arrangements-for-delegation-and-joint-exercise-of-statutory-functions/>) is for integrated care boards, NHS trusts and foundation trusts and provides an overview of the new collaborative working arrangements that are possible between NHS organisations and local government following commencement of the Health and Care Act 2022.

*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.

