

**Audit Yorkshire
NHS Monthly Insight Report
August 2022**



Monthly Insight Report

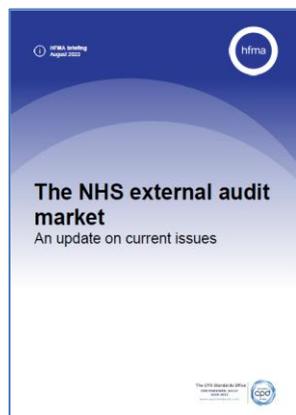
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Introduction

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 NHS Monthly Insight Report is produced by CW Audit on behalf of TIAN and is shared across TIAN members and their clients.

Developments in the NHS

The NHS external audit market: an update on current issues



Over recent years HFMA have increasingly heard from members that they are finding it difficult to appoint an external auditor, with little or no interest being shown in invitations to tender for external audit services. Some members have also reported that their auditor has resigned or has declined to extend the current audit contract.

There are many complex and intertwined factors leading to the issues in the NHS external audit market, with similar issues being reported in local government. HFMA's briefing in February 2021, *The NHS audit market: current issues and possible solutions* explored these issues and covered the tendering process, audit interest, risk, capacity and fees.

The public sector external audit market remains an area of significant concern, with some commenting that it is approaching crisis point. In May 2022, 61 finance directors and chief finance officers in England responded to a short HFMA survey to help establish a picture of the latest position on external audit appointments, and in particular any difficulties in audit procurement. This short briefing provides a reminder of the key issues in the external audit market and sets out the results of the survey. It also includes an update on national plans, along with local good practice actions that can be taken in the short term.

For information

Patient Safety Incident Response Framework issued



NHSE/I has issued the Patient Safety Incident Response Framework and supporting guidance (which can be found here: <https://www.england.nhs.uk/publication/patient-safety-incident-response-framework-and-supporting-guidance/>)

The following links take you to the relevant documents:

- [Patient Safety Incident Response Framework](#)
- [Engaging and involving patients, families and staff following a patient safety incident](#)
- [Guide to responding proportionately to patient safety incidents](#)
- [Oversight roles and responsibilities specification](#)
- [Patient safety incident response standards](#)
- [Patient Safety Incident Response Framework - Preparation guide](#)
- [Patient safety incident response policy and plan templates](#)

For implementation as required

Developments in the NHS

Next steps in increasing capacity and operational resilience in urgent and emergency care ahead of winter: NHSE/I issue guidance for emergency departments



The stated collective core objectives and actions communicated by NHSE/I are to:

- 1) Prepare for variants of COVID-19 and respiratory challenges, including an integrated COVID-19 and flu vaccination programme.
- 2) Increase capacity outside acute trusts, including the scaling up of additional roles in primary care and releasing annual funding to support mental health through the winter.
- 3) Increase resilience in NHS 111 and 999 services, through increasing the number of call handlers to 4.8k in 111 and 2.5k in 999.
- 4) Target Category 2 response times and ambulance handover delays, including improved utilisation of urgent community response and rapid response services, the new digital intelligent routing platform, and direct support to the most challenged trusts.
- 5) Reduce crowding in A&E departments and target the longest waits in ED, through improving use of the NHS directory of services, and increasing provision of same day emergency care and acute frailty services.
- 6) Reduce hospital occupancy, through increasing capacity by the equivalent of at least 7,000 general and acute beds, through a mix of new physical beds, virtual wards, and improvements elsewhere in the pathway.
- 7) Ensure timely discharge, across acute, mental health, and community settings, by working with social care partners and implementing the 10 best practice interventions through the '100 day challenge'.
- 8) Provide better support for people at home, including the scaling up of virtual wards and additional support for High Intensity Users with complex needs.

This guidance makes recommendations for models of initial assessment of patients arriving at emergency departments and provides standard definitions of the processes that classify as initial assessment: streaming, triage, and rapid assessment and treatment. It recognises that initial assessment and flow from the front door of a hospital are a crucial first step on a patient's journey.

To support ICBs, NHSE/I has provided an Assurance Framework to monitor progress monthly against the combined System Capacity Plans, Actions and Good Practice basics and improvement priorities developed with colleagues over time. This is aimed at supporting and ensuring trusts continue to implement best practice. Each AF will be unique to each ICS to reflect the specific capacity gaps that are identified.

The guidance and assurance framework can be found here: <https://www.england.nhs.uk/publication/guidance-for-emergency-departments/>

For implementation across integrated care systems

Realising the benefits of provider collaboratives (NHS Providers' briefing)



Greater collaboration between NHS organisations is enshrined in the Health and Care Act 2022 (the Act), which placed ICSs on a statutory footing in July 2022. Trusts will play a critical role in delivering the key purposes of ICSs, often through partnership arrangements that will act as delivery vehicles within ICSs including provider collaboratives, place-based partnerships and neighbourhood multi-disciplinary teams.

In this briefing, NHS Providers':

- provide a brief overview of how provider collaboratives are developing across England
- illustrate some of the emerging benefits that collaboratives are working to realise
- explore how trust leaders see the role of provider collaboratives developing within ICSs
- identify some key enablers and risks trust boards need to consider.

The briefing can be found here: <https://nhsproviders.org/realising-the-benefits-of-provider-collaboratives>

For information

Developments in the NHS

The staffing challenges facing community health services and how we can address them



Staff shortages in the community healthcare sector are significant, particularly in key services such as health visiting, podiatry, speech and language therapy, and community dentistry. This is particularly concerning, translating into some of the largest backlogs of care and long waits. The creation of new roles, or alternative routes into existing roles, could go some way to addressing staff shortages and developing a resilient and skilled workforce for the future. Community provider leaders particularly support investment in associate routes into posts such as allied health professionals (AHP).

Community providers can learn from each other and take action locally to address some of these challenges, including by sharing learning and best practice, developing collaboration across different parts of local health and care systems, and delivering an increased focus on supporting staff development and progression. However, national support and action is also needed to provide sufficient flexibility and to enable successful interventions at a local level. This includes

- better national workforce planning and funding;
- support to expand the development of new roles and alternative training routes; and
- support to scale up collaboration.

This NHS Providers' briefing sets out the key workforce pressures facing community health providers, alongside suggested solutions and policy enablers to increase workforce capacity in the sector.

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.