

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



# Monthly Insight Report

## October 2022

### 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

CQC State of Care 2021-22 report issued



The Care Quality Commission's (CQC's) [annual assessment of the state of health and social care in England](#) looks at the quality of care over the past year. This year – based on CQC's inspection activity, information received from the public and those who deliver care alongside other evidence – the assessment is that the health and care system is gridlocked and unable to operate effectively.

Most people are still receiving good care when they can access it – too often, however, people are not able to access the care they need. Capacity in adult social care has reduced and unmet need has increased. Only 2 in 5 people are able to leave hospital when they are ready to do so, contributing to record-breaking waits in emergency departments following a decision to admit, and dangerous ambulance handover delays. As part of work that included a series of coordinated inspections across the urgent and emergency care pathway in 10 Integrated Care Systems (ICSs), CQC convened a group of 250 health and care leaders – they described the system they work in as 'in crisis' and shared their fears that the risk of people coming to harm represents a worrying new status quo.

Health and care staff want to provide good, safe care but are struggling to do so in a gridlocked system. This is reflected in growing public dissatisfaction with health and care services – which is mirrored in staff dissatisfaction. More staff than ever before are leaving health and social care and providers are finding it increasingly challenging to recruit, resulting in alarmingly high vacancy rates which have a direct impact on people's care. Without action now, staff retention will continue to decline across health and care, increasing pressure across the system and leading to worse outcomes for people. Services will be further stretched, and people will be at greater risk of harm as staff try to deal with the consequences of a lack of access to community services, including adult social care. This will be especially visible in areas of higher economic deprivation where access to care outside hospitals is most under pressure. In addition to the increased risk of harm to people, more people will be forced out of the labour market either through ill health or because they are supporting family members who need care.

Many of the challenges services are now facing are linked to historical underinvestment and lack of sustained recognition and reward for the social care workforce. The crucial role of social care is increasingly being recognised by healthcare leaders – with some taking action to jointly invest in and commission social care services with partners in local government in recognition of the benefits for their whole local system. While there is no silver bullet, joining up these pockets of local innovation has the potential to help to ease the gridlock and improve outcomes for people.

Solutions to the problems that affect people's care can only come from long-term planning and investment, with local areas taking a whole system view that recognises the relationship between health and social care and addresses the root causes behind the immediate and obvious problems. To understand what is driving performance, local leaders need to bring together data and information from providers and other local stakeholders and agree success measures that are focused on people's overall experience of care, not limited to organisation or sector. Better quality data and increased data sharing are critical not only to planning for people's care needs but to understanding and tackling inequalities in people's experience of and access to care. CQC's work across local areas has highlighted that the current recording of demographic data, especially on ethnicity and disability, is not good enough.

Workforce shortages across all sectors need to be addressed through innovative initiatives that look to the future. The focus should be on shaping

## Developments in the NHS

more flexible workforce models that help local systems meet the needs of people – all people – who are in turn empowered to take a more active role in their own wellbeing. In adult social care, where workforce shortages are particularly acute, there needs to be increased funding and support for ICSs so they can own and deliver a properly funded workforce plan that recognises the adult social care workforce crisis as a national issue and ensures that pay and rewards attract and retain staff.

In this year's report, CQC also highlights its concerns about specific service areas, in particular maternity services and those that care for people with a learning disability and autistic people – areas where inspections continue to find issues with culture, leadership, and a lack of genuine engagement with people who use services. In response to the national challenges faced by maternity services, CQC has begun a new maternity inspection programme, which aims to help services improve, both at local and national level. Next year, our ongoing programme of work focusing on services for people with a learning disability and autistic people will be extended to residential mental health settings.

The report can be found here: <https://www.cqc.org.uk/publication/state-care-202122>

### **For information**

HFMA October briefing:  
Financial reporting watching  
brief 2022/23 and beyond



The October 2022 briefing identifies the key changes for 2022/23 and beyond which may affect NHS bodies' annual report and accounts.

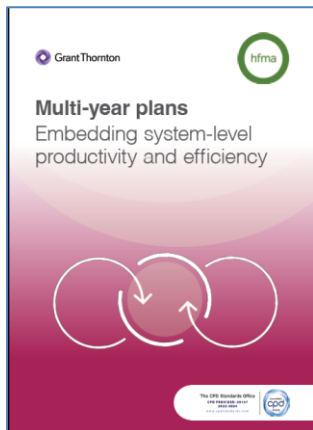
This briefing highlights the most recent guidance on the preparation of the 2022/23 annual report and accounts, the application date for IFRS 16, the amended financial reporting standards and recent changes to NHS specific guidance.

It can be found here: [https://www.hfma.org.uk/publications/details/financial-reporting-watching-brief-2021-22-and-beyond-\(october-2021update\)](https://www.hfma.org.uk/publications/details/financial-reporting-watching-brief-2021-22-and-beyond-(october-2021update))

### **For information**

## Developments in the NHS

HFMA briefing - Multi-year plans: embedding system-level productivity and efficiency



On 1 July 2022, 42 integrated care boards (ICBs) became statutory organisations responsible for bringing together the NHS locally to improve population health and establish shared strategic priorities. This autumn, it is expected that NHS England will issue planning guidance that will require the ICBs and their systems to develop a longer-term plan, covering the period 2023/24 to 2027/28.

When developing plans over a long period, the first two years will be a detailed operational plan, setting out how organisations and systems are going to meet current pressures and demand within existing constraints such as workforce, finance, and estates. The anticipated refresh of the NHS long term plan will set out a number of expectations and targets for activity. The later three-year period will be planned at a more strategic level, setting out aims and aspirations for how services will develop, how the workforce will evolve and how the ICB can leverage system working to transform the local NHS in a positive way.

The scale of the challenge facing the NHS is vast. The impact of the pandemic on waiting times and the need to recover elective activity and tackle waiting lists can appear to overshadow other aspects of care and recovery. However, ICBs, as part of their wider integrated care system (ICS), have four key aims:

- improving outcomes in population health and healthcare
- tackling inequalities in outcomes, experience and access
- enhancing productivity and value for money
- helping the NHS to support broader social and economic development.

The plans developed by organisations in the coming months must not only tackle the immediate need for recovery but also address the longer-term strategy that will meet the four key aims.

At a time when financial and workforce resources are severely constrained, the golden thread that draws all of this together is the need to find more efficient ways of delivering services together with improvements to productivity. Many of the balanced plans submitted by ICBs to date depend on delivering a significant level of efficiency.

Grant Thornton supported six systems in the Midlands with the elective recovery planning round. This work identified three key areas of focus for ICBs and systems when developing plans for the next five years, both to address elective recovery and to deliver wider system-level improvements to meet the NHS's strategic objectives. The three areas are:

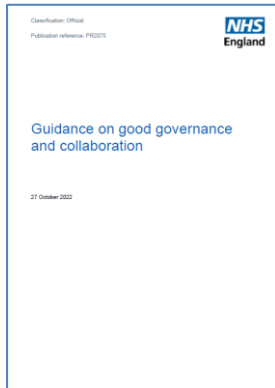
- the need to develop whole system solutions
- the importance of innovative workforce models
- optimising digital technologies and the use of data.

This briefing draws on the work carried out by Grant Thornton and supplements it with learning from the HFMA's members. It can be found here: <https://www.hfma.org.uk/publications/details/multi-year-plans-embedding-system-level-productivity-and-efficiency>

**For information**

## Developments in the NHS

NHS England: Guidance on good governance and collaboration

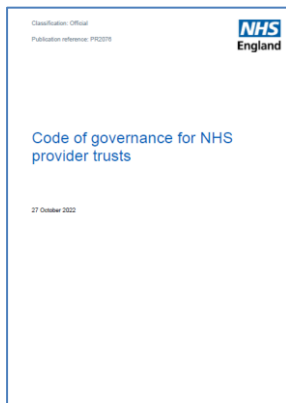


NHSE has issued new guidance on good governance and collaboration that sets out expectations on how trusts should collaborate and links effective collaboration to a governance licence condition under the provider licence.

It can be found here: <https://www.england.nhs.uk/publication/guidance-on-good-governance-and-collaboration/>

***For implementation within ICS***

Revised Code of Governance for NHS provider trusts issued by NHSE



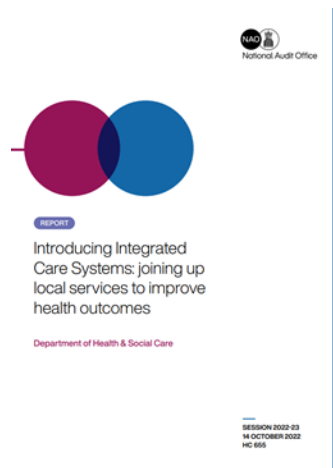
An updated code of governance for NHS provider trusts which sets out an overarching framework for the corporate governance of trusts. The new code will cover both foundation trusts and NHS trusts. The code will come into effect from 1 April 2023 and replace the 2014 NHS foundation trust code of governance.

It can be found here: <https://www.england.nhs.uk/publication/code-of-governance-for-nhs-provider-trusts/>

***For implementation by providers***

## Developments in the NHS

NAO issues report - Introducing Integrated Care Systems: joining up local services to improve outcomes



This report examines the setup of ICSs by DHSC, NHS England (NHSE), and their partners and the risks they must manage. Unlike many National Audit Office reports, this is not an assessment of whether the programme has secured good value for money to date because ICSs have only recently taken statutory form. Instead, it is an assessment of where they are starting from and the challenges and opportunities ahead. The NAO make recommendations intended to help manage those risks and realise those opportunities.

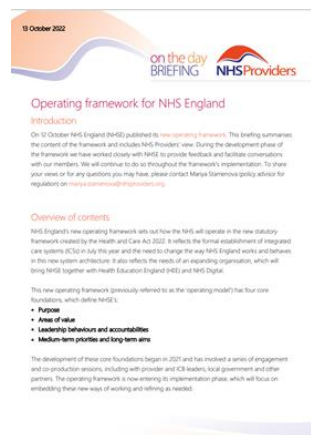
This summary provides their key findings, conclusion on ICSs' likely success, and recommendations. The rest of the report sets out:

- an introduction to ICSs, describing their structure, objectives, and governance arrangements (Part One);
- an overview of the positions that ICSs are starting from, in terms of finances, staffing and activity levels, and some of the wider challenges facing the health and care sector (Part Two); and
- an examination of government's efforts to improve population health through better integration and a focus on prevention, and our assessment of ICSs' prospects for success this time (Part Three). Introducing Integrated Care Systems: joining up local services to improve health outcomes

The report can be found here: <https://www.nao.org.uk/reports/introducing-integrated-care-systems-joining-up-local-services-to-improve-health-outcomes/>

### **For information**

NHS Providers' briefing: NHS England's new operating framework



On 12 October, NHS England (NHSE) published its [new operating framework](#). The document sets out how the NHS will operate in the new statutory framework created by the Health and Care Act 2022, and reflects the formal establishment of integrated care systems (ICSs) and NHSE's expanding remit. The framework defines NHSE's purpose, its areas of added value, and sets out the roles and accountabilities of providers, integrated care boards and NHSE's national and regional teams. This briefing summarises the content of the guidance and includes NHS Providers' view.

The briefing can be found here: <https://nhsproviders.org/resources/briefings/on-the-day-briefing-nhs-englands-new-operating-framework>

### **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.**