



NHS Monthly Insight Report

May 2025

Monthly Insight Report

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Introduction

Audit Yorkshire is a member of The Internal Audit Network (TIAN), which comprises of seven 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	
UK Health Security Agency (HSA) - Health inequalities in health protection report 2025	<p>Health inequalities in health protection have a high human cost across people and places. They have a wider societal impact, including on health services and economic productivity. The causes of and solutions to addressing health inequalities are often systemic, structural and complex. This report sets out the extent of these health inequalities. It also sets out how the UK HSA aims to make health protection fair.</p> <p>https://www.gov.uk/government/publications/health-inequalities-in-health-protection-report/health-inequalities-in-health-protection-report-2025</p> <p>For information</p>
NHS England (NHSE) & DHSC – Very Senior Managers (VSM) pay framework	<p>The VSM pay framework is designed to support the NHS in securing the best senior leaders, with the right skills and experience, to deliver exceptional care and services for patients and their local communities. The framework applies to all integrated care boards (ICBs) and NHS provider trusts and seeks to strengthen the link between reward and performance outcomes, increase transparency and offer flexibility to attract talented candidates to the most challenging roles. The VSM pay framework has been jointly produced by NHS England and the Department of Health and Social Care (DHSC), with the policy owned by DHSC.</p> <p>This new pay framework for VSMs brings together arrangements for trusts and ICBs, creating greater consistency in the approach to pay across NHS organisations. In doing so, it removes the differentiation between different types of trusts and introduces pay benchmarks that account for organisational size and turnover more appropriately. By introducing a greater focus on performance, the framework is designed to ensure pay is closely aligned with the delivery of outcomes and will incentivise improvements where these are needed most.</p> <p>https://www.england.nhs.uk/leaders/vsm-pay-framework/</p> <p>For information and implementation by all NHS bodies</p>
NHS England - A climate adaptation framework for NHS organisations in England	<p>This resource has been developed to support NHS organisations to adapt to climate change. Drawing from a model developed for the public sector in Scotland, this Framework provides a holistic approach to organisational change, for any NHS organisation to prepare for and respond to the impacts of climate change.</p> <p>https://www.england.nhs.uk/long-read/a-climate-adaptation-framework-for-nhs-organisations-in-england/</p> <p>For information and consideration by all NHS bodies</p>

Developments in the NHS	
NHS England - Patient safety healthcare inequalities reduction framework	<p>This framework sets out 5 principles to reduce patient safety healthcare inequalities across the NHS. It outlines opportunities for implementation that local teams and ICBs can take up, as well as the work NHS England is taking nationally to support and enable this. These principles align with the aims of NHS England's Patient safety strategy and Core20PLUS5 approach for adults and for children and young people to address healthcare inequalities. This framework is for all NHS providers and their staff, and particularly leaders, managers and educators implementing strategies to foster a culture of inclusive, safe care.</p> <p>https://www.england.nhs.uk/long-read/patient-safety-healthcare-inequalities-reduction-framework/</p> <p>For information and consideration by all NHS providers</p>
NHS England – Being Fair Tool: Supporting staff following a patient safety incident	<p>Patient safety incidents are usually signs of underlying systemic issues that require wider system-level action. Action singling out an individual is rarely appropriate. By treating staff fairly, the NHS can foster a culture of openness, equity and learning where staff feel confident to speak up when things go wrong. Supporting staff to be open about mistakes allows valuable lessons to be learnt and prevents errors from being repeated. However, in rare circumstances a learning response may raise concerns about an individual's conduct or fitness to practise. It is in these specific circumstances that the being fair tool can help you decide what next steps to take.</p> <p>The being fair tool has been developed by the NHSE national patient safety team in collaboration with stakeholders including NHS provider organisations, healthcare regulators, NHS Resolution and patient safety representatives. This tool replaces the 'just culture guide' previously used by NHSE which was published in 2018, based on James Reason's incident decision tree. It was intended as a tool to ensure that staff were not treated unfairly after a patient safety incident. A discovery phase ran from November 2023 to March 2024 to assess the effectiveness of the guide in practice, particularly in the light of the rollout of the Patient Safety Incident Response Framework (PSIRF). Following a series of semi-structured interviews with key stakeholder organisations, and focus groups with 20 provider organisations, NHSE's 'a just culture guide' was identified as no longer fit for purpose. An updated tool was therefore needed to better meet the needs of the NHS in the context of PSIRF.</p> <p>https://www.england.nhs.uk/patient-safety/patient-safety-culture/being-fair-tool/</p> <p>For information and implementation by all NHS bodies</p>
NHS England - AI-enabled ambient scribing products in health and care settings: An overview for NHS executives and Boards	<p>This document offers high-level information for NHS senior executives and Board members on ambient scribing products that feature Generative Artificial Intelligence (AI), for use across health and care settings in England. These products are sometimes referred to as ambient scribes or AI scribes and include advanced ambient voice technologies (AVTs) used for clinical or patient documentation and workflow support. Ambient scribing products offer an important opportunity for the NHS to improve patient care, enhance clinical efficiency and productivity, address poor data quality and automate coding.</p> <p>https://www.england.nhs.uk/long-read/ai-enabled-ambient-scribing-products-in-health-and-care-settings/</p> <p>The document is accompanied by guidance aimed at Chief Information Officers (CIOs) and Chief Clinical Information Officers (CCIOs) leading AI adoption in health settings. The guidance details key safety and regulatory considerations and includes an Appendix with further actionable steps for technical and product teams:</p> <p>https://www.england.nhs.uk/long-read/guidance-on-the-use-of-ai-enabled-ambient-scribing-products-in-health-and-care-settings/</p> <p>For information</p>
NHS England - Integrated urgent	<p>This document outlines the integrated urgent care (IUC) key performance indicators (KPIs) which commissioners must apply in relation to</p>

Developments in the NHS

care: key performance indicators 2025/26

the service. It is for use by local commissioners, providers and NHSE. It must be read in conjunction with the Integrated urgent care aggregate data collection specification (2023/24) which provides each of the metrics used in the KPIs, and the current Integrated urgent care service specification which provides additional detail. This document seeks to clarify which organisations need to report against the KPIs listed and provides guidance to both commissioners and service providers on compliance.

<https://www.england.nhs.uk/long-read/integrated-urgent-care-key-performance-indicators-2025-26/>

For information and implementation

NHS England - Sharing information during major incidents and emergencies

NHSE has issued guidance on sharing information during major incidents and emergencies. It provides advice to health and care organisations of considerations that need to be made when sharing information during major incidents and emergencies and advice to patients on how information may be shared in emergencies.

<https://transform.england.nhs.uk/information-governance/guidance/sharing-information-during-major-incidents-and-emergencies/>

For information

NHS England - Freedom to Speak Up

NHSE has issued Freedom to Speak Up (FTSU) guidance to help staff and patients understand the process, and FTSU guardians and information governance professionals to manage information raised in a safe and appropriate way.

<https://transform.england.nhs.uk/information-governance/guidance/freedom-to-speak-up/>

For information

Health Services Safety Investigations Body (HSSIB) - Mental health inpatient settings: overarching report of investigations

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Investigation report

**Mental health inpatient settings:
overarching report of investigations
directed by the Secretary of State for
Health and Social Care**

Date Published:
13/05/2025

Theme:
Mental health

This PDF was downloaded from the Health Services Safety Investigations Body (HSSIB) website. To make sure you are reading the latest version, and for accessible reports, please visit <https://www.hssib.org.uk>

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In June 2023 the Secretary of State for Health and Social Care announced that the HSSIB would undertake a series of investigations focused on mental health inpatient settings. This overarching report brings together and explores cross-cutting patient safety risks across the individual HSSIB investigations. The aim of this report is to examine patient safety risks identified across the series of inpatient mental health investigations. This report acknowledges that the delivery of mental health inpatient care is complex and influenced by many interacting factors.

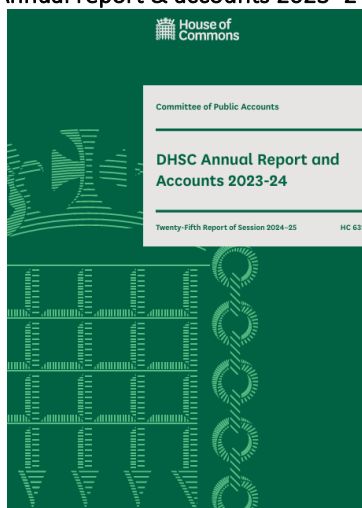
The report also shares new information that was outside of the terms of reference of specific reports. This report's findings offer opportunities to facilitate improvements in systems, practices and future plans to support patient safety in mental health inpatient settings. Findings may also be applicable to other healthcare services in England.

<https://www.hssib.org.uk/patient-safety-investigations/mental-health-inpatient-settings/fifth-investigation-report/pdf/>

For information

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House of Commons Public Accounts Committee (PAC) - DHSC Annual report & accounts 2023–24

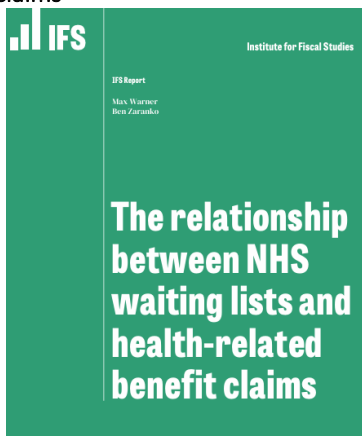


The PAC report notes how forthcoming staff cuts and NHS England's abolition have caused great uncertainty for all involved with the health system. The report on the Department of Health and Social Care's accounts 2023–24 underlines concerns about the impact this uncertainty may have on patients and staff. It also finds that £58.2 billion has been set aside to cover the potential cost of clinical negligence events. The report concludes that improvements still need to be made to better protect both patients and public money

<https://committees.parliament.uk/publications/47801/documents/249699/default/>

For information

Institute for Fiscal Studies - The relationship between NHS waiting lists and health-related benefit claims



The number of people claiming health-related benefits in England has risen substantially in recent years, coinciding with a pronounced increase in NHS waiting lists and waiting times. It is sometimes suggested that these two phenomena might be linked. This report finds no evidence that rising waiting lists for pre-planned hospital treatment have been a major driver of increases in the receipt of health-related benefits by working-age adults since the start of the pandemic.

<https://ifs.org.uk/sites/default/files/2025-04/The%20relationship%20between%20NHS%20waiting%20lists%20and%20health-related%20benefit%20claims.pdf>

For information

The Health Foundation - UK mortality trends and international comparisons

This briefing compares trends in mortality within the UK and with 21 high-income countries, based on new research by the London School of Hygiene and Tropical Medicine. The research highlights several concerning trends:

- Improvements in UK mortality rates slowed significantly in the 2010s, more so than in most other high-income countries.

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- The UK's female mortality rates have been consistently poor compared with peer countries. For every year between 1990 and 2023, the female mortality rate in the UK was 4–16% higher than the median of other high-income countries
- There are stark inequalities across UK nations, with Scotland having mortality rates 17–20% higher than England. There are also stark inequalities between regions within England, with mortality rates in the North East and North West being 20% higher than the South West.
- The worsening of the UK position relative to peers has been especially marked for people aged 25–49. As of 2023, the 25–49 female mortality rate was 46% higher than the median of peer countries, while the 25–49 male mortality rate was 31% higher.
- Much of the worsening UK position for the 25–49 age group between 2001 and 2019 was driven by deaths from external causes. Drug-related deaths also played a key role – these accounted for 42% of the worsening for women and 28% for men.
- There are stark inequalities in drug-related deaths across the UK, with Scotland having drug-related mortality rates 4 times higher than England and the North East of England having drug-related mortality rates 3.5 (men) to 4 times (women) higher than London.

<https://www.health.org.uk/reports-and-analysis/briefings/uk-mortality-trends-and-international-comparisons>

For information

Centre for Mental Health - Investment priorities for mental health 2025



At a time of rising demand for mental health care and years of declining mental wellbeing in society, mental health services in England are under enormous pressure. The upcoming 10 Year Health Plan and Spending Review provide an opportunity for the government to ensure that public money is spent wisely, on services that will meet people's needs effectively, equitably, and in a timely manner. This report draws on existing evidence about six investment priorities that would support better mental health and represent good value for money.

https://www.centreformentalhealth.org.uk/wp-content/uploads/2025/05/CentreforMH_InvestmentPrioritiesForMH2025.pdf

For information

NHS Providers - Bold action: tackling inequalities in maternity care

This briefing summarises the findings from a series of interviews with trust leaders where they described the barriers and enablers to improvement in maternity services, with a particular focus on health inequalities. Drawing on these conversations, and NHS Providers' longer-term work in this area, they have set out a number of calls to action. These look across improving access and preventative care, developing the workforce, working with women and communities, addressing race inequalities, streamlining reporting requirements and unlocking resource.

<https://nhsproviders.org/resources/bold-action-tackling-inequalities-in-maternity-care>

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NHS Providers - Model ICB Blueprint



Model ICB Blueprint

Last week NHS England (NHSE) shared the first version of the Model ICB Blueprint with ICB leaders. This document is intended to help ICBs produce plans by the end of May to reduce their running costs by 50%. It sets out an initial vision for ICBs as strategic commissioners, and the role they will play in realising the ambitions of the 10 Year Health Plan. NHSE expects to carry out further engagement over the coming weeks, including with providers to embed local plans.

This briefing provides a summary of the blueprint document, highlighting the aspects most relevant to trusts, and includes NHS Providers' view. The blueprint document has also been included at the end of the briefing. For any questions about this briefing or feedback on the blueprint, please get in touch with Emily Newton at emily.newton@nhsproviders.org.

Context

The Model ICB Blueprint builds on NHS England's letter to trust and system leaders issued at the start of the financial year. The letter set out two key expectations for ICBs: a 50% reduction in their running costs, and a shift towards positioning ICBs as strategic commissioners, central to delivering the ambitions of the 10 Year Health Plan. This vision, which is shaped by the government's three shifts – from hospital to community, treatment to prevention, and analogue to digital – are all set out as the central drivers for how ICBs will be expected to work within their systems.

The blueprint provides an additional level of detail on how ICBs are expected to evolve and sets out which of their functions may in future be transferred to providers. It defines the system leadership role of ICBs in improving population health, reducing inequalities, and ensuring access to high-quality care. While this closely aligns with the well-established four core aims of integrated care systems (ICs), the slight variation in language signals a renewed emphasis on the commissioning role of ICBs, aligning with the Health and Care Act 2022, which expressed function of ICBs as "arranging for the provision" of various services. The document also emphasises the role of ICBs as "payers" and sets out how they should evolve to fulfil this purpose effectively.

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For information and consideration

NHSE has shared the first version of the Model ICB Blueprint with integrated care board leaders. ICBs need to produce plans to reduce their running costs by 50%. It sets out an initial vision for ICBs as strategic commissioners, and the role they will play in realising the ambitions of the 10 Year Health Plan. This briefing provides a summary of the blueprint document, highlighting the aspects most relevant to trusts, and includes NHS Providers' view.

<https://nhs-providers.uksouth01.umbraco.io/media/3ipkkroi/model-icb-blueprint-may-2025.pdf>

For information of ICBs

NHS Confederation - Supporting system improvement: lessons from a peer learning programme



This report aims to provide insights into some of the key challenges facing those who are leading and delivering improvement across systems, and how peer learning can facilitate progress in this space. Key points include:

- Health and care systems are under significant pressure. System improvement can help deliver more holistic, place-based care that improves people's health and expands beyond the confines of the NHS to include the voluntary sector, local government and other partners. It provides an opportunity to do things differently by working at scale, actively breaking down siloes, maximising resources and tackling issues that cannot be solved by individual organisations – harnessing improvement methodologies.
- Programme participants spoke about several challenges that stifled progress in system improvement, including fragmentation and siloed working, financial constraints, and lack of senior leadership support. These challenges, alongside the reality that the complexity of system change means that progress may take time, can take its toll on the individuals leading system improvement efforts.
- Peer learning supports system improvement by nurturing a sense of belonging and providing peer support, reducing the sense of isolation. It enables leaders to share experiences and challenges, facilitating knowledge sharing and benchmarking, through helping them learn from other systems. Additionally, peer learning can help support effective and trusting relationships, a crucial element of effective system improvement to improve quality of care and patient outcomes.
- System leaders should consider strengthening peer learning mechanisms and enhancing leadership and governance for system improvement. Central bodies should develop and promote a shared approach to system improvement, and support peer learning programmes and networks at a national scale.

<https://www.nhsconfed.org/system/files/2025-04/Supporting-system-improvement-peer-learning-programme.pdf>

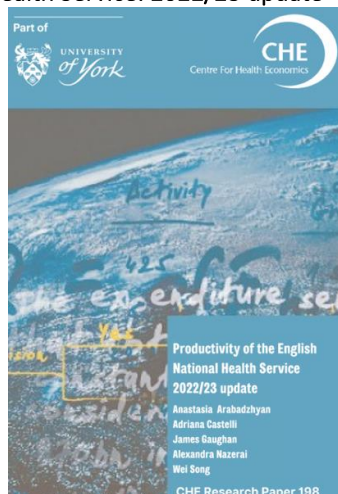
For information and consideration

Centre for Health Economics - Productivity of the English National

This report extends previous investigations into NHS productivity growth carried out at the University of York. The results are based on independent research commissioned and funded by the NIHR Policy Research Programme. The report provides an update on NHS

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Health Service: 2022/23 update



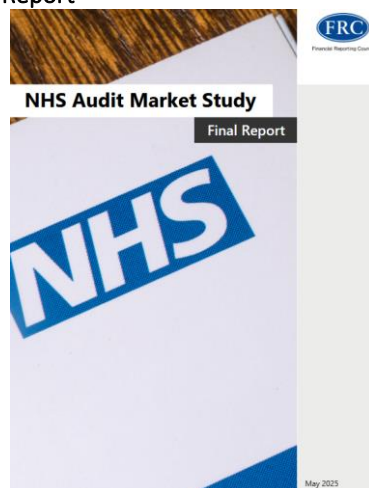
productivity between 2021/22 and 2022/23, and evaluates whether the NHS system has recovered from the effects of the COVID-19 pandemic by determining the productivity growth between 2019/20 and 2022/23.

The findings identify that NHS productivity continued to grow between 2021/22 and 2022/23 by 1.05%, based on the mixed approach. However, when compared to 2019/20, productivity in 2022/23 remains lower at -9.07%. This is a considerable improvement of 4.2% percentage point compared to NHS productivity growth between 2019/21 and 2021/22; however, a significant gap still remains in NHS productivity compared to pre-pandemic years.

<https://www.york.ac.uk/che/news/news2025/che-rp-198/>

For information

Financial Reporting Council (FRC) - NHS Audit Market Study Final Report



The FRC launched its NHS audit market study last summer in response to concerns that NHS bodies were struggling to appoint and retain auditors. Its final report concludes that the NHS audit market is working more effectively than that for local government, where problems have led to a backlog of unaudited accounts and reforms are being implemented including the creation of a Local Audit Office, but reforms are still needed.



NHS audit timeliness have improved in the last two years, after a decline between 2020/21 and 2021/22. The proportion of on-time audit opinions rose from 72% in 2021/22 to 82% in 2023/24. However, the council found that 87% of NHS bodies in its survey had concerns about the limited choice of auditor for their next audit, and that only three of the nine audit firms active in the market have NHS audit clients across all England's regions. Three specific issues were highlighted:

- There are constraints on market capacity, with audit firms capable of supplying audits to their current clients, but struggling to expand. Barriers identified included: audit timetable pressures, conflicts of interest arising from provision on non-audit services, geographic limitations, recruitment difficulties and local authority audit backlogs.
- Audit firms also raised concerns about the timing and complexity of the procurement process for NHS audits and, in particular, the lack of pre-bidding engagement between NHS bodies and audit firms.
- Finally there are conflicting views about the value of NHS audits. The FRC said that NHS bodies often prioritised meeting audit deadlines and achieving financial targets over ensuring good quality accounts and audits. And some NHS bodies questioned the purpose of the value-for-money reporting that forms part of their audits.

The council proposes a number of solutions to improve capacity and reduce concerns. In the short-term, a single national procurement framework could be created for NHS bodies to appoint auditors independently, and NHS bodies should be encouraged to engage more with audit firms during the procurement process, including at the pre-bidding stage. In other proposals, it also suggests that annual report requirements could be streamlined and consideration given to the elements that should be subject to audit.

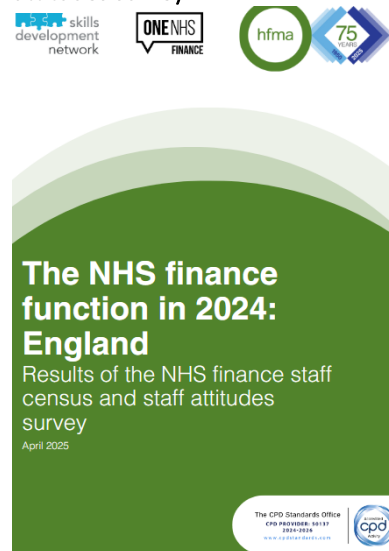
https://media.frc.org.uk/documents/NHS_Audit_Market_Study_Final_Report.pdf

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<p>Healthcare Financial Management Association (HFMA) - From Disclaimed to Unqualified</p>  <p>From disclaimed to unqualified</p> <p>Financial reporting lessons from University Hospitals of Leicester NHS Trust and the UK Health Security Agency</p> <p>20 May 2025</p> 	<p>For information of NHS Audit Committees</p> <p>This briefing examines the experience of both University Hospitals of Leicester NHS Trust and the UK Health Security Agency in their journeys to recover from disclaimed audit opinions. It looks at the steps each organisation has taken to improve their financial reporting and governance. It also highlights the valuable lessons that other NHS organisations can take from their experience.</p> <p>https://www.hfma.org.uk/publications/disclaimed-unqualified</p> <p>For information</p>
<p>HFMA - Establishment control: Managing the cost of the NHS workforce</p>	<p>Workforce accounts for two thirds of the cost of the NHS. Its effective management is fundamental to productivity improvement and delivery of challenging cost improvement targets. This briefing draws together the minimum expectations of NHS England as they relate to establishment and workforce cost control while providing case studies of good and bad practice drawn from across the United Kingdom. In a look to the future the briefing explores aspects of electronic patient record systems currently being developed that have the potential to enhance workforce cost management while improving patient safety and quality.</p> <p>https://www.hfma.org.uk/publications/establishment-control-1</p> <p>For information and consideration</p>



HFMA - The NHS finance function in 2024: England. Results of the NHS finance staff census and staff attitudes survey



Since 2009, the HFMA has collaborated with NHS Skills Development Network (SDN) and its predecessor, the NHS Finance Skills Development Network (FSD), to produce reports analysing the national finance function. The aim is to develop a better understanding of the make-up of the NHS finance function and how it has changed over time. Alongside this, the HFMA staff attitudes survey is carried out to help understand the qualifications, career path, morale and development needs of NHS finance staff.

The census data, collected from October 2024 to February 2025, covers the number of NHS finance staff in post at the end of September 2024. All NHS trusts and integrated care boards completed the return in 2024. The staff attitudes survey was collected in November 2024 with a response rate of 596 NHS finance staff in England.

Since the last census in 2022, there has been minimal change in the number of core NHS organisations. Overall, NHS finance staff numbers have remained fairly stable, with an overall 2% increase in NHS finance staff headcount. As well as staff numbers, the report covers the numbers of organisations, roles and qualifications, diversity and staff attitudes.

https://www.hfma.org.uk/system/files/2025-04/FFbriefing_may25%20FINAL.pdf

For information

members and NHS managers. It is not exhaustive and TIAN cannot be held responsible for any omission.

