



NHS Monthly Insight Report

June 2026

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.

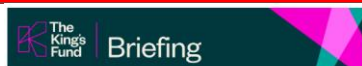
Developments in the NHS	
Department of Health and Social Care (DHSC) - Advanced Foundation Trust Programme: policy framework	NHS England has published its policy framework underpinning the advanced foundation trust programme, alongside a guide for applicants offering information for trusts that are seeking to apply. The policy framework sets out the overarching policy intent and principles of the programme. Meanwhile, the guide for applicants sets out the eligibility criteria to apply to become an advanced foundation trust; the assessment criteria to be met to be approved as an advanced foundation trust; the assessment process, including the responsibilities of both applicants and NHS England; and the possible outcomes of the application and what they mean for the applicant https://www.england.nhs.uk/long-read/advanced-foundation-trust-programme-policy-framework/ For information
DHSC - Lord Mann review of antisemitism and other forms of racism in the NHS and healthcare regulatory system	Lord John Mann, the government independent advisor on antisemitism, was commissioned by the Secretary of State of Health & Social Care and the Prime Minister to lead a review into how the NHS and its regulatory system recognises, reports, and tackles antisemitism and other forms of racism, following multiple cases of intolerable antisemitism. The report sets out a comprehensive set of recommendations to strengthen accountability, improve reporting and investigation processes, and embed an anti-racist culture across the health system to ensure that patients and staff are better protected from discrimination and abuse. https://www.gov.uk/government/publications/lord-mann-review-on-antisemitism-and-other-forms-of-racism-in-the-nhs For information
DHSC - group accounting manual 2026 to 2027	This manual includes mandatory accounting guidance for DHSC group bodies completing statutory annual reports and accounts. These group bodies include integrated care boards, NHS trusts, NHS foundation trusts and arm's length bodies. https://www.gov.uk/government/publications/dhsc-group-accounting-manual-2026-to-2027 For information
NHS England – NHS Operating Framework 2025/26 Q4 segmentation results, and 2026/27	NHSE has published the 2025/26 Q4 segmentation results and public performance dashboard, including NHS league tables for acute, mental health, community and ambulance trusts. A detailed version is available to NHS staff via the Model Health System.

Developments in the NHS	
NHS Oversight Framework	https://www.england.nhs.uk/nhs-oversight-framework/segmentation-and-league-tables/ The 2026/27 NHS Oversight Framework has also been published, setting out how NHS England will oversee and assess NHS trusts, foundation trusts and ICBs, and support improvement. https://www.england.nhs.uk/publication/nhs-oversight-framework-2026-27/ For information
NHSE - Board and executive assurance: cyber security risk	The head of cyber security at NHS and the DHSC has written to all NHS trusts and integrated care boards to ask for assurances that cyber security risks are being managed effectively. The letter from Tom Wechsler asked health leaders to show that they have 'clear, sustained programmes for improvement' regarding cyber security, and recommends that each NHS organisation should formally appoint a member of the executive team responsible for cyber security to assist the board of directors in meeting their accountabilities. This staff member should ensure that the right cyber security measures are in place, that risks are checked and managed, and that improvements are carried out across the organisation. The letter also recommends that organisations 'gain assurance of their emergency preparedness'. https://www.england.nhs.uk/long-read/board-and-executive-assurance-cyber-security-risk/ For information and action as necessary
DHSC - Findings, conclusions and essential actions from the Independent Review of Maternity Services at Nottingham University Hospitals NHS Trust	This independent review of maternity services at the Nottingham University Hospitals NHS Trust (led by Donna Ockenden) considered the quality of care relating to newborn, infant and maternal harm at the trust. This report covers the findings, conclusions and essential actions of this independent review of maternity services. Based on a review of over 2,500 family cases that formed part of this investigation, the final report outlines: local actions for learning that staff at the trust must do; system-wide learnings; and immediate and essential actions to improve maternity and neonatal care https://www.gov.uk/government/publications/ockenden-review-into-maternity-services-at-nottingham-university-hospitals-nhs-trust-final-report For information and consideration by all providers of maternity services

Developments in the NHS

	
Cabinet Office - Insourcing and the Public Interest Test: Guidance Note	The government has issued guidance on insourcing for contracting authorities, as well as details of a public interest test, which it says should enable contracting authorities to critically review the delivery of a service overall, and support them in making evidence-based sourcing decisions. The test should also inform elements of a contracting authority's commercial strategy and help identify opportunities to deliver value for money, the government said. The test does not apply to contracts for regulated health procurement exempted under Regulation 43 of the Procurement Regulations 2024 Act. https://www.gov.uk/government/publications/ppn-024-the-public-interest-test-and-insourcing-strategy/insourcing-and-the-public-interest-test-guidance-note-html#delivering-public-value-through-insourcing For information and application on any relevant transactions
House of Commons Library - Health Bill 2026-27	This briefing sets out the aims of the Bill and what it would do, and summarises stakeholder commentary on reforms to the NHS that the Bill would make. https://commonslibrary.parliament.uk/research-briefings/cbp-10845/ For information
Kings Fund - NHS Modernisation Bill (Health Bill): House of Commons Second Reading	As the NHS Modernisation Bill reaches Parliament, The King's Fund has been analysing what the proposed reforms could mean in practice. This briefing explores the Bill's ambitions, and the risks, for how the NHS is led, managed and held to account. https://www.kingsfund.org.uk/insight-and-analysis/evidence-and-consultations/nhs-modernisation-bill-health-house-commons-second-reading

Developments in the NHS



NHS Modernisation Bill (Health Bill): House of Commons Second Reading

Summary and key messages

The King's Speech to Parliament on 13 May 2025 opened the new legislative session and outlined its next areas of focus. One of the key pieces of legislation laid before Parliament was a new health bill – introduced in The King's Speech as the NHS Modernisation Bill.

The main aim of the NHS Modernisation Bill is to provide a legal basis for the largest reorganisation of the NHS in more than a decade. It is the government's primary legislative vehicle for delivering its commitment to abolish NHS England (NHSE) and to implement its 10 Year Health Plan. The proposals mark a significant shift in how the NHS is run at national and local levels.

This government has already shown what can be achieved with legislation to improve the health of the nation through the *Historic Tobacco and Vapes Act*. The Bill has the potential to shape how health care is experienced and who is accountable for delivering it. However, much of the Bill focuses on structural change rather than directly addressing patient experience and outcomes. Evidence from previous reorganisations suggests structural reform alone can be a huge distraction and rarely improves care unless it is clearly linked to practical changes in how services are delivered.

The Bill therefore presents both opportunities and risks. Its most promising element is the potential to link data and improve co-ordination of care through a single patient record. Its biggest risk is that organisational change absorbs leadership attention and capacity without delivering tangible improvements for patients. Whilst structures do matter to how a health service runs, ultimately, they aren't what patients care about. They are far more interested in the quality and speed of the care they receive.

The government says that it would like to devolve power from Whitehall and give patients more control over their care. However, there is a risk that this Bill does the opposite with more power centralised and the disbanding of the independent organisations set up to listen and ensure patient voices are heard across health and care services.

This briefing examines the main provisions of the Bill and proposes key questions and areas of scrutiny for MPs ahead of the Second Reading in the House of Commons on Monday 1 June 2026.

Headline provisions in the Bill

The NHS Modernisation Bill includes the following key measures:

- abolition of NHSE and transfer of its functions into the Department of Health and Social Care (DHSC)
- expansion of the Secretary of State's powers over commissioning, performance, and resource allocation
- changes to the statutory duties and role of Integrated Care Boards (ICBs)

The Kings Fund have also published an 'explainer' examining what the Health Bill 2026 could mean for the NHS, patients and the wider health and care system, and setting out what they believe should happen next.

<https://www.kingsfund.org.uk/insight-and-analysis/long-reads/explaining-nhs-modernisation-health-bill-2026>

For information

Public Policy Projects - Delivering the National Cancer Plan



This report looks at the challenges of delivering cancer care reform. It highlights the gap between ambitious policy goals and frontline realities, addressing systemic needs in areas such as workforce capacity, sustainable funding, and IT infrastructure. It makes suggestions to help health systems navigate these challenges and deliver sustainable care.

<https://publicpolicyprojects.com/cancer-plan-has-promise-but-lack-of-recurrent-funding-holds-risk-finds-new-report/>

For information

Royal College of Emergency Medicine - The state of emergency medicine in England

This report examines the scale of overcrowding in emergency departments and the impact this is having on patient safety and staff. Drawing on national data, research and frontline evidence from clinicians, it highlights how long waits, high bed occupancy and a lack of patient flow continue to lead to overcrowded emergency departments. Long waits are closely linked to an increased chance of death within the following 30 days. The analysis estimates that there were 15,860 excess deaths associated with long waiting times in English emergency departments in 2025. While the number of deaths is slightly lower than 2024 (16,644), further analysis reveals that the estimated mortality figure increased almost tenfold when compared to 2015 (1,657).

https://rcem.ac.uk/wp-content/uploads/2026/06/RCEM_SoEM_England_A4_0326-UPDATED-FINAL.pdf

Developments in the NHS



For information

Health Foundation - Immigration and the NHS: the evidence

The NHS is often part of debates about immigration and its impact in the UK. This briefing reviews existing research and analyses publicly available data to assess the relationship between immigration and the NHS. Overall, evidence suggests immigration makes a positive contribution. The average person who migrates to the UK is more likely to work in the NHS, less likely to use health services and contributes significantly to NHS funding. NHS pressures are largely down to funding constraints, workforce shortages and changing health needs.

<https://www.health.org.uk/reports-and-analysis/briefings/immigration-and-the-nhs-the-evidence>

For information

Health Services Safety Investigations Body - Electronic prescribing and medicines administration: procurement and safety learning in acute hospitals

This report warns that inconsistent design, procurement and regulation of electronic prescribing and medicines administration (ePMA) systems across NHS trusts pose risks to patient safety and may increase medication-related harm. While digital technologies offer clear benefits, the current framework does not adequately support safe, large-scale adoption. The findings highlight the need for more consistent standards and stronger oversight as digital transformation accelerates.

<https://www.hssib.org.uk/patient-safety-investigations/medication-related-harm/fourth-investigation-report/>

For information of Acute Hospitals

Developments in the NHS



Investigation report

Electronic prescribing and medicines administration: procurement and safety learning in acute hospitals

Date Published:
28/05/2026

Theme:
Medication, Communication and decision making, Continuity of care

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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Policy Exchange - NHS, heal thyself! The avoidable cost and impact of sickness absence in the NHS

**NHS,
Heal Thyself!**



The avoidable cost and impact of sickness
absence in the NHS

Gareth Lyon



This report finds that sickness absence in the NHS has reached unsustainable levels at rates nearly three times higher than the private sector. Based on Freedom of Information requests to NHS Trusts and Integrated Care Boards, analysis of NHS workforce data, and interviews with occupational health and HR professionals, the report concludes that sickness management in the NHS is financially unsustainable, operationally damaging and ultimately unfair to both patients and staff. It calls for a modernisation and overhaul of the way the NHS manages sickness absence and makes a number of recommendations.

<https://policyexchange.org.uk/publication/nhs-heal-thyself/>

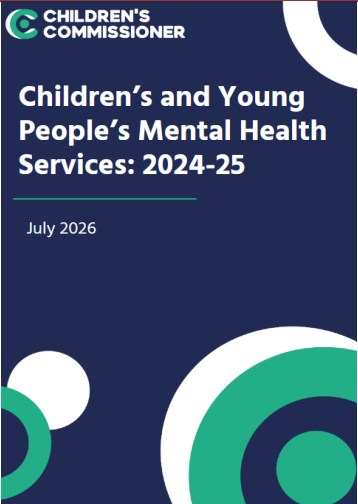
For information

Children's Commissioner for England - Children's and young people's mental health services: 2024-25

This year's annual report finds demand for children's mental health services continues to soar, outstripping system capacity and investment, with referrals almost doubling since 2018-19. The analysis shows that demand is driven in part by increasing referrals of children for suspected autism and neurodevelopmental conditions, and that these children were most likely to face some of the longest waits for help.

<https://www.childrenscommissioner.gov.uk/resource/childrens-and-young-peoples-mental-health-services-2024-25/>

Developments in the NHS

 Children's and Young People's Mental Health Services: 2024-25 July 2026	For information
Mental Health Foundation - The state of mental health inequality in the UK	This report says that mental health in the UK has worsened over the past 15 years, but this picture is not shared evenly across society. This report presents analyses of mental health trends across England, Scotland, Wales and Northern Ireland from 2009 to 2024, using data from "Understanding Society: the UK Household Longitudinal Study." https://reports.mentalhealth.org.uk/foundation-reports/report/ For information
Health Foundation - Young people with mental health conditions are now more likely to be NEET	This analysis examines the relationship between the number of young people who are not in education, employment or training (NEET) and the prevalence of mental health conditions. As Alan Milburn's review of Young People and Work publishes interim findings, the analysis highlights the significant role mental health is playing in the rising number of young people who are NEET. https://www.health.org.uk/reports-and-analysis/analysis/young-people-with-mental-health-conditions-are-now-more-likely-to-be-NEET For information
Re:State - Building the preventative state	This report finds that preventive approaches can be highly effective, but to work at the scale needed the State needs to transform its approach, and build the capabilities it needs to underpin the shift to prevention. The report shares insights from a series of roundtables and a workshop on how to achieve the shift to prevention in different parts of the public sector, and ideas about how Whitehall can move from isolated to systemic approaches to prevention. https://re-state.co.uk/wp-content/uploads/2026/05/Building-the-preventative-state-May-2026.pdf For information

Re:State Newton



CIFAS – Fraud Behaviours Survey 2025



CIFAS have published their latest ‘Fraud Behaviours Survey’ results – and the report reveals a worrying shift in public attitudes. The research finds that half of UK adults (50%) now believe it is ‘reasonable’ to commit first-party fraud – up 2% on the previous survey.

Key findings from the latest report include:

- 1 in 13 adults (8%) admit to committing first-party fraud
- Retail non-delivery, Single Person Discount and mobile phone insurance fraud are the most common first-party crimes
- Young adults are driving the trend, with 1 in 3 people aged 25–34 saying they have been involved in first-party fraud

The research also highlights growing confusion over what is — and isn’t — illegal, particularly around behaviours such as money muling and falsifying information on financial applications.

<https://www.cifas.org.uk/is-it-okay-to-commit-fraud>

For information

HFMA – Governance Award 2025 Case Studies

The HFMA Awards celebrate excellence and innovation across the NHS finance function. The governance award, one of 13 categories, recognises individuals, teams or organisations working collaboratively to strengthen assurance, risk management and governance, enabling improved delivery of organisational objectives. The award promotes a strong, integrated and effective approach to governance. It is open to initiatives of any scale that demonstrate meaningful improvement in governance arrangements and outcomes, with judges considering: evidence of the impact on outcomes, services and decision-making; the application of best practice; the use of technology and innovation; and the wider impact across organisations and systems.

This paper highlights key themes emerging from this year’s submissions, alongside learning from previous years, and showcases examples of governance innovation across NHS organisations. Many of the core learning points remain consistent over time, particularly the importance of collaboration, organisational culture and the effective use of data and technology.

Developments in the NHS



Governance award 2025

Case studies from the HFMA awards
19 June 2026

Across the 2025 submissions, organisations reported tangible improvements in how governance operates in practice. These include clearer accountability, stronger and more transparent assurance and more timely and consistent decision-making. Collectively, these initiatives show how governance can be made more practical, proportionate and effective in supporting organisational and system priorities.

<https://www.hfma.org.uk/publications/governance-award-2025>

For information

HFMA - Financial reporting watching brief 2025/26 and beyond

2025/26 is a relatively quiet year for financial reporting changes. This briefing identifies the changes to accounting standards as well as public sector reporting requirements. The June 2026 version of the brief highlights updates to public sector specific guidance audit.

<https://www.hfma.org.uk/publications/financial-reporting-watching-brief-202526-and-beyond>

For information

HFMA - Attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD)



Attention Deficit Hyperactivity Disorder (ADHD) and Autism Spectrum Disorder (ASD)

ICB Finance Group survey
05 June 2026

Demand for attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) services is rising rapidly, with commissioners seeing continued growth in referrals, provider activity and service complexity. The ICB Finance Group's survey highlights common challenges across systems, including variation in pricing, limited data visibility, uneven controls and resource-intensive assurance processes.

This briefing presents survey findings on ADHD/ASD commissioning, spend and oversight. It is intended to support discussion on improving consistency, transparency and value for money.

<https://www.hfma.org.uk/publications/attention-deficit-hyperactivity-disorder-adhd-and-autism-spectrum-disorder-asd>

For information

Developments in the NHS

HFMA - A framework for the ethical and effective decommissioning and disinvestment of clinical services



A framework for the ethical and effective decommissioning and disinvestment of clinical services – accompanying guide



The Health Economics Unit (HEU) has developed “A framework for the ethical and effective decommissioning and disinvestment in clinical services”, in partnership with the HFMA. The framework is designed to support health and care leaders to systematically evaluate, prioritise and implement decommissioning and disinvestment decisions, particularly in systems facing significant financial deficit.

In producing the framework, the HEU explored the following questions:

- Reasoning: How are services or providers identified for decommissioning, consolidation or other significant change?
- Process: What constitutes best practice in decommissioning, consolidation, service redesign and the reallocation of funds?
- Challenges: What gaps and limitations have been identified that affect or constrain the decommissioning process and associated decision-making.

<https://www.hfma.org.uk/publications/framework-ethical-and-effective-decommissioning-and-disinvestment-clinical-services>

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.

