



NHS Monthly Insight Report

January 2026

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Introduction

'The Internal Audit Network' (TIAN) comprises the seven NHS internal audit consortiums and in-house teams operating across England. These organisations collaborate across a number of areas to leverage their collective knowledge and expertise and drive efficiency and effectiveness. This monthly insight report, produced by TIAN, highlights key publications and is intended as a useful update and reference tool for our clients.

Developments in the NHS	
Department of Health and Social Care - Providing healthcare public health advice to integrated care boards	<p>Local arrangements ensure that specialist healthcare public health advice is embedded into integrated care board (ICB) commissioning, with directors of public health co-ordinating input across areas as needed. Legal requirements mean local authorities must offer this advice to ICBs to support strategic commissioning, reduce inequalities and improve health outcomes. This guidance also highlights the importance of formal agreements and ongoing development of public health capacity through training and collaboration.</p> <p>https://www.gov.uk/government/publications/providing-healthcare-public-health-advice-to-integrated-care-boards</p> <p>For information and implementation by ICBs</p>
NHS England (NHSE) – Maternal Care Bundle (MCB)	<p>The MCB sets out best practice standards across 5 areas of clinical care, with the aim to reduce maternal mortality and morbidity. It is for implementation by NHS providers and commissioners in line with the medium-term planning framework. The MCB has been developed with frontline clinicians, service users and national stakeholder organisations including Royal Colleges and regulatory bodies. This first version establishes a baseline of best practice in 5 areas of care associated with higher rates of maternal mortality. The 5 elements are:</p> <ul style="list-style-type: none"> • Element 1: Venous thromboembolism • Element 2: Pre-hospital and acute care • Element 3: Epilepsy in pregnancy • Element 4: Maternal mental health • Element 5: Obstetric haemorrhage <p>https://www.england.nhs.uk/long-read/the-maternal-care-bundle/</p> <p>For implementation by providers and commissioners of Maternity services</p>
NHSE - Improving postnatal care: a toolkit for integrated care boards, partners and providers	<p>This toolkit supports ICBs, their place-based partners, health and care providers to work with service users and professionals to improve the postnatal care experience and both short and long-term maternal and infant health. It shows ICB leaders what an effective, collaborative approach looks like and recommends evidence-based actions for ICBs and providers to consider taking.</p> <p>https://www.england.nhs.uk/publication/improving-postnatal-care-a-toolkit-for-integrated-care-boards-partners-and-providers/</p>

Developments in the NHS	
	For information and consideration by ICBs and providers
NHSE - Eating disorder services for children and young people: national guidance	<p>This guidance is for ICBs and providers of eating disorder services. It sets out how to design collaborative, integrated services that support all children, young people, and their families and/or carers.</p> <p>https://www.england.nhs.uk/publication/eating-disorder-services-for-children-and-young-people-national-guidance/</p> <p>For information and consideration by ICBs and providers</p>
NHSE - National qualitative insight: Urgent and Emergency Care 2024	<p>This report, produced by Solutions Research and NHSE, shares national insights from qualitative thematic analysis of written responses to the NHS Patient Survey Programme, coordinated by the Care Quality Commission and Picker. The report focuses on the 2024 Urgent and Emergency Care Survey. Headline findings include seven key themes identified from the thematic analysis, listed below. Within each key theme are several sub-themes which support interpretation and use of the insights. There are 29 sub-themes in total.</p> <ul style="list-style-type: none"> • Gratitude • Staff • Access routes • Waiting • Facilities and environment • Treatment • Outcomes and next steps <p>https://www.england.nhs.uk/long-read/national-qualitative-insight-urgent-and-emergency-care-2024/</p> <p>For information</p>
NHSE – Guidance on: Texting, emailing and messaging patients and service users	<p>This updated guidance covers information governance issues to consider when sending or receiving messages about health and care services by text, email or other types of messaging.</p> <p>https://transform.england.nhs.uk/information-governance/guidance/texting-emailing-and-messaging-patients-and-service-users/</p> <p>For information</p>
Health Services Safety Investigations Body (HSSIB): Patient Care in Temporary Care Environments	<p>This investigation explores the management of patient safety risks associated with using temporary care environments, often referred to as ‘corridor care’ and ‘temporary escalation spaces’. These are spaces not originally designed, staffed, or equipped for patient care (such as corridors, waiting rooms and chairs on wards). The investigation specifically looked at acute hospitals in England, focusing on the patient safety aspects associated with the use of temporary care environments and how patient safety was being mitigated. The report explores how, where, when and why temporary care environments are used, what the associated patient safety risks are, and the impact on patients and staff.</p> <p>https://www.hssib.org.uk/patient-safety-investigations/patient-care-in-temporary-care-environments/</p> <p>For information</p>
Royal College of Nursing (RCN)	<p>This briefing provides a summary of evidence showing that corridor care has become embedded practice across many parts</p>

Developments in the NHS	
- Beyond winter pressures: the endemic crisis of corridor care in the UK	<p>of the UK and is now a persistent, year-round crisis. It draws on updated testimonies from RCN members and new public polling commissioned by the RCN, underscoring the enduring scale and severity of the problem.</p> <p>https://www.rcn.org.uk/About-us/Our-Influencing-work/Policy-briefings/br-0126</p> <p>For information</p>
National Audit Office (NAO) – Lessons and Findings from the NAOs financial audits in 2024/25	<p>This report, for the first time, brings together thematic insights from the NAO's recent financial audits and wider assurance work. It explains key accounting terms in the context of government finances, and highlights opportunities to strengthen financial management and reporting in government which can help improve productivity and resilience in public service delivery.</p> <p>https://www.nao.org.uk/insights/audit-insights-lessons-and-findings-from-the-naos-financial-audits-in-2024-25/</p> <p>For information</p>
NAO - Update on the New Hospital Programme (NHP)	<p>In 2020 the DHSC committed to build 40 new hospitals by 2030 through the NHP. Hospitals in the programme will be built to a standard design with the aims of increasing cost-effectiveness and quality, and utilising the construction industry in a more coordinated way. Following the July 2024 general election, the new government carried out an internal review of the NHP and announced a new implementation plan. This sets out the history of the programme, the new implementation plan and what the programme aims to achieve. It also looks at the progress that has been made towards building new hospitals and how DHSC is managing risks to delivery.</p> <p>https://www.nao.org.uk/reports/update-on-the-new-hospital-programme/?nab=0</p> <p>For information</p>
Trinava Consulting - Assessing the finances of NHS subsidiary companies	<p>This report reviews the business models and profitability of NHS subsidiary companies and found that most are not generating any significant level of external income despite running for many years. It finds that around 30% of their annual operating profits come from reduced pension contributions and that employee pay has not kept up with either inflation or NHS pay.</p> <p>https://www.trinavaconsulting.co.uk/finances-nhs-subcos/</p> <p>For information</p>
Nuffield Trust - Why does England have unemployed GPs when patients can't get GP appointments?	<p>With public satisfaction with general practice at an all-time low and patients frustrated by how difficult it is to secure a GP appointment, it is an irony that many GPs are struggling to find NHS work. This briefing looks at what lies behind this underemployment of GPs in England.</p> <p>https://www.nuffieldtrust.org.uk/resource/why-does-england-have-unemployed-gps-when-patients-can-t-get-gp-appointments</p> <p>For information</p>
HFMA – Briefing: Mental Health Productivity	<p>This briefing gives an introduction to productivity in mental health, learning disability and neurodiversity (MHLDN) services, suggesting NHS objectives for measuring productivity and challenges to the calculation. The briefing is aimed at finance and non-finance professionals who wish to know more about the background and current situation for measuring productivity in</p>

Developments in the NHS	
	<p>the MHLDN sector.</p> <p>https://www.hfma.org.uk/publications/mental-health-productivity</p> <p>For information</p>
HFMA - Getting better value from spending on medicines	<p>Prescribing accounts for 10% of healthcare spend. This briefing explores the role of leadership, systems and processes that need to be in place to effectively manage medicines expenditure. It covers issues such as over-prescribing, polypharmacy, generics and biosimilars, low value medicines and investigates the key role of the structured medicine review in improving both efficiency and patient outcomes. Familiarity with these issues should enable finance professionals to engage with their clinical colleagues and be assured that value in prescribing is being delivered.</p> <p>https://www.hfma.org.uk/publications/getting-better-value-spending-medicines</p> <p>For information</p>

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.

