

# Finance current awareness bulletin

## November 2024

The aim of this current awareness bulletin is to provide a digest of recent guidelines, reports, research and best practice. The scope of this bulletin includes the UK economy, finance, procurement, sustainability, and good working practices.

### **A guide to business cases for digital projects**

As part of the NHS governance structure, a robust, well-evidenced business case demonstrates the potential of a new idea to deliver real value across the whole health and care system, giving a digital tech innovation the best chance of being adopted by the NHS. This [briefing from the Healthcare Financial Management Association \(HFMA\)](#) looks at the structure of a good business case for digital investment projects.

### **A new fiscal model to deliver prevention**

This [paper from the Tony Blair Institute for Global Change](#) argues for the introduction of a national health insurance model in the UK to support a mission-led approach to growth and health, provide stability and predictability to health budgets, and fix a system that has been funded by short-sighted investments to plug short-term gaps. By formally and fiscally accounting for the value of prevention and population health, the government can use its finite resources more effectively to help UK citizens live healthier, more productive lives.

### **Behind the masks: corruption red flags in Covid-19 public procurement**

This [report from Transparency International UK](#) provides an analysis of UK public procurement and contracts issued during the Covid-19 pandemic. By analysing publicly available data on more than 5,000 UK contracts, alongside official reports, litigation in the courts, and public interest journalism, it identifies 135 high-risk contracts worth £15.3 billion. These contracts, which represent nearly £1 in every £3 spent, raise serious concerns and warrant further investigation by relevant authorities.

### **How costing teams are helping to reduce health inequalities**

Patient-level cost data has significant potential as a way to understand the equity of health care provision, as it can be analysed by indices of deprivation, health conditions and treatments at a granular level. Costing practitioners have skills and experience in working with patient-level data and can be a great resource for their organisation, using analytical prowess to develop increased benefit to patients. Working on health equity is also a good way to engage clinicians and address priorities, leading to greater awareness of how cost data can be used. This [briefing from the HFMA](#) shares the themes found by costing teams as they work with clinical and service colleagues to address health inequalities, illustrating the themes with practical examples.

### **How much does the NHS spend on capital projects?**

This [briefing from NHS Providers](#) provides a brief history of NHS capital funding and

outlines the current challenges NHS trusts are facing in delivering operational priorities within a pressurised financial environment.

### **Is the use of privately funded health care on the rise?**

This [analysis from the Health Foundation](#) explores trends in attitudes, activity and spending on privately funded health care. Where possible, it draws on data covering the whole of the UK, but some data sources exclude Northern Ireland or only cover England. While there may be some distinctive regional trends at play, The Health Foundation believes the findings generally hold true for the UK overall.

### **Just about managing: the role of effective management and leadership in improving NHS performance and productivity**

This [report from Policy Exchange](#) considers the role that management and leadership can play in enhancing NHS performance and productivity. It argues that a greater focus on the competencies, permissions and placement of management is required, noting that a weak and anecdotal evidence base has often defined the public debate. The report sets out sixteen recommendations to improve NHS management.

### **Paving a new pathway to prevention: leveraging increased returns on our collective investment**

This [fourth report in the Value in Health series from NHS Confederation](#) explores the impact on prevention of selecting interventions with the highest returns on investment.

### **Pressures on public sector pay**

Higher-paid public sector workers have fallen down the overall earnings distribution in the past 15 years, and average public sector pay has lagged behind the private sector in recent years. While overall pay rises often make headlines, less focus is placed on the structure of public sector remuneration. Getting this right is also vital for the public finances and for the delivery of public services. This [new chapter from the IFS Green Budget](#), funded by the Nuffield Foundation and in association with Citi, examines the recruitment and retention challenges facing the public sector.

### **Protecting patients and the NHS through full transparency in industry–NHS collaborations**

This [policy brief, written by a team of international academic researchers and UK-based patient advocates](#), recommends key legislative reforms to enhance financial transparency in industry–NHS collaborations. It recommends legislative changes in three key areas and argues that these reforms will promote transparency and will support the government's core missions to strengthen the NHS and drive investment in life sciences.

### **Providers deliver: achieving value for money**

This [report from NHS Providers](#) shows how hospitals, mental health, community and ambulance services are finding new ways to provide better care and value for money. It finds that the efforts of trusts must be matched by a commitment from government for capital investment to modernise buildings, equipment and technology in order to unlock greater productivity gains. It also finds that barriers to progress on

productivity include the impact of staff exhaustion and burnout, the disruptive impact of industrial action, and the growing numbers of patients with complex conditions needing more resources or staff time to care for them.

#### **Public health funding briefing 2024**

This [briefing from the Association of Directors of Public Health](#) presents the public health funding landscape across the UK, including ADPH's recommendations for how public health funding can be reformed to ensure people can live healthier, happier and more productive lives.

#### **Raising NHS capital funds: options for government**

There is consensus on the need for more capital investment in the NHS, but less agreement on how this extra funding should be raised. This [paper from NHS Confederation](#) proposes that government could raise additional funding through further government borrowing, making efficiencies in NHS estate and shared investment with patient capital on a project-by-project basis, informed by integrated care board infrastructure plans.

#### **Reimagining estates funding**

Capital is a scarce resource in the NHS, yet high in demand. Existing estates are deteriorating, creating a potentially unsafe and uninviting environment for patients and staff. But with limits on funding and an ever-changing landscape for providing care, how will the NHS meet current demands, accommodate changing needs and continue to reduce backlogs in care, all while providing outstanding patient care? The NHS Confederation recently partnered with Darwin Group to deliver a webinar on these issues. [This long read explores what it uncovered.](#)

#### **The state of NHS finances 2024/25**

This [report from NHS Confederation](#) examines the financial challenge facing NHS organisations in 2024/25 and finds that the main challenge facing NHS leaders and their staff is how they balance their books while protecting patient safety, given many organisations are having to achieve significant efficiency savings. The survey of NHS leaders carried out by the NHS Confederation shows that many NHS organisations are having to meet high efficiency targets of 5% and beyond, with some as high as 11%. This is the tightest financial position NHS organisations have faced in years.

#### **Women's health economics: investing in the 51 per cent**

This [report from NHS Confederation](#) evidences the potential return on investment for every additional £1 that is invested in women's health services throughout the NHS.