



National Audit Office

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**MEASURING UP**

HOW GOOD ARE THE GOVERNMENT'S  
DATA SYSTEMS FOR MONITORING PERFORMANCE  
AGAINST PUBLIC SERVICE AGREEMENTS?

**JUNE 2010**

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**Comprehensive Spending Review 2007 covering the period 2008-2011**

**Review of the data systems for Public Service  
Agreement 19 led by the Department of  
Health:**

*'Ensure better care for all'*

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## Summary

### Introduction

1. This report summarises the results of our follow-up examination of the data systems used by the Department of Health (the Department) to monitor and report on progress against its 2008-2011 Public Service Agreement.

### Public Service Agreements

2. Public Service Agreements (PSAs) are at the centre of Government's performance measurement system. They are usually three year agreements, set during the spending review process and negotiated between Departments and the Treasury. They set the objectives for the priority areas of Government's work.
3. PSA 19 is led by the Department of Health, with data provided by, amongst others, the Office of National Statistics (ONS). There is a named officer within the Department who is responsible for maintaining a sound system of control across Departmental boundaries that supports the achievement of the PSA. The underlying data systems are an important element in this framework of control.
4. The most recent public statement provided by the Department of progress against PSA 19 was in the 2009 Autumn Performance Report.

### The purpose and scope of the 2008-09 review

5. The Government invited the Comptroller and Auditor General to validate the data systems used by the Department to monitor and report its performance. During 2008-09, the National Audit Office (NAO) carried out an examination of the data systems for the Department's PSA. This involved, for each individual data system, a detailed review of the processes and controls governing:
  - The match between the indicators selected to measure performance and the PSA. The indicators should address all key elements of performance referred to in the PSA;
  - The match between indicators and their data systems. The data system should produce data that allows the Department to accurately measure the relevant element of performance;
  - The selection, collection, processing and analysis of data. Control procedures should mitigate all known significant risks to data reliability. System processes and controls should be adequately documented to support consistent application over time; and

- The reporting of results. Outturn data should be presented fairly for all key aspects of performance referred to in the target. Any significant limitations should be disclosed and the implications for interpreting progress explained.

6. Following the findings from the 2008-09 validation process each of the data systems underpinning a PSA indicator were graded, as follows: (see figure 1).

**Figure 1: Key to traffic light ratings**

<b>Rating</b>	<b>Meaning ...</b>
<b>GREEN (Fit for purpose)</b>	The data system is fit for the purpose of measuring and reporting performance against the indicator.
<b>GREEN (Disclosure)</b>	The data system is appropriate for the indicator and the Department has explained fully the implications of limitations that cannot be cost-effectively controlled.
<b>AMBER (Systems)</b>	Broadly appropriate, but needs strengthening to ensure that remaining risks are adequately controlled.
<b>AMBER (Disclosure)</b>	Broadly appropriate, but includes limitations that cannot be cost-effectively controlled; the Department should explain the implications of these.
<b>RED (Systems)</b>	The data system does not permit reliable measurement and reporting of performance against the indicator.
<b>RED (Not established)</b>	The Department has not yet put in place a system to measure performance against the indicator.

7. The ratings were based on the extent to which the Department had:
- (i) put in place and operated internal controls over the data systems that are effective and proportionate to the risks involved; and
  - (ii) explained clearly any limitations in the quality of its data systems to Parliament and the public.
8. The findings from the 2008-09 validation exercise were reported to the Department in August 2009 and cleared with the Department in September 2009.

**The purpose and scope of 2009-10 validation review**

9. Our follow-up review, which was undertaken in January and February 2010, focused on:

- Reviewing and assessing the implications of any significant changes to the data system underpinning a PSA indicator; and
- Following up the findings from our 2008-09 validation exercise to assess what actions the Department had taken to address our recommendations.

10. Our findings from the above were then used to re-evaluate the traffic light rating given in 2009 and conclude if these are still a valid assessment of the data system.

11. Section 1 of our report looks at the overall control environment which the Department has put in place to support the measurement and reporting of performance against its PSA indicators. Section 2 summarises the results of our follow-up review on an indicator by indicator basis. Section 3 includes a brief description of the findings and conclusions for those data systems which have undergone significant change. Our assessment does not provide a conclusion on the accuracy of the outturn figures included in the Department's public performance statements. This is because the existence of sound data systems reduces, but does not eliminate, the possibility of error in reported data.

### Summary of results

12. Figure 2 summarises our assessment of the Department's data systems underlying PSA 19.

**Figure 2: Summary of assessments for PSA data systems**

	PSA 19	
Number of data systems	Full review (2008-09)	Follow-up review (2009-10)
Rating		
GREEN (Fit for purpose)	2	2
GREEN (Disclosure)	5	6
AMBER (Systems)	-	-
AMBER (Disclosure)	1	-
RED (Systems)	-	-
RED (Not established)	-	-

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## Section 1 – Wider control environment

13. The aim of PSA 19 is to ensure better care for all and is supported by eight indicators. For this PSA we have concluded that the indicators selected to measure progress are consistent with the scope of the PSA and afford a reasonable view of progress.
14. The Department has made further progress on the PSA 19 indicators in the relatively short period of time since we completed our 2008-09 work. All eight indicators (100%) have now been given 'green' ratings compared to 7 (88%) last year. The Department has disclosed the status of each indicator in its Autumn Performance Report 2009 in which it has also been transparent about the NAO rating given to each indicator in our Full Report issued in 2009.
15. The Department undertakes extensive monitoring and analysis in respect of its performance against its PSAs and the underlying indicators. Data quality is also taken seriously within the Department; where external data are collected, service level agreements are in place detailing management's expectations of data quality and where data are collected at a local level, the Department supplements local level controls with central checks over data quality and completeness.
16. Our follow-up review work found that the Department has made good progress in strengthening data systems and improving the quality of data it receives and that it is continuing to work closely with data providers to further improve the quality of that data.

## Section 2 – Results of the follow-up review

### PSA 18

No	Indicator	Rating at full review	Rating at follow-up review	Reasons for change and additional comments
19.1	Self reported experience of patients & users.	<b>GREEN</b> <b>Disclosure</b>	<b>GREEN</b> <b>Disclosure</b>	No change.  A new update report on patient experience PSA scores for 2009 has been delayed from November 2009 to 25 February 2009.  In our view the rating given to this indicator in 2009 is still appropriate.
19.2	NHS-reported referral-to-treatment times for admitted patients.	<b>GREEN</b> <b>Disclosure</b>	<b>GREEN</b> <b>Disclosure</b>	No change.  In our view the rating given to this indicator in 2009 is still appropriate.
19.3	NHS-reported referral-to-treatment times for non-admitted patients.	<b>GREEN</b> <b>Disclosure</b>	<b>GREEN</b> <b>Disclosure</b>	No change.  In our view the rating given to this indicator in 2009 is still appropriate.
19.4	Percentage of women who have seen a midwife or a maternity health professional for an assessment of health and social care needs, risk, and choices by 12 completed weeks of their pregnancy.	<b>AMBER</b> <b>Disclosure</b>	<b>GREEN</b> <b>Disclosure</b>	In our Full Report we rated this indicator as Amber (Disclosure) because the <i>“Department had not fully explained the implications of limitations that cannot be cost-effectively controlled”</i> . In the 2009 Autumn Performance Report the Department did explain that the data system used to measure this indicator had limitations.



No	Indicator	Rating at full review	Rating at follow-up review	Reasons for change and additional comments
				<p>The Department specifically stated that the data excluded women who had an assessment by 12 weeks 6 days, but then went on to have an abortion or miscarriage before 24 weeks of gestation. It also reported that the data system does not take account of women who have an assessment within one PCT but who then move addresses and give birth within another PCT.</p> <p>As the Department has clearly reported on the limitations of the system we have concluded that the data system is appropriate for the indicator and the Department has explained fully the implications of limitations that cannot be cost-effectively controlled.</p> <p>We recommend that the Department expands on its disclosures with respect to the limitations of the data system further, so that the potential impact of these limitations on the indicator figure being reported is clear.</p>
19.5	The proportion of people with long-term conditions who are supported by people providing health and social care services to be independent and in control of their condition.	<b>GREEN</b>  <b>Disclosure</b>	<b>GREEN</b>  <b>Disclosure</b>	<p>No change.</p> <p>The 2009 Autumn Performance Report notes that the data source for this indicator is changing and the GP Patients Survey will be used in the future as the Healthcare Commission Survey used previously is no longer being performed.</p> <p>In our view the rating given to this indicator in 2009 is still appropriate.</p>

No	Indicator	Rating at full review	Rating at follow-up review	Reasons for change and additional comments
19.6	Patient reported experience of access to GP services.	<p><b>GREEN</b></p> <p><b>Disclosure</b></p>	<p><b>GREEN</b></p> <p><b>Disclosure</b></p>	<p>No change.</p> <p>The format of the access questions were modified in 2008-09 meaning results cannot be directly compared to previous years. The GP Patients Survey is now conducted and published quarterly.</p> <p>In our view the rating given to this indicator in 2009 is still appropriate.</p>
19.7	Health Care Associated Infection rates – MRSA.	<p><b>GREEN</b></p> <p><b>Fit for purpose</b></p>	<p><b>GREEN</b></p> <p><b>Fit for purpose</b></p>	<p>No change.</p> <p>In our view the rating given to this indicator in 2009 is still appropriate.</p>
19.8	Health Care Associated Infection rates - Clostridium Difficile.	<p><b>GREEN</b></p> <p><b>Fit for purpose</b></p>	<p><b>GREEN</b></p> <p><b>Fit for purpose</b></p>	<p>No change.</p> <p>In our view the rating given to this indicator in 2009 is still appropriate.</p>

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## Section 3 – Findings and conclusions for individual data systems

17. This section summarises the results of the NAO's examination of those data systems, used to measure performance against the Department's DSOs, which have undergone significant change since the time of our full review in 2008-09.

### PSA Indicator 19.4 – Percentage of women who have seen a midwife or a maternity health professional for an assessment of health and social care needs, risk, and choices by 12 completed weeks of their pregnancy

Rating 2008 – AMBER (Disclosure)

Rating 2009 – GREEN (Disclosure)

#### Conclusion

18. In our Full Report we rated this indicator as Amber (Disclosure) because the *“Department had not fully explained the implications of limitations that cannot be cost-effectively controlled”*. In the 2009 Autumn Performance Report the Department did explain that the data system used to measure this indicator had limitations. The Department has also increased the number of PCTs submitting data on this indicator from 89% for 2008-09 quarter 2, as reported in the 2008 Autumn Performance Report, to 100% from 2008-09 quarter 4, as reported in the 2009 Autumn Performance Report.
19. In the 2009 Autumn Performance Report the Department has stated that there are two main limitations inherent in the data system. These are firstly that the data excludes those women who have an assessment by 12 weeks 6 days of their pregnancy, but who subsequently have an abortion or miscarriage before 24 weeks of gestation. The second limitation reported by the Department is that the data system does not take account of women who have an assessment within one PCT, but who then move addresses and give birth within another PCT. This can lead to some double-counting where the women are recorded by two different PCTs.
20. As the Department has responded to the recommendation in our Full Report to set out the limitations of the data system we have concluded that the data system is appropriate for the indicator and the Department has explained fully the implications of limitations that cannot be cost-effectively controlled.
21. We recommend that the Department expands on its disclosures with respect to the limitations of the data system further, so that the potential impact of these limitations on the indicator figure being reported is clearly disclosed.