A SHORT GUIDE

The NAO’s work on the Department of Health

June 2010
Our vision is to help the nation spend wisely.

We apply the unique perspective of public audit to help Parliament and government drive lasting improvement in public services.

The National Audit Office scrutinises public spending on behalf of Parliament. The Comptroller and Auditor General, Amyas Morse, is an Officer of the House of Commons. He is the head of the National Audit Office which employs some 900 staff. He and the National Audit Office are totally independent of Government. He certifies the accounts of all Government departments and a wide range of other public sector bodies; and he has statutory authority to report to Parliament on the economy, efficiency and effectiveness with which departments and other bodies have used their resources. Our work leads to savings and other efficiency gains worth many millions of pounds: £890 million in 2009-10.
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This short guide is one of 17 we have produced covering our work on each major government department. It summarises our work during the last Parliament, reflecting programmes and spending before the May 2010 General Election, and as such does not reflect changes introduced by the new Government.

These guides are designed to provide Members of Parliament, and particularly select committees, with a quick and accessible overview of our recent work and how we can help with the scrutiny of government. The guides are not intended to provide an overall assessment of the departments’ performance but simply to illustrate, with examples, the range of our work. Where the examples refer to specific weaknesses and recommendations, departments have in many cases taken action since to address them.

In the last year, we also supported the Health Select Committee by preparing a Performance Briefing which gave an overview of the work and performance of the Department based on 2008-09 data. We will continue to support all select committees in 2010-11, providing further briefing on each major department and supporting specific inquiries where our expertise and perspective can add value.
About the Department

The Department’s responsibilities

The Department of Health (the Department) is responsible for the overall performance of the NHS and for adult personal social services. Services are delivered to 55 million people in England through the 1.3 million staff who work in the NHS and social care, and these services are in contact with over 1.5 million patients and their families every day.

The Department devolves the responsibility and resources for delivering services to local bodies, such as primary care trusts, hospitals, GPs and dentists (Appendix 1). Some national functions are carried out by arm’s length bodies (Appendix 2) such as the National Patient Safety Agency and NHS Blood and Transplant.

Where the Department spends its money

In 2008-09, the Department spent £92.1 billion.¹

- The NHS accounted for around 90 per cent of that figure, with 152 primary care trusts spending most of the money to commission healthcare services for their local populations.

- Centrally managed budgets, such as those for arm’s length bodies, and adult personal social services accounted for the remaining balance (the main funding for adult social services comes from the Department for Communities and Local Government).

- The Department itself employs 4,306 staff at a cost of £270.4 million.

- The NHS Business Services Authority administers the NHS Pension Scheme (for England and Wales) which paid £5.4 billion, including lump sums on retirement, to around 610,000 people in 2008-09. The National Audit Office reported on the cost of public service pensions schemes² in March 2010. We will publish a second report later this year examining the impact of recent changes to the schemes.

In 2008-09, the Department spent £92.1 billion. The NHS accounted for around 90 per cent, with 152 primary care trusts spending some £86 billion on healthcare services.

¹ Net revenue expenditure within the budgeting boundary, Department of Health Resource Account 2008-09.
Where the money goes (2008-09 data)

**NOTE**
This figure shows funding from the Department and the gross operating costs of the bodies concerned. It does not represent the gross operating costs of the core Department. Amounts of funding and gross costs may differ where the body receives other income, for example from prescription charges. The total gross operating costs represented in this figure differ to the total net revenue expenditure within the budgeting boundary quoted on page 6.

There were 25 arm’s length bodies (special health authorities, non-regulatory non-departmental public bodies, regulatory non-departmental public bodies and executive agencies) audited by the National Audit Office in 2008-09. The number of arm’s length bodies has since reduced to 18, see Appendix 2 for a full list.

Source: National Audit Office
Financial management

The ability of departments to control costs and drive out waste requires professional financial management and reporting. In particular, departments need to be better at linking costs to services and benchmarking performance to determine whether costs are justified and value for money can be improved. To provide assurance that resources are being appropriately managed and controlled, organisations have to publish Statements on Internal Control with their annual financial statements.  

Financial governance and reporting

We audit the accounts of the Department and its arm’s length bodies. The Audit Commission appoints auditors to audit strategic health authorities and primary care trusts and these accounts are consolidated into the Department’s accounts. We also audit the NHS summarised accounts and foundation trusts’ consolidated accounts.

Our audit work involves understanding the business of each organisation, examining internal controls, agreeing the accounting policies, auditing their transactions, liabilities and assets and confirming that the accounts present a true and fair view. We also consider whether the transactions of the Department are in accordance with Parliament’s intentions. In each of the last five years, we have given an unqualified audit opinion on the Department’s accounts.

Our 2008 report on financial management in the NHS, found that:

‘The NHS surplus of £1.67 billion in 2007-08 was considerably in excess of the planned surplus. In terms of delivery of healthcare, however, the surplus reflects good resource utilisation rather than a failure to deliver. The NHS was able to make good progress against its national healthcare targets set out in the NHS Operating Framework … the NHS also provided more healthcare activity in 2007-08 than in previous years, and the quality of that healthcare as rated by the Healthcare Commission improved.’

We work with the Department and its sponsored bodies to improve their published Statements on Internal Control to ensure that they are supported by robust evidence that controls are sufficiently reliable and that they comply with Treasury guidance. In its 2008-09 Statement on Internal Control the Department highlighted significant control issues.

- 65 primary care trusts and 75 other NHS trusts disclosed a total of 528 significant control issues in their Statements on Internal Control. The majority of these issues related to non-compliance with the Department’s Standards for Better Health, which sets out the level of quality all organisations providing NHS care in England are expected to meet or aspire to.

- The NHS Business Services Authority pharmaceutical account, consolidated into the Resource Account, was qualified on the grounds of regularity relating to patients falsely claiming that they were entitled to free prescriptions.

4 There were 25 arm’s length bodies in 2008-09, there are now 18. See Appendix 2 for a complete list.
5 Department of Health Resource Accounts 2008-09.
7 Standards for Better Health.
In 2010, we are working with the Department to identify how its Statement on Internal Control could be developed further to increase the usefulness and transparency of reporting. We have also provided the Department’s Audit Committee with our own guidance on the Statement.8

**Efficiency**

The Department had an ongoing programme of efficiency savings at the time of the May 2010 General Election, aiming to achieve annual efficiency savings of £15-20 billion by 2013-14. Between 1997 and 2010, NHS spending in England more than doubled in real terms. Plans to achieve savings include:

- £3.5 billion from improvements in staff productivity;
- £2.7 billion from improved care of patients with long-term chronic conditions, for example, by avoiding unnecessary emergency hospital admissions;
- £2 billion in management costs;
- £1.5 billion from reducing unnecessary prescriptions and hospital referrals; and
- £1.5 billion by securing better prices for goods and services bought by the NHS.

These and other areas for improved efficiency have featured in our past reports.

**Workforce productivity and training**

At £45 billion per annum, workforce represents the biggest single cost to the NHS. Our reports on pay modernisation over the last three years, consultant contract,9 GP contracts10 and Agenda for Change,11 have raised concerns about the extent to which these pay reforms have delivered the productivity improvements expected from them. Other workforce issues highlighted in our reports include:

- the potential for significant efficiency savings by reducing the use of agency staff (temporary staffing);
- the potential to improve efficiency and service delivery through NHS staff working differently and more flexibly (Agenda for Change,11 rheumatoid arthritis12 and stroke13);
- shortcomings in the training of frontline health and social care staff (dementia,13 end of life care,14 and stroke); and
- primary and secondary care organisations with specific staff shortages and operating below recommended staffing levels (neonatal services,15 rheumatoid arthritis15 and stroke), despite large increases in staff overall within the NHS.

**Benchmarking costs**

Our reports have found that primary care trusts often lack data to understand and benchmark their costs (alcohol services,16 autism,17 chlamydia screening,18 dementia,18 end of life care,18 neonatal services17, and rheumatoid arthritis19). This lack of understanding of good cost performance at a local level reduces the Department’s ability to demonstrate that it is obtaining value for money through its devolved delivery model.

**Hospital admissions and length of stay**

Economic modelling for our reports on dementia and end of life care found that there was scope to reduce the number of hospital admissions and length of stay; for example, we identified that around 40 per cent of beds were occupied by elderly people who no longer had a clinical need to be there. The reports identified scope to release resources from hospitals for dementia patients of between £64 million and £102 million annually and for cancer patients in their last year of life by £104 million annually.

Key actions taken by the Department in response to our recommendations are recorded in its annual report. Some recent examples of where the Department and the NHS have taken action in response to our recommendations are shown overleaf.

The NAO also produces a wide range of cross-cutting work that considers aspects of efficiency across government (Appendix 4).
Stroke care November 2005 and February 2010

‘The Department of Health’s strategy for stroke care has increased the priority and awareness of the condition and started to improve patients’ care and outcomes ... the actions taken by the Department since 2006 have, to date, improved value for money.’ (2010)

Our 2005 report recommended:

- The Department should raise public awareness of the signs of stroke.
- Primary care trusts should ensure acute stroke services are delivered through acute stroke units.

Our 2010 progress report found that, since 2006, stroke patients’ chances of dying within ten years had reduced by an estimated 4 per cent (from 71 to 67 per cent). There had also been improvements in post-hospital support and in prevention.
Impact: £150m a year
Prescribing costs in primary care

May 2007

‘There is scope to improve the efficiency of prescribing in primary care ... We found over £200 million of potential efficiency savings by looking at just 19 per cent of the primary care drugs bill.’

We recommended:

- Developing benchmarking tools for primary care trusts to analyse and cost local prescribing.
- Integrating approaches to prescribing across primary and secondary care, so patients have their medicines reviewed regularly.

We produced guidance for prescribing advisers on how to influence GPs to prescribe more cost-effectively. We also provided information to all primary care trusts showing the scope for savings across a range of commonly prescribed items. Implementation of our recommendations across the NHS delivered significant savings.

Impact: £43m
Protecting NHS hospital and ambulance staff from violence and aggression

March 2003

‘We found a lack of consistency in the way that NHS trusts manage the consequences of violence and aggression, including the support provided to those staff affected.’

We recommended:

- Including questions about staff’s experience of violence and aggression in national surveys.
- Transferring lead responsibility for reducing violence and aggression to the NHS Counter Fraud and Security Management Service.

The Department acted on our recommendations and, using a financial model we developed to help the NHS Counter Fraud and Security Management Service evaluate their cost-effectiveness, we identified substantial savings from reduced violence.

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Use of information

The life blood of a successful organisation is the quality of information on which it makes decisions and monitors and assesses performance. Poor quality information leads to inefficiency and waste and can result in excess or unnecessary costs. Departments need reliable information on which to design and deliver services and monitor quality, be confident about their productivity, and drive continuous improvement.

Testing the reliability of performance data across government

We carry out work across government to test the systems used by departments to report on their performance. This work provides assurance to Parliament and the public about whether these systems are adequate, and supports better performance management by Government.

Under the previous Government Public Service Agreements (PSAs) were the agreements between the Treasury and individual departments which set out priority areas for the Government’s work and against which the departments report their performance. For the period 2008-2011, 30 PSAs were used by departments to measure and report progress, each underpinned by several indicators.

In October 2009, we published our Fifth Validation Compendium Report, which reviewed data systems underpinning 13 of the Government’s PSAs:

‘... the slow progress being made by some government departments in achieving better quality information about their own performance is a matter for concern. The NAO has found that one third of the PSA data systems used by departments have weaknesses and just over a tenth remain unsatisfactory.’

Our Sixth Compendium Report, for PSAs across the whole of government, will be published shortly.

The Treasury announced in June 2010 that it had ended the system of Public Service Agreements and that in future departmental business plans would include the data the public can use to hold departments to account.


The NAO’s work on the Department of Health

Use of information by the Department

The Department of Health had lead responsibility for PSA 18 to ‘promote better health and well being for all’ and PSA 19 to ‘Ensure better care for all’. Our June 2010 reports looked at the Department’s data systems to support these PSAs.28 We concluded that 12 of the 13 data systems were fit for purpose and the remaining data system was broadly appropriate but in need of strengthening.

The most recent public statement by the Department of Health on progress against its PSA and other performance indicators was in its 2009 Autumn Performance report.29

A number of NAO reports have highlighted issues with the use of information within the Department and the NHS, and these are summarised below:

Information to support strategies

Our 2010 stroke30 report showed good use of information by the Department in the design of its strategy for this key priority. Elsewhere, the Department does not always use information consistently to plan and implement programmes in a cost-effective manner, as highlighted in our reports on Agenda for Change31 and end of life care.32 The 2009 Capability Review progress report33 identified a need for better integration of evidence in policymaking.

The Government’s 2009 autism strategy aims to improve the lives of adults with autism, by identifying their health needs earlier, enabling them to live independently and supporting them to secure employment. The strategy drew substantially on the findings of our report on autism34 which highlighted the need for better information, and for more effective joint working between NHS and other public bodies.

The National Programme for IT

The Department launched the National Programme for IT in 2002. It is the largest civilian IT project in the world with an estimated cost of around £12.7 billion over the first ten years. The programme is designed to reform the way the NHS in England uses information, and hence to improve services and the quality of patient care. The programme is several years behind schedule and is likely to be scaled back from its original version. Our 2008 progress report38 on the programme found that:

The scale of the challenge involved in delivering the National Programme for IT has proved to be far greater than envisaged at the start, with serious delays in delivering the new care records systems.

28 PSA Public Service Agreement data systems reviews 2010, www.nao.org.uk/PSA-validation-2010
29 Department of Health: Autumn Performance Report 2009.
33 Department of Health: Progress and next steps.
Service delivery

Public services are different in the way they are delivered but their quality and cost-effectiveness depends on a number of common minimum requirements. For example, service delivery requires sound programme and project management, strong commercial skills, effective IT enabled business change, and a real understanding of customer needs. Many of our reports to Parliament cover these issues. We summarise below some of this work, organised by key areas of the Department’s business.

In recent years the Department has devolved increasing levels of responsibility for service delivery to primary care trusts, which spend around 80 per cent of total NHS funding. They do this through a process known as ‘commissioning’ – identifying what health and care services are needed locally, purchasing services from a range of local providers such as hospitals and having systems in place to measure performance. Within their allocated budgets primary care trusts are, broadly speaking, free to commission services for their local areas as they see fit.

The Cabinet Office’s 2009 Capability Review progress report noted that the Department is an exemplar in its delivery against high-profile targets, and the Department has met a number of targets ahead of schedule (Appendix 7). Continuing to deliver against such targets in the face of the requirement to deliver annual efficiency savings of £15-20 billion by 2013-14 will be challenging.

Our reports have highlighted a number of key risks associated with the Department’s devolved model of resource allocation and decision-making (see opposite).

Commissioning skills

A number of our reports have highlighted a lack of commissioning skills and capability in primary care trusts and local authorities to plan, contract for and evaluate services (alcohol services, autism, chlamydia screening, dementia, GP contracts, rheumatoid arthritis and stroke). The Department’s world class commissioning programme, introduced in 2007, aims to improve the capabilities of primary care trusts to commission services. Results in 2009, the first year of the programme’s assurance process, showed that across all ten commissioning competencies, primary care trusts received an average score of 1.65 out of a possible score of four.

Economies of scale

The commissioning of services by local primary care trusts can also mean that potential economies of scale are lost. Our report on chlamydia screening\[^{42}\] showed that support functions such as the procurement of equipment, IT and marketing and communications activities may be more appropriately commissioned at regional or national level.

Healthcare providers

Our reports on clinical governance\[^{47}\] and GP contracts\[^{44}\] showed that primary care trusts have limited influence on the activities of healthcare providers who are responsible for service delivery. For example, GPs are strongly influenced by the Quality and Outcomes Framework, which is the basis of much of their remuneration, but this is set at national level. In secondary care the system of Payment by Results, which is the key financial lever to control hospital activity, is outside of primary care trusts' control, making it difficult for primary care trusts to control acute activity.

Joint working between health and social care

Our reports on alcohol services,\[^{40}\] autism,\[^{41}\] and end of life care\[^{48}\] have highlighted a barrier to the effective delivery of services arising from weaknesses in joint planning and commissioning between health and social care bodies. The Department has attempted to address these issues by making joint strategic needs assessments a requirement for primary care trusts and local authorities from 2008.


1 The Department of Health’s delivery network

The Department of Health
Sets national standards policy and priority for the NHS and adult social care. Performance manages strategic health authorities.

10 Strategic Health Authorities
- Lead local planning exercises to ensure national priorities are met within resources.
- Performance manage primary care trusts and NHS trusts other than foundation trusts.

150 Local Authorities
- Responsible for the commissioning of social support and long-term care for individuals within the local community.
- Manage contracts to ensure services are delivered to standard.

152 Primary Care Trusts
- Secure provision of services to meet local needs and national and local priorities.
- Manage contracts to ensure services are delivered to standard.

Independent Sector Providers
GPs, dentists, opticians, pharmacists, walk in centres and community services.

10 Care Trusts
2 with Foundation Trust status
Set up when the NHS and local authorities agree to work together, they provide a range of services, including social care, mental health and primary care.

11 Ambulance NHS Trusts
Provide emergency access to healthcare for both life-threatening and non life-threatening calls as well as transporting patients to hospital for treatment.

Through commissioning and contract management

Source: National Audit Office
The Department of Health's delivery network

Care Quality Commission
- Regulate health and adult social care services provided by the NHS, local authorities, private companies and voluntary organisations.
- Monitor the care of people who are restricted under the Mental Health Act to ensure their interests are protected.

Arm's length bodies
- Responsible for delivering services in regulation, public welfare and central services.
- Establish national standards and examples of best practice.
- Include special health authorities and regulators.

Monitor
- Authorise and regulate foundation trusts to ensure compliance to terms of authorisation including financial duties.
- Intervene if foundation trusts breach terms of authorisation or appear likely to.

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- Responsible for delivering services in regulation, public welfare and central services.
- Establish national standards and examples of best practice.
- Include special health authorities and regulators.

- 54 Mental Health NHS Trusts
  38 with Foundation Trust status
  Provide health and social care services for people with mental health problems. Services are provided through GPs, specialist care or other primary care services.

- 167 Acute Hospital NHS Trusts
  89 with Foundation Trust status
  Responsible for ensuring hospitals provide high quality healthcare services in the most efficient way possible. Also decide how hospitals should develop so that services improve.

- 129 NHS Foundation Trusts
  NHS hospitals run by local managers, staff and members of the public. They are given greater financial and operational freedom than other NHS trusts thus providing a greater decentralisation of service.

Source: National Audit Office
## 2 The Department’s arm’s length bodies at 1 April 2010

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<th>Regulatory non-departmental public bodies</th>
<th>Non-regulatory non-departmental public bodies</th>
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<tr>
<td>Responsible for a particular business area. Part of, and accountable to, the Department</td>
<td>Independent bodies, but can be subject to ministerial direction like other NHS bodies</td>
<td>Non-departmental public bodies have a role in the process of national government, but are not part of government departments</td>
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<tr>
<td>- Medicines and Healthcare Products Regulatory Agency</td>
<td>- Information Centre for health and social care</td>
<td>- Care Quality Commission</td>
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<td></td>
<td>- National Institute for Health and Clinical Excellence</td>
<td>- Monitor (Independent Regulator of NHS Foundation Trusts)</td>
<td>- Alcohol Education and Research Council</td>
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<td></td>
<td>- National Patient Safety Agency</td>
<td>- General Social Care Council</td>
<td>- NHS Appointments Commission</td>
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<td></td>
<td>- National Treatment Agency for Substance Misuse</td>
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## 3 Reports by the National Audit Office on the Health sector since 2005

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<td>Major trauma care in England</td>
<td>HC 213 2009-2010</td>
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<td>Department of Health: Progress in improving stroke care</td>
<td>HC 291 2009-2010</td>
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<td>Improving Quality and Safety – Progress in Implementing Clinical Governance in Primary Care: Lessons for the New Primary Care Trusts</td>
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<td>Department of Health – Reducing Brain Damage: Faster access to better stroke care</td>
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<td>Patient Choice at the Point of GP Referral</td>
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## Recent cross-government NAO reports of relevance to the health sector

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<td>Central government’s management of service contracts</td>
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5 Other sources of information
Reports from the Committee of Public Accounts

23 February 2010  Tenth Report of Session 2009-10 Services for people with rheumatoid arthritis  HC 46
28 January 2010  Seventh Report of Session 2009-10 Young people’s sexual health: the National Chlamydia Screening Programme  HC 283
15 October 2009  Fiftieth Report of Session 2008-09 Supporting people with autism through adulthood  HC 697
24 January 2008  Sixth Report of Session 2007-08 Improving Services and Support for People with Dementia  HC 228
18 July 2007  Fortieth Report of Session 2006-07 Dr Foster Intelligence: A joint venture between the Information Centre and Dr Foster LLP  HC 368
7 June 2007  Twenty-ninth Report of Session 2006-07 Department of Health: Improving the use of temporary nursing staff in NHS acute and foundation trusts  HC 142
17 April 2007  Twentieth Report of Session 2006-07 Department of Health: The National Programme for IT in the NHS  HC 390
30 January 2007  Ninth Report of Session 2006-07 The Paddington Health Campus Scheme  HC 244
### 6 Reports from Central Government

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[www.civilservice.gov.uk/about/improving/capability/reports.aspx](http://www.civilservice.gov.uk/about/improving/capability/reports.aspx)
Where to find out more

The National Audit Office website is www.nao.org.uk

If you would like to know more about the NAO’s work on the Department of Health, please contact:

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