National Audit Office

DEPARTMENTAL OVERVIEW

A summary of the NAO's work on the Department of Health 2011-12

JANUARY 2013

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 for Parliament and is independent of government. The Comptroller and Auditor General (C&AG), Amyas Morse, is an Officer of the House of Commons and leads the NAO, which employs some 860 staff. The C&AG certifies the accounts of all government departments and many other public sector bodies. He has statutory authority to examine and report to Parliament on whether departments and the bodies they fund have used their resources efficiently, effectively, and with economy. Our studies evaluate the value for money of public spending, nationally and locally. Our recommendations and reports on good practice help government improve public services, and our work led to audited savings of more than £1 billion in 2011.

National Audit Office

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Introduction

Aim and scope of this briefing

The primary purpose of this report is to provide the Health Select Committee with a summary of the recent performance of the Department of Health based primarily on the Department's Accounts and National Audit Office work. The content of the report has been shared with the Department to ensure that the evidence presented is factually accurate.

Part One

About the Department

The Department's current responsibilities

1 The Department of Health (the Department) is responsible for the overall performance of the NHS and for adult personal social services. Services are provided to people in England through the 1.35 million staff who work in the NHS and the 159,000 staff who work in local authority adult social services departments. The Department also sets the direction on promoting and protecting the public's health, taking the lead on issues such as environmental hazards to health, infectious diseases, health promotion and education, and the safety of medicines.

How the Department is currently organised

2 The Department is led by a team of ministers, who are supported by officials, the most senior of which are:

- the Permanent Secretary – the Principal Accounting Officer, with personal responsibility for the proper presentation of the Department's Resource Accounts. The Permanent Secretary is responsible for leading the Department and for ensuring that ministers receive the advice and support they need;
- the NHS Chief Executive – the Additional Accounting Officer for NHS expenditure, with responsibility for leading the NHS and acting as chief adviser to the Secretary of State for Health in respect of all aspects of NHS delivery and management. The position of NHS Chief Executive will cease to exist in the restructured NHS from 1 April 2013; and
- the Chief Medical Officer – the most senior professional adviser to both the Department and government ministers more widely on medical and public health issues.

3 The Department currently devolves responsibility and resources for delivering NHS services to primary care trusts, which are overseen by strategic health authorities (**Figure 1** overleaf). As part of the transition to the restructured NHS, primary care trusts and strategic health authorities are currently grouped into clusters.

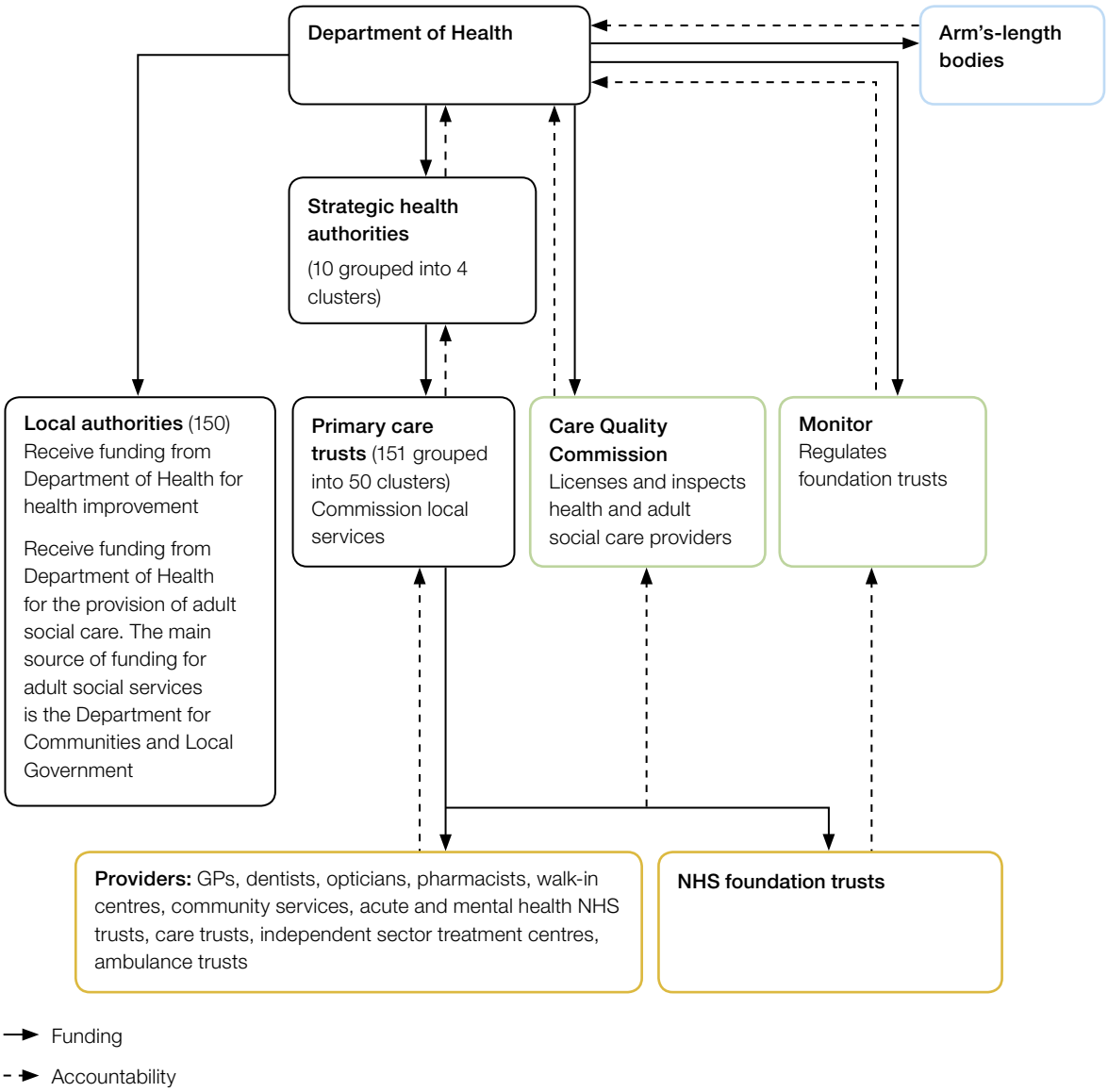
4 The Department allocates resources to individual primary care trusts on the basis of local needs, aiming to ensure equal access to healthcare and to help reduce avoidable health inequalities. Primary care trusts commission (plan and purchase) services on behalf of their local populations from a range of providers including NHS hospitals (NHS trusts or NHS foundation trusts), GPs, dentists, opticians, pharmacies, and private sector and voluntary sector organisations.

5 The NHS has two main regulators, which are arm's-length bodies of the Department:

- the Care Quality Commission, which licenses and inspects health and adult social care services in England; and
- Monitor, which determines whether NHS trusts are ready to become foundation trusts and regulates those trusts that achieve this status (Figure 1).

6 Some national functions are also carried out by arm's-length bodies, such as The Information Centre for Health and Social Care, the National Institute for Health and Clinical Excellence (NICE), and NHS Blood and Transplant (Appendix One).

Figure 1
The Department of Health's current delivery network



Source: National Audit Office

Reform of the NHS

7 The Health and Social Care Bill received royal assent on 27 March 2012. Among other things, it provides for the restructuring of the NHS with the objective of improving the quality of service provided to patients. The new delivery network is set out in **Figure 2** overleaf.

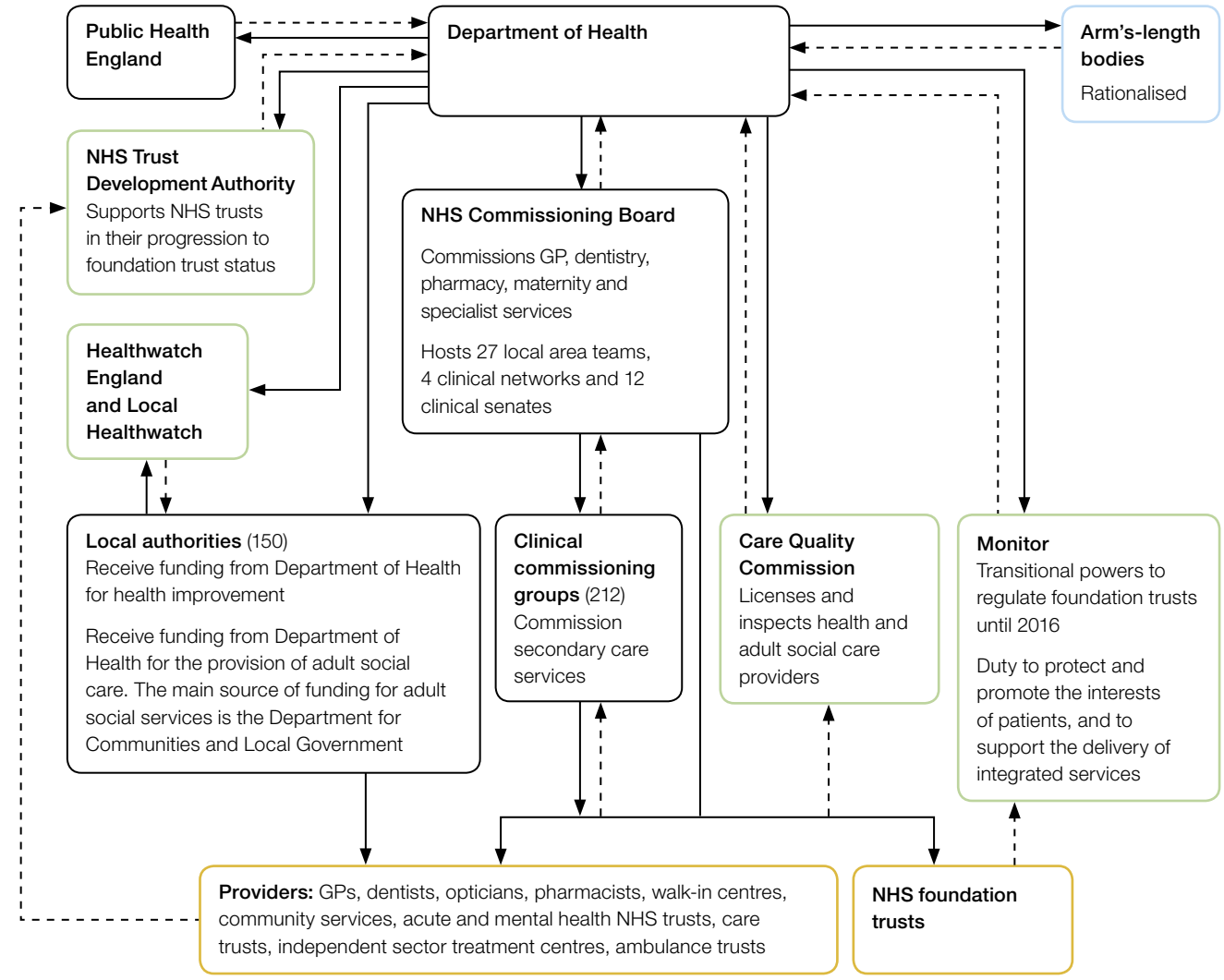
8 Key elements of the changes are set out below.

- The NHS Commissioning Board was established in October 2012 to: provide leadership for the new commissioning system as a whole, including clinical commissioning groups; directly commission primary care services, some specialised services and services for those in prison or custody; and be nationally accountable for the outcomes achieved by the NHS. The Board has started appointing staff and will take on its full statutory responsibilities in April 2013. It will have four regional offices and 27 local area teams.
- In July 2012, the Department set out for public consultation the improvements in health outcomes that it expects the NHS to deliver in the coming years in a draft mandate. The Secretary of State will use the mandate to hold the NHS Commissioning Board to account. The consultation period ended in September 2012. The final mandate was published in November 2012 and will come into force in April 2013.[1]
- On 31 March 2013 primary care trusts will cease to exist, and responsibility and resources for commissioning secondary care services will be devolved to 212 'clinical commissioning groups' comprising groups of GP practices, doctors, nurses, and other health and social care professionals. Clinical commissioning groups will be supported and held to account by the NHS Commissioning Board. During 2011-12, primary care trusts formed clusters and began working with the clinical commissioning groups in shadow form. Authorisation of the clinical commissioning groups as legal entities is planned to take place in four waves leading up to March 2013.
- Commissioning support units will provide commissioning data and support services to clinical commissioning groups. Twenty-three units have been approved by the NHS Commissioning Board. The Board will host these units up to the point in 2013-14 when clinical commissioning groups will be allowed to make their own decisions on their choice of commissioning support.
- Twelve clinical senates will bring together clinical leaders to provide clinical leadership and expert advice for commissioning on a regional basis. In addition, the NHS Commissioning Board will host four strategic clinical networks covering cancer, cardiovascular disease (incorporating cardiac, stroke, diabetes and renal disease), maternity and children, and mental health, dementia and neurological conditions.
- The ten strategic health authorities will cease to exist on 31 March 2013. In late 2011, they formed four clusters and started working to support the transitional work of the NHS Commissioning Board.
- From April 2013, local authorities will become responsible for commissioning public health services, formerly the responsibility of the NHS. They will also take responsibility for promoting integration and partnership working between the NHS, social care, public health and other local services. Local authorities will discharge their public health role in conjunction with the Department's new executive agency, Public Health England, which will be formally established from April 2013.
- All NHS trusts will be required to become NHS foundation trusts. The Department expects that it will take until around 2016 for all non-foundation NHS trusts to either be authorised or become part of another NHS foundation trust. Following the abolition of strategic health authorities, the NHS Trust Development Authority will oversee and performance-manage NHS trusts, including their progress towards foundation trust status.

1 Department of Health, *A mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015*, November 2012.

Figure 2

The Department of Health's new delivery network



Source: National Audit Office

- The role of Monitor will be extended beyond the authorisation and regulation of NHS foundation trusts to include both the promotion of integrated working between providers and ensuring a level playing field for competition between providers.

- Healthwatch England will be a new body that aims to enable the collective views of people who use health and social care services to influence national policy, advice and guidance. It will be a statutory committee of the Care Quality Commission. There will also be local Healthwatch whose aim will be to enable people and communities to influence and challenge how health and social care services are provided within their local area. Local Healthwatch will be funded and held to account by local authorities.

9 In August 2012, the Department published an Accounting Officer system statement, setting out how accountabilities are intended to work once the changes to the structures of the NHS have taken effect. The Permanent Secretary will have sole Accounting Officer responsibility for the proper and effective use of resources voted by Parliament for the health service. The changes will reduce the Department's involvement in operational decision-making and the Accounting Officer will rely on a system of assurance around the commissioning, provision and regulation of healthcare.

Where the Department spends its money

10 In 2011-12, the Department's resource budget was £106.4 billion, of which it spent £104.8 billion. The majority of this money was spent by primary care trusts (**Figure 3** overleaf).

11 The core Department employed an average of 4,064 full-time equivalent staff at a cost of £282 million during 2011-12. At 30 September 2011, when an NHS-wide census was carried out, there were 1.35 million staff in the NHS workforce, a fall of 19,800 (1.4 per cent) compared with 30 September 2010.

12 The NHS Business Services Authority administers the NHS Pension Scheme (for England and Wales) which paid £7.2 billion, including lump sums on retirement, to some 701,000 people in 2011-12.[2]

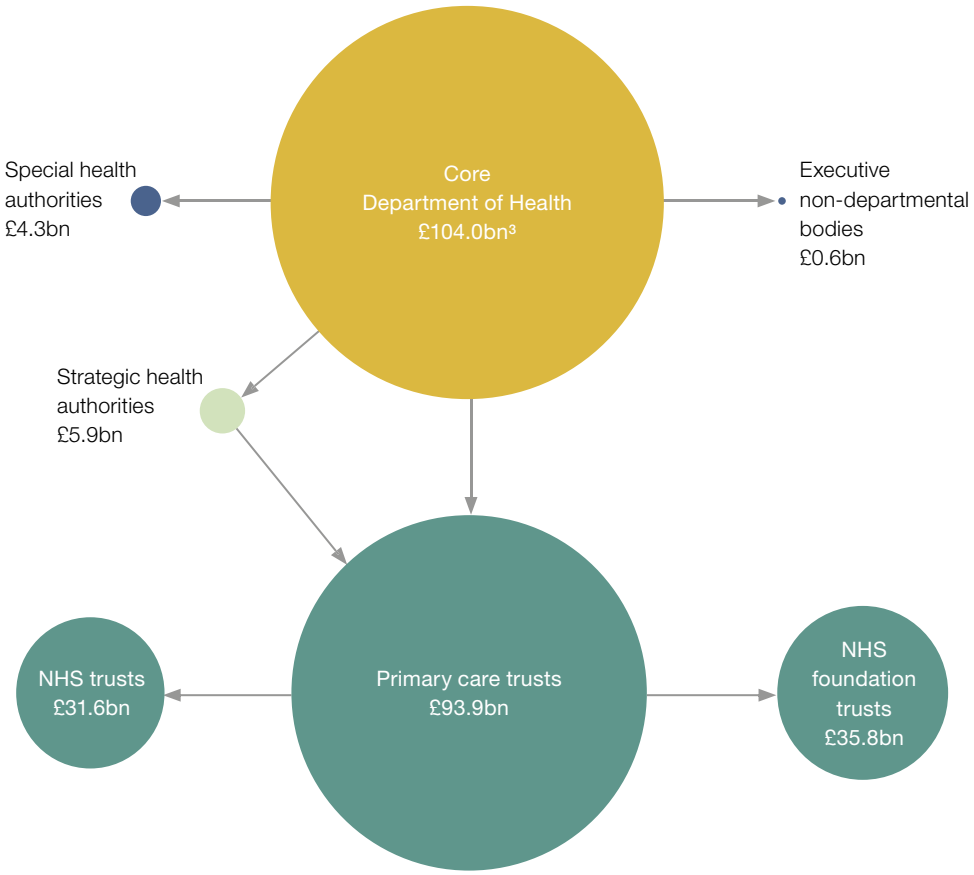
Recent developments

13 In May 2012, the Department published its information strategy, *The power of information*,[3] which sets out a ten-year framework for transforming information for the NHS, public health and social care. The strategy takes account of feedback received during the consultation on the Department's proposals for "an information revolution", which ran from October 2010 to January 2011.[4] The focus of the strategy is on improving access to information and includes a commitment that people will be able to access their GP records online by 2015. The Information Centre for Health and Social Care will become the single, national repository for data collected from NHS and social care organisations.

14 In 2010-11, £17 billion of public funds were spent on adult social care. In July 2012, the government published a White Paper, *Caring for our future: reforming care and support*,[5] together with draft legislation, setting out its vision for a reformed care and support system. The White Paper outlines a number of initiatives designed to raise standards and quality. It advocates a market-based approach to continuous improvement, with informed and empowered service users making choices which drive up quality. The Department's role would be to set the overarching policy and legal framework, provide funding and ensure accountability.

2 NHS Business Services Authority, *NHS Pension Scheme (Incorporating the NHS Compensation for Premature Retirement Scheme) Annual Accounts 2011-12*, July 2012.
3 Department of Health, *The power of information: putting all of us in control of the health and care information we need*, May 2012.
4 Department of Health, *An Information Revolution: a consultation on proposals,* October 2010; and Department of Health, *An Information Revolution: Summary of responses to the consultation,* August 2011.
5 Department of Health, *Caring for our future: reforming care and support,* White Paper, July 2012.

Figure 3
Where the Department spent its money in 2011-12



NOTES

1 The total derived from adding up the spending for each individual sector is more than the total spending for the departmental group as a whole due to funding flows between bodies. A more detailed breakdown of spending by sector can be found in Note 6 to the Department's 2011-12 Annual Report and Accounts.

2 The spending shown is the gross spending for each sector and may include spending which relates to income generated outside the NHS.

3 The core Department's gross spending of £104.0bn is reconciled to the Department's resource outturn of £104.8bn in Note 6.1 to the Department's 2011-12 Annual Report and Accounts. Differences between the two figures are due to budgeting adjustments relating to capital grants, prior period adjustments and other adjustments.

Source: National Audit Office analysis of Department of Health data

Capability and leadership

15 In 2006, the Cabinet Office launched Capability Reviews to assess departments' leadership, strategy and delivery – to improve departmental readiness for future challenges and to enable departments to act on long-term key development areas. Departments are now required to conduct and publish self-assessments and resultant action plans against standard criteria set out in the Cabinet Office model of capability, which was updated in July 2009.[6] Departments must rate their capability against ten criteria under three themes:

- **Leadership criteria** – 'set direction'; 'ignite passion, pace and drive'; and 'develop people'.
- **Strategy criteria** – 'set strategy and focus on outcomes'; 'base choices on evidence and customer insight'; and 'collaborate and build common purpose'.
- **Delivery criteria** – 'innovate and improve delivery'; 'plan, resource and prioritise'; 'develop clear roles, responsibilities and delivery models'; and 'manage performance and value for money'.

16 Figure 4 overleaf provides a summary of the Department of Health's self-assessment, published in March 2012.[7]

17 The Department's Capability Action Plan set out three areas for improvement, as follows:

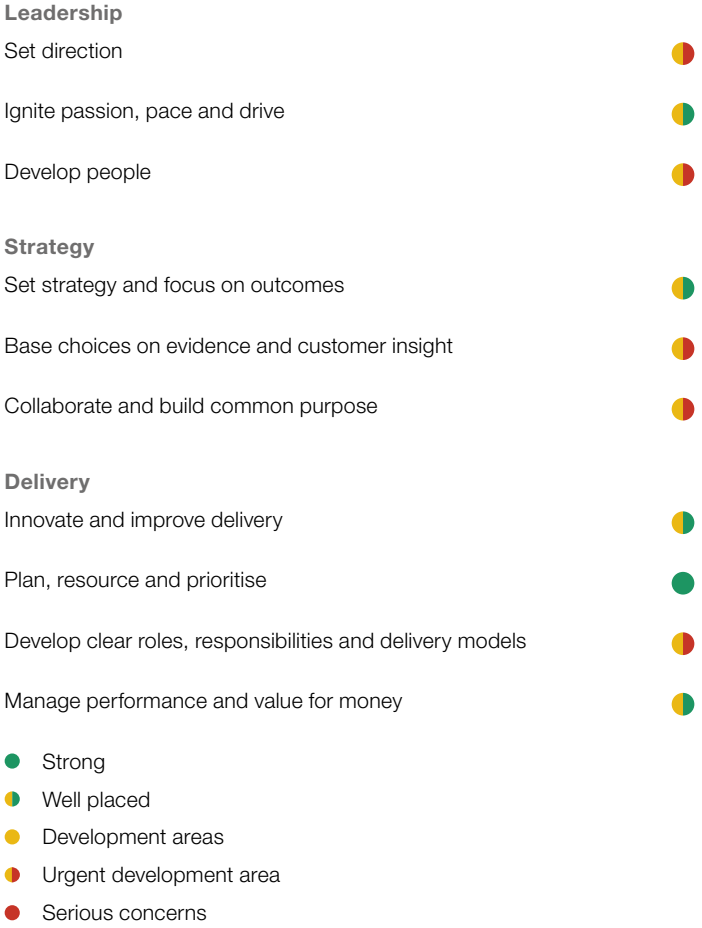
- **Building common purpose and sustaining a strong sense of ownership of the change agenda:** staff and stakeholders are looking to the Department to communicate the vision and the practical operating arrangements for the reformed system, clearly, regularly and effectively.
- **Work differently to achieve more:** the Department will still hold ultimate accountability for the outcomes and impact of the health and care system, but will have fewer levers to direct or manage performance. Instead, the Department will have to become much better at understanding what patients and the public want and need; assessing the challenges to the nation's health and advising ministers on priorities and options; and ensuring that the new health and care system is set stretching objectives, is accountable and delivers better value for money and outcomes for people.
- **The right people, in the right place, with the right skills:** the size of the Department is reducing, thus the range and depth of the skills people bring will matter more than ever. The Department will have to be stronger in the skills of assessing performance and holding to account.

18 The Civil Service People Survey aims to provide consistent and robust metrics to help government understand the key drivers of engagement, enabling it to build upon strengths and tackle weaknesses across the civil service. The survey of civil servants across all participating organisations includes a range of questions across nine themes which seek to measure their experiences at work. We present here the results of the third annual people survey for the Department of Health – undertaken between mid-September 2011 and mid-October 2011 – covering the themes of leadership and managing change, and understanding of organisational objectives and purpose (**Figure 5** on page 13). The results of 17 major departments are in Appendix Two.

19 As part of the annual survey, each department receives an engagement index, assessing the level of staff engagement determined by: the extent to which staff speak positively of the organisation, are emotionally attached and committed to it, and are motivated to do the best for the organisation. In 2011, the Department of Health, excluding its agencies, achieved an engagement index of 53 per cent, two percentage points lower than in 2010 and two percentage points lower than the 2011 civil service average.

6 More information about Capability Reviews is available at: www.civilservice.gov.uk/about/improving/capability
7 Department of Health, *Capability Action Plan 2011-2012*, March 2012.

Figure 4
Summary of the Department of Health Capability Review scores, 2011-12



Source: Department of Health, Capability Action Plan, March 2012

Figure 5
2011 Civil Service People Survey: Department of Health

Theme	Theme score (% positive)[1]	Difference from 2010 survey	Difference from civil service average 2011[2]
Leadership and managing change			
I feel that the Department as a whole is managed well	33	-6	-7
Senior civil servants in the Department are sufficiently visible	53	+2	+7
I believe the actions of senior civil servants are consistent with the Department's values	41	-1	+2
I believe the departmental board has a clear vision for the future of the Department	28	0	-11
Overall, I have confidence in the decisions made by the Department's senior civil servants	33	-3	-3
I feel that change is managed well in the Department	19	-2	-8
When changes are made in the Department they are usually for the better	12	-2	-11
The Department keeps me informed about matters that affect me	53	0	-2
I have the opportunity to contribute my views before decisions are made that affect me	37	+9	+1
I think it is safe to challenge the way things are done in the Department	33	0	-5
Organisational objectives and purpose			
I have a clear understanding of the Department's purpose	69	-5	-15
I have a clear understanding of the Department's objectives	63	-6	-16
I understand how my work contributes to the Department's objectives	72	-2	-9

NOTES

1 'Percentage positive' measures the proportion of respondents who selected either "agree" or "strongly agree" for a question.

2 The 2011 benchmark is the median per cent positive across all organisations that participated in the 2011 Civil Service People Survey.

Source: Civil Service People Survey 2011

Part Two

Financial management

20 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. Organisations also need to move their risk management arrangements from a process-led approach to one which supports the efficient and effective delivery of services. Improvements in these areas of management will help public bodies to deliver cost-effective services as they make difficult financial decisions over the coming years.

21 Departments are required to publish Governance Statements with their annual financial statements, which describe their arrangements for corporate governance, risk management and oversight of locally delivered responsibilities. Governance Statements replace Statements on Internal Control, which were published in previous years. They are designed to include additional discussion of how governance in the Department works, in line with the Corporate Governance Code.[8]

Financial outturn for 2011-12 and comparison with budget

22 The Department must manage the revenue expenditure of all organisations inside its budgeting boundary. This boundary comprises two separate budgets:

- Revenue Departmental Expenditure Limit (RDEL); and
- Annually Managed Expenditure (AME) – spending which HM Treasury has deemed to be demand-led or exceptionally volatile scores against the AME budget.

23 In 2011-12, the Department's total resource budget was £106.4 billion, of which it spent £104.8 billion. The Department underspent by £0.8 billion (0.8 per cent) against its final RDEL budget of £102.4 billion. It also underspent by £0.75 billion (19.0 per cent) against its final AME budget of £3.9 billion, mainly because actual spending was lower than the estimated redundancy provisions relating to the NHS reforms.

Progress on cost reduction

24 Departments remain under pressure to reduce costs. The scale of cost reduction required means that departments need to look beyond immediate short-term savings, and think more radically about how to take cost out of the business and how to sustain this in the longer term.

25 In our report, *Cost reduction in central government: summary of progress*[9] published in February 2012, we examined the cost reductions achieved by 12 departments. We found that departments successfully cut spending by £7.9 billion (2.3 per cent) in 2010-11 compared with 2009-10, but further cuts are needed in most departments over the next four years. We concluded that fundamental changes are needed in government to achieve sustainable reductions on the scale required – departments will achieve long-term value for money only if they identify and implement new ways of delivering their objectives, with a permanently lower cost base.

26 After a decade of sustained and significant growth, spending on the NHS is planned to increase by an average of 0.1 per cent in real terms in the four years from 2011-12 to 2014-15. At the same time, the NHS faces continuing growth in the demand for healthcare, due in part to the ageing population and advances in drugs and technology. The Department has estimated that, to keep pace with demand and live within its tighter means, the NHS needs to make recurrent efficiency savings of up to £20 billion over the four-year period. This is known as the 'Nicholson challenge' after Sir David Nicholson, Chief Executive of the NHS. It is equivalent to year-on-year efficiency savings of 4 per cent, or a cumulative saving of about 17 per cent. The Department expects the NHS to reinvest the savings in meeting the demand for healthcare.

8 Available at: www.hm-treasury.gov.uk/psr_governance_corporate.htm
9 Comptroller and Auditor General, *Cost reduction in central government: summary of progress*, Session 2010–2012, HC 1788, National Audit Office, February 2012.

27 Our memorandum on *Delivering efficiency savings in the NHS*[10] found that in July 2011 strategic health authorities had identified potential efficiency savings of £17.4 billion. The Department had also identified a further £1.5 billion that could be delivered through reductions in central budgets.[11]

28 Our report on *Progress in making NHS efficiency savings*[12] found that the Department has reported that the NHS achieved £5.8 billion of savings in 2011-12, virtually all of the forecast total of £5.9 billion. We found that the NHS has started by making the easiest savings first and that most of the savings were generated through the pay freeze for public sector staff, and reductions in the prices primary care trusts pay for healthcare. However, there is limited assurance that all the reported savings were achieved because the Department does not validate or gain independent assurance about the data reported.

29 There is consensus that service transformation, such as expanding community-based care, is fundamental to making future savings but we found that only limited action has been taken so far. The NHS is seeking to maintain the quality of, and access to, healthcare at the same time as making efficiency savings. In 2011-12, the NHS performed well against headline indicators of quality, including waiting times and healthcare-associated infection rates. The indicators focus mainly on hospital care and the Department faces a significant challenge in monitoring quality across the NHS as a whole. Reducing demand and redesigning care pathways to treat patients in the most appropriate setting are key ways of generating savings. However, we found that the Department does not know whether the demand for healthcare is being managed in ways that inappropriately restrict patients' access to care.

30 The report concluded that the NHS has made a good start and clearly delivered substantial savings in 2011-12. For the NHS to be financially sustainable and achieve value for money in the future, it will need to quicken the pace of service transformation and make significant changes to the way health services are provided.

NAO reports on financial management and efficiency

31 During the last year, our reports have identified a number of areas where financial management and efficiency could be improved across the NHS.

32 Our report on *Securing the future financial sustainability of the NHS*[13] found that strategic health authorities, primary care trusts, NHS trusts and NHS foundation trusts reported a combined overall surplus of £2.1 billion for 2011-12. Within the overall position, there was a large gap between the strongest and the weakest NHS bodies and there was some financial distress, particularly in a number of provider organisations. Twenty-one NHS foundation trusts finished the year in deficit, and had a combined deficit of £130 million. A further ten NHS trusts reported a combined deficit of £177 million.

33 Furthermore, some NHS trusts and NHS foundation trusts in difficulty were given additional financial support in 2011-12. We estimated that strategic health authorities and primary care trusts provided £435 million in direct financial support and other non-recurrent funding. An additional 31 NHS trusts and 11 NHS foundation trusts may have posted deficits without this support. The Department also gave revenue public dividend capital to ensure NHS trusts and NHS foundation trusts had sufficient cash to pay creditors and staff. In 2011-12, this revenue public dividend capital totalled £253 million.

34 Comparative data allow evaluation of the variation in, and the drivers of, value for money. Such data are particularly valuable at a time when health services are under increasing pressure to use resources more productively. Our report on *Healthcare across the UK*[14] found spending on health services in the UK more than doubled in cash terms in the last decade, growing from £53 billion in 2000-01 to £120 billion in 2010-11. The rate of increase was broadly similar in all four nations of the UK but levels of spending per person continue to vary. Published data for 2010-11 showed that England had the lowest spending per person on health services (£1,900), despite devoting a higher proportion of total public spending to health (22 per cent).

10 National Audit Office, *Delivering efficiency savings in the NHS: A briefing for the House of Commons Health Committee*, September 2011.
11 House of Commons Health Committee, *Thirteenth Report of Session 2010–12, Public Expenditure,* HC 1499, January 2012.
12 Comptroller and Auditor General, *Department of Health: Progress in making NHS efficiency savings*, Session 2012-13, HC 686, National Audit Office, December 2012.
13 Comptroller and Auditor General, *Securing the future financial sustainability of the NHS*, Session 2012-13, HC 191, National Audit Office, July 2012.
14 Comptroller and Auditor General, *Healthcare across the UK: A comparison of the NHS in England, Scotland, Wales and Northern Ireland*, Session 2012-13, HC 192, National Audit Office, June 2012.

35 There are no routinely published, comparable indicators that measure all aspects of efficiency or productivity in the four nations in either primary or hospital care. Our report therefore set out a number of individual measures relating to the efficient use of (a) the healthcare workforce (activity per staff member) and (b) hospital beds (day case rates and hospital lengths of stay). For example, within hospitals, activity levels per medical staff member were highest in England in 2008-09 and the average length of stay was 4.3 days. It should be stressed that these measures do not account for any differences in the complexity or quality of the care provided.

NAO financial audit findings

36 We audit the accounts of the Department and its arm's-length bodies, and the consolidated accounts of NHS foundation trusts. With the exception of NHS foundation trusts, which appoint their own independent auditors, the Audit Commission is currently responsible for appointing the auditors of individual NHS bodies in England. In August 2010, the Secretary of State for Communities and Local Government announced plans to disband the Audit Commission. The audit work carried out by the Audit Commission will move to the private sector, subject to Parliament approving the necessary legislative changes.

37 In March 2012, the Audit Commission announced the results of a procurement exercise to award five-year contracts to four private sector firms, who will take over the audit of those NHS bodies currently audited by the Commission. Work is under way to finalise arrangements for the audit of clinical commissioning groups.

38 The Comptroller and Auditor General certified the Department's Resource Accounts for 2011-12 in October 2012. Without qualifying his opinion, he drew attention to the disclosures in note 1 to the Annual Report and Accounts regarding the Department's decision when presenting comparative information for the consolidation of additional entities required by the Clear Line of Sight (Alignment) legislation.

39 The Department made a significant effort but was unable to restate the comparative information and therefore utilised the exemption included in International Accounting Standard 8, which can be applied when a robust restatement exercise is considered impracticable. This assessment was based on an absence of data to support the intra-group trading figures for the expanded group in the prior year. The Comptroller and Auditor General agreed that it would have been impractical to produce robust comparative information because the detailed data required were not available and the time and cost to reproduce these data would have been prohibitive.

40 The Comptroller and Auditor General obtained sufficient and appropriate evidence that the financial statements were not materially misstated as a result of this decision. Further detail was provided in his report on the accounts.[15]

Issues raised in the Department's Governance Statement

41 We work with the Department and its sponsored bodies to improve the quality and transparency of published Governance Statements. We aim to ensure that the processes by which Statements are produced are robust and that the Statements comply with HM Treasury guidance.

42 The Department's Governance Statement for 2011-12 noted that one NHS trust (South London Healthcare) had been placed into the 'unsustainable provider regime', with the appointment of a trust special administrator by the Secretary of State in July 2012. Despite some recent improvements in the quality of services, there had been a long-standing history of underperformance at the trust both in service quality and financial management. The trust special administrator is working to develop a solution that will bring about the level of change needed to ensure clinically and financially viable services are secured for the people of south-east London.

15 *Department of Health Annual Report and Accounts 2011-12*, HC 66, pp. 94–100.

43 The Governance Statement also referred to the ongoing public inquiry, led by Robert Francis QC, into the role of the commissioning, supervisory and regulatory bodies in the monitoring of Mid Staffordshire NHS Foundation Trust from 2005 to 2009. Robert Francis QC plans to deliver his final report to the Secretary of State in early 2013. The report will be laid before Parliament in due course and, once the recommendations have been considered, a full government response will be produced.

44 The implementation of the Clear Line of Sight (Alignment) legislation gave rise to a significant number of changes in accounting policy in 2011-12. The most significant impact on the Department's 2011-12 accounts related to the expansion of the resource accounting boundary to include all arm's-length bodies, NHS foundation trusts and NHS trusts, increasing the number of consolidating bodies from 169 in 2010-11 to 437 in 2011-12.

45 The overarching control issue referred to in the Department's Governance Statement was that, for the second year in succession, the Department did not meet the timetable set by HM Treasury to publish its annual report and accounts before Parliament rose for the summer recess. This was due to delays resulting from issues with the configuration of the IT system used for consolidation; and challenges from the extension of the accounting boundary to include NHS foundation trusts, leading to problems agreeing intra-group balances between different health bodies.

46 The Department recognises that it underestimated the scale of the changes that were needed to guarantee delivery by the summer recess. It is working with the NAO on the action needed for an earlier delivery of the accounts for 2012-13, recognising that the structural changes being made to the NHS (including the abolition of strategic health authorities and primary care trusts) will make the task more complex.

Part Three

Reported performance

47 Government needs robust, timely information on its activities, costs, progress against its objectives and the cost-effectiveness of its activities. It also needs to be able to interpret that information, by reference to trends, benchmarks and other comparisons, to identify problems and opportunities. Departments need reliable information on which to design and deliver services and monitor quality, be confident about their productivity and drive continuous improvement.

48 The government aims to make more government information available to the public to help improve accountability and deliver economic benefits. Our study reviewing early progress of this transparency agenda[16] concluded that while the government has significantly increased the amount and type of public sector information released, it would not maximise the net benefits of transparency without an evaluative framework for measuring the success and value for money of its transparency initiatives.

49 The Department has made a number of commitments to improve transparency, including:

- The Information Centre for Health and Social Care will provide access to primary and secondary healthcare datasets that are linked together, for example, linking GP and hospital data at an anonymised patient level. The Information Centre also began to publish prescribing data by GP practices in December 2011, and will publish a wider range of prescribing data from September 2012; and
- the Department has committed that all NHS patients will be able to access their personal GP records online by the end of this Parliament.

50 Our report on *Implementing transparency*[16] noted that in social care neither the Department nor its funded bodies collect and publish appropriate information on the comparative costs and performance of providers of community-based care services for adults. This data could help to support users in choosing how to spend personalised budgets. While much of the data in this sector is held by private providers, the government's Open Public Services 2012 White Paper commits to publishing "key data about public services, user satisfaction and the performance of all providers from all sectors".

Reporting performance: annual reports and business plans

51 Each government department reports its performance against the priorities and objectives set out in its business plan. A transparency section of the plan includes indicators selected by the Department to reflect its key priorities and demonstrate the cost and effectiveness of the public services it is responsible for. These indicators fall broadly into three categories:

- input indicators: a subset of the data gathered by the Department on the resources used in delivering services;
- impact indicators: designed to help the public judge whether departmental policies are having the desired effect; and
- efficiency indicators: setting out the cost of common operational areas to allow the public to compare the Department's operations to other organisations.

52 A structural reform section of the plan provides a detailed list of actions and milestones designed to show the steps the Department is taking to implement the government's reform agenda.

16 Comptroller and Auditor General, *Implementing transparency*, Session 2010–2012, HC 1833, National Audit Office, April 2012.

53 The Department of Health's *Business Plan*[17] outlines its vision and priorities for 2011–15, as well as the key commitments involved in delivering the NHS reform programme. The plan sets out the input and impact indicators which the Department considers are most useful to the public in understanding the costs and outcomes of health and social care services. Input indicators include the unit costs of various treatment activities, such as the cost of a GP consultation or of a patient attending an accident and emergency department. Impact indicators include differences in life expectancy between local areas, and measures of patient experience in hospital.

54 The five structural reform priorities[18] in the Department's business plan account for almost all of the Department's resources, some £107 billion in 2010-11.[19] The indicators in the business plan cover four of these five priorities. There are no indicators relating to the priority to revolutionise NHS accountability, which relies heavily on the changes provided for in the Health and Social Care Act 2012. The Department has, however, prepared an Accounting Officer system statement[20] which sets out how the Accounting Officer will gain assurance and be held to account for the money voted to the Department by Parliament in the reformed NHS.

55 Departmental progress against indicators is published regularly in a Quarterly Data Summary,[21] a standardised tool for reporting selected performance metrics for each government department in a way that facilitates comparison across departments. As well as the indicators described above, the Quarterly Data Summary includes information on overall departmental budgets and workforce statistics, and a wider selection of indicators on common areas of spend such as estates, procurement and ICT.

56 The Cabinet Office has reported that the accuracy of the data for all departments needs to dramatically improve[22] and that there may not be common definitions and data collection processes between departments. These caveats mean that data on common areas of spend cannot currently be used to compare performance between departments and may be of limited use to judge individual departmental performance in its own right. However, the Cabinet Office expects that, with improvements in data quality and timeliness, the public will be able to judge the performance of each department in a meaningful and understandable manner.

57 Information is not yet available for 5 of 13 impact indicators reported in the Department's June 2012 Quarterly Data Summary:

- mortality from causes amenable to healthcare (indicator under development);
- quality of life (long-term conditions) (indicator under development);
- patient experience: primary care (survey commissioned for 2011-12);
- safety incidents (serious) (indicator under development); and
- safety incidents reported (indicator under development).

All 12 input indicators in the Quarterly Data Summary[21, 22] reported figures from 2010-11 or earlier, as more recent figures were not available.

17 Department of Health, *Business Plan 2011–15*, July 2011.
18 Health and care systems integrated around the needs of patients and users, promote better healthcare outcomes, revolutionise NHS accountability, promote public health and reform social care.
19 Includes capital and revenue expenditure.
20 Department of Health, *Accounting Officer system statement*, January 2013.
21 Available at: www.transparency.dh.gov.uk/2012/07/13/busplan-qds-july-2012/
22 Available at: www.cabinetoffice.gov.uk/resource-library/business-plan-quarterly-data-summary

Testing the reliability of performance data across government

58 We have begun a three-year programme to examine the data systems underpinning the departmental business plan indicators and other key management information. In November 2012 we published the results of our examination of a sample of Department of Health indicators and operational data systems[23] used to report performance for the Department. This involved a detailed review of the processes and controls governing: the selection, collection, processing and analysis of data; the match between the Department's stated objectives and the indicators it has chosen; and the reporting of results.

59 We examined 24 of the 46[24] input and impact indicators included in the Department's business plan, of which four were also operational indicators used by the NHS Operations Executive Board to manage the NHS. Seventeen of the indicators cover the following business areas: better health outcomes; social care; and public health. The seven other indicators cover common areas of spending across government (estate costs and workforce size), which the National Audit Office is examining across all central government departments for comparative purposes. **Figure 6** summarises our assessment of the data systems underlying the indicators we examined.

60 We found strengths but also some weaknesses in the Department's data systems. Given the devolved nature of the NHS, the Department relies on external data providers to collect the majority of its core data. It requires each of them to put in place appropriate systems and controls to ensure high quality performance data. Primary responsibility for data quality rests with the management of these organisations, but the Department should also obtain some degree of independent assurance over data quality.

61 The Department has comprehensive processing and internal consistency checks in place to assess data quality once it has been submitted to its central databases. However, for 17 of the 24 indicators we reviewed (indicators 1 to 16 and 24 in Figure 6) the Department does not independently validate, or gain assurance about, controls operated during the collection and submission of data to its systems.

The future of information management

62 Departments released updated versions of their business plans in May 2012, which included changes to their priorities and indicators. Departments have also aligned the input and impact indicators with the government's priorities, so that the public can better understand how they are meant to be used for accountability. The changes are a step towards the alignment of costs and results, which would allow for assessment of value for money, but they will not improve the data systems underlying published indicators or the reliability of subsequent data.

63 The Cabinet Office has recognised the need to improve use of information across government. In the Civil Service Reform Plan it set out its intention for departments to provide "good, comparable, accurate and reliable" management information. The Cabinet Office has given Lord Browne, as lead Non-Executive Director across government, a remit to examine the information received by departmental boards. In addition, improving the quality of data is one of the key priorities within the departmental Open Data Strategies, published in June 2012. Our future work will consider these government initiatives around improving data quality, as well as continuing to test the reliability of specific data systems.

23 Available at: www.nao.org.uk/publications/1213/review_data_systems_for_doh.aspx
24 Forty-six indicators is an estimate, given that the Department does not clearly define how many common areas of spend indicators are included in the business plan.

Figure 6

A summary of the results of our validation of the data systems underlying the Department of Health's business plan indicators

Score	Meaning	Data systems
0	No system has been established to measure performance against the indicator	**No indicators scored 0**
1	The data system has some weaknesses which the Department must address	**Fifteen indicators scored 1** 1 Breakdown of NHS spend by programme budget 2 Safety incidents reported by NHS/healthcare providers that lead to serious harm 3 Safety incidents reported by NHS/healthcare providers 4 Waiting times performance against the 18-week standard[1] 5 Waiting times in accident and emergency departments[1] 6 Ambulance response: eight-minute response to scene[1] 7 Ambulance response: 19-minute transportation to hospital 8 Cancelled operations not rescheduled within 28 days 9 Total cost of the office estate 10 Total size of the office estate 11 Estate cost per full-time equivalent 12 Estate cost per m^2 13 Payroll staff (full-time equivalents) 14 Contingent labour (full-time equivalents) 15 Average staff costs
2	The data system has some weaknesses which the Department is addressing	**No indicators scored 2**
3	The data system is adequate but some improvements could be made	**Nine indicators scored 3** 16 Low birth weight of live births 17 Emergency admissions for conditions not usually requiring hospital admission 18 Unit cost of elective treatment for inpatients 19 Unit cost of emergency treatment for inpatients 20 Unit cost of patients visiting hospital for treatment 21 Unit cost of receiving community care 22 Unit cost of patients being treated for mental health problems 23 Unit cost of a prescription item dispensed in the community 24 Cancer waiting times[1]
4	The data system is fit for purpose and cost-effectively run	**No indicators scored 4**

NOTE

1 Four of the 24 indicators used in the business plan were also operational indicators used by the NHS Operations Executive Board to manage the NHS.

Source: National Audit Office

Use of information by the Department

64 During the last year, a number of our reports have identified areas where the quality and use of information could be improved.

65 Our report on *Oversight of user choice and provider competition in care markets*[25] found that people reported a high degree of control and well-being from having personal budgets. However, they find aspects of purchasing care, such as finding information on care services, difficult. We concluded that people who fund their own care need to make well-informed decisions to avoid falling back on state funding. There is a need for good quality financial advice and we recommended that the Department should find ways to encourage local authorities to increase the availability of support services.

66 Our report on how *The Care Quality Commission*[26] regulates providers of health and social care found that the Commission's performance management was constrained by gaps in data and reporting was mainly against quantity-based measures of activity. The Commission has established a project to improve its management information. Among other things, we recommended that the Commission should report more performance information to the public, including on the impact of enforcement action, which will help the Commission demonstrate its effectiveness and provide reassurance to the public.

67 In 2005, the Department introduced a National Service Framework for long-term conditions.[27] Our report on *Services for people with neurological conditions*[28] found that people with such conditions have had better access to health services since the publication of the Framework. However, the Department did not put in place empirical baselines or arrangements to monitor implementation. We recommended that the Department should establish, as part of its wider information strategy, clear baselines and common information standards to allow robust performance management of providers by local commissioners.

68 Our report on *The management of adult diabetes services in the NHS*[29] found that the Department has set clear standards for good diabetes care and is working to improve its information on whether the NHS achieves them. In addition, the report recommended that the new NHS Commissioning Board should work with providers to ensure that people with diabetes are offered education and support to enable them to manage their condition.

Other issues identified in NAO reports

69 During the last year, our reports have identified scope for improvements in service delivery.

Health outcomes and the quality of healthcare

70 Our report on *Healthcare across the UK*[30] found there are significant differences in health outcomes across the UK. For example, in 2008–10, average life expectancy at birth varied from 75.9 in Scotland to 78.6 in England for men, and from 80.4 in Scotland to 82.6 in England for women. However, such measures of outcomes largely reflect general standards of public health rather than the performance and effectiveness of the health services.

71 Our report also found that comparable data on the quality and effectiveness of healthcare is patchy. For hospital care, we examined waiting times and rates of healthcare-associated infections. Reducing waiting times has been a priority across the UK, and the length of time patients wait for key hospital procedures has fallen in all four nations since 2005-06. For six common procedures, waiting times in 2009-10 were shorter in England and Scotland than in Wales and Northern Ireland. There has also been a considerable decrease in levels of key healthcare-associated infections in all four nations in recent years.

25 Comptroller and Auditor General, *Department of Health and Local Authority Adult Social Services: Oversight of user choice and provider competition in care markets,* Session 2010–2012, HC 1458, National Audit Office, September 2011.
26 Comptroller and Auditor General, *Department of Health: The Care Quality Commission: Regulating the quality and safety of health and adult social care*, Session 2010–2012, HC 1665, National Audit Office, December 2011.
27 Department of Health, *National Service Framework for long-term conditions,* March 2005.
28 Comptroller and Auditor General, *Department of Health: Services for people with neurological conditions*, Session 2010–2012, HC 1586, National Audit Office, December 2011.
29 Comptroller and Auditor General, *Department of Health: The management of adult diabetes services in the NHS*, Session 2012-13, HC 21, National Audit Office, May 2012.
30 Comptroller and Auditor General, *Healthcare across the UK: A comparison of the NHS in England, Scotland, Wales and Northern Ireland*, Session 2012-13, HC 192, National Audit Office, June 2012.

Specific conditions

72 Our report on *The management of adult diabetes services*[31] found that in 2001 the Department set out clear minimum standards for what constitutes good diabetes care, including nine basic care processes, to reduce the risk of people developing avoidable diabetic complications. Since then, there have been improvements in the level of care that people with diabetes receive but a number of significant issues still need to be addressed. In particular, variations in services and outcomes need to be reduced across the NHS and delivery of some care processes needs to be increased. In 2009-10, the *National Diabetes Audit* recorded that 49 per cent of people with diabetes received all nine care processes, an increase from 36 per cent in 2006-07.

73 Our report on *Services for people with neurological conditions*[32] found that the Department introduced the National Service Framework for long-term conditions in 2005 to address clear weaknesses in services for people with neurological conditions. Since then, health spending on neurological services has increased significantly. Access to health services has improved and emergency bed days have reduced, but other important indicators of the quality of care for people with neurological conditions have worsened. For example, the number of people admitted to hospital as an emergency has increased significantly.

Delivery and regulation of health and social care

74 Our report on *The Care Quality Commission*[33] found that the Commission had a challenging task in merging three former regulators to establish a new organisation and in implementing a new regulatory approach, which integrates health and social care, at a time of diminishing resources. It was inevitable that there would be some transitional difficulties and in the event the difficulties were considerable. With the exception of NHS trusts, the Commission did not meet the deadlines for registering health and social care providers; at the same time levels of compliance and inspection activity fell significantly. At the time of our report, the Commission had begun to take steps to improve performance.

75 Our report on the *Achievement of foundation trust status by NHS hospital trusts*[34] highlighted that, when it first created NHS foundation trusts, the Department announced that all acute and specialist hospitals should be in a position to apply for this status by 2008. By 1 October 2011 there were 139 NHS foundation trusts, and 113 NHS trusts at various stages in the 'pipeline' towards foundation trust status. The number of authorisations peaked in 2007 and 2008, however, and only 14 NHS foundation trusts had been authorised since the end of 2009. From October 2010 the Department developed a new process to help progress aspirants through the 'pipeline' towards foundation trust status. We found that for some trusts the pathway to foundation trust status will be relatively straightforward. There are, however, at least 20 trusts that face such substantial and long-standing problems that they are not viable in their current form. At the time of our report, the Department was in the process of determining, with the NHS, how it would deal with these trusts.

31 Comptroller and Auditor General, *Department of Health: The management of adult diabetes services in the NHS*, Session 2012-13, HC 21, National Audit Office, May 2012.
32 Comptroller and Auditor General, *Department of Health: Services for people with neurological conditions,* Session 2010–2012, HC 1586, National Audit Office, December 2011.
33 Comptroller and Auditor General, *Department of Health: The Care Quality Commission: Regulating the quality and safety of health and adult social care*, Session 2010–2012, HC 1665, National Audit Office, December 2011.
34 Comptroller and Auditor General, *Department of Health: Achievement of foundation trust status by NHS hospital trusts*, Session 2010–2012, HC 1516, National Audit Office, October 2011.

Following up previous reports

76 Our memorandum on *The government's approach to tackling obesity*[35] reviewed the government's approach to tackling obesity in England. The National Audit Office and the Committee of Public Accounts reported on obesity in 2001 and 2002 respectively, and again in 2006 and 2007. In October 2011, the Coalition Government set out its plans for tackling obesity by 2020 in a *Call to action on obesity*.[36] Plans include the 'Change4Life' campaign, the National Child Measurement Programme, and work with the food and drink industry. Current trends suggest that reducing levels of obesity will be challenging. The proportion of people who are obese increased steadily between 1993 and 2010, although the rate of increase has slowed.

77 Our memorandum on the *Progress in implementing the 2010 Adult Autism Strategy*[37] outlined the considerable progress that has been made in the two years since the Adult Autism Strategy was published in March 2010. The Strategy followed reports by the Committee of Public Accounts and the National Audit Office in 2009. Our memorandum reported that 24 of the 56 commitments in the Strategy have been implemented, and work has begun on most of the remaining commitments. However, less progress has been made in some areas, such as improving access to social care assessments, personal budgets and diagnostic services, which can all help adults with autism to access services and support.

35 National Audit Office, *Memorandum: An update on the government's approach to tackling obesity,* July 2012.
36 Department of Health, *Healthy lives, healthy people: a call to action on obesity in England*, October 2011.
37 National Audit Office, *Memorandum: Progress in implementing the 2010 Adult Autism Strategy*, July 2012.

Appendix One

The Department's arm's-length bodies as at 1 April 2012

Regulatory arm's-length bodies

Arm's-length bodies that regulate the health and social care system. They often have their own primary powers and on the whole operate independently.

Care Quality Commission

Council for Healthcare Regulatory Excellence

Human Fertilisation and Embryology

Human Tissue Authority

Medicines and Healthcare Regulatory Agency

Monitor

NHS Commissioning Board

Standards arm's-length bodies

Arm's-length bodies that focus on establishing national standards and best practice.

National Institute for Health and Clinical Excellence

Health Research Authority

Public welfare arm's-length bodies

Arm's-length bodies that focus primarily on safety and the protection of the public and patients. Some of these bodies have an international remit as well.

General Social Care Council

Health Protection Agency

National Treatment Agency

National Patient Safety Agency

Central services to the NHS arm's-length bodies

Arm's-length bodies that are intended to provide more cost-effective services and focused expertise across the health and social care system.

The Information Centre for Health and Social Care

NHS Appointments Commission

NHS Blood and Transplant

NHS Business Services Authority

NHS Institute for Innovation and Improvement

NHS Litigation Authority

Appendix Two

Results of the Civil Service People Survey 2011

Question scores (% strongly agree or agree, or % yes)	Civil service overall
Leadership and managing change	
I feel that the Department as a whole is managed well	40
Senior civil servants in the Department are sufficiently visible	46
I believe the actions of senior civil servants are consistent with the Department's values	39
I believe that the departmental board has a clear vision for the future of the Department	39
Overall, I have confidence in the decisions made by the Department's senior civil servants	36
I feel that change is managed well in the Department	27
When changes are made in the Department they are usually for the better	23
The Department keeps me informed about matters that affect me	55
I have the opportunity to contribute my views before decisions are made that affect me	36
I think it is safe to challenge the way things are done in the Department	38
Organisational objectives and purpose	
I have a clear understanding of the Department's purpose	84
I have a clear understanding of the Department's objectives	79
I understand how my work contributes to the Department's objectives	81

Source: Civil Service People Survey 2011. Available at: www.civilservice.gov.uk/about/improving/employee-engagement-in-the-civil-service/people-survey-2011

Department for Business, Innovation and Skills (excluding agencies)	Cabinet Office (excluding agencies)	Department for Communities and Local Government (excluding agencies)	Department for Culture, Media and Sport (excluding agencies)	Ministry of Defence (excluding agencies)	Department for Education	Department of Energy and Climate Change	Department for Environment, Food and Rural Affairs (excluding agencies)	Foreign and Commonwealth Office (excluding agencies)	Department of Health (excluding agencies)	HM Revenue & Customs	HM Treasury (excluding agencies)	Home Office (excluding agencies)	Department for International Development	Ministry of Justice (excluding agencies)	Department for Transport (excluding agencies)	Department for Work and Pensions
31	38	23	37	20	49	41	31	54	33	18	55	44	60	43	45	23
46	49	35	47	27	53	62	44	56	53	31	67	50	68	47	59	21
34	40	24	39	27	46	48	34	52	41	25	52	44	57	42	46	21
29	33	22	31	20	43	30	21	51	28	22	39	33	60	39	36	20
28	38	21	32	17	43	43	27	47	33	17	53	41	53	38	42	16
24	27	20	33	12	32	31	21	40	19	15	42	24	40	31	31	19
17	22	10	20	9	21	26	16	34	12	13	33	22	29	26	21	14
59	55	50	60	41	58	64	56	60	53	39	65	62	68	56	64	39
32	37	28	47	19	37	36	38	39	37	18	47	38	47	36	39	18
33	41	25	42	31	39	41	40	43	33	27	55	39	43	36	45	27
77	73	57	73	80	85	90	75	82	69	73	88	85	94	78	79	73
70	66	53	67	72	81	85	70	79	63	70	78	80	93	72	74	71
75	71	61	73	76	82	88	76	83	72	73	81	82	90	76	76	73

Appendix Three

Publications by the NAO on the Department since 2009

Publication date	Report title	HC number	Parliamentary session
19 July 2012	Memorandum: An update on the government's approach to tackling obesity	www.nao.org.uk/publications/1213/tackling_obesity_update.aspx	
17 July 2012	Memorandum: Progress in implementing the 2010 Adult Autism Strategy	www.nao.org.uk/publications/1213/adult_autism_strategy_progress.aspx	
5 July 2012	Securing the future financial sustainability of the NHS	HC 191	2012-13
29 June 2012	Healthcare across the UK: A comparison of the NHS in England, Scotland, Wales and Northern Ireland	HC 192	2012-13
23 May 2012	The management of adult diabetes services in the NHS	HC 21	2012-13
16 December 2011	Services for people with neurological conditions	HC 1586	2010–2012
2 December 2011	The Care Quality Commission: Regulating the quality and safety of health and adult social care	HC 1665	2010–2012
1 December 2011	Delivering efficiency savings in the NHS: A memorandum for the House of Commons Health Select Committee	www.nao.org.uk/publications/1012/nhs_savings.aspx	
13 October 2011	Achievement of foundation trust status by NHS hospital trusts	HC 1516	2010–2012
20 July 2011	Formula funding of local public services	HC 1090	2010–2012
24 June 2011	Establishing social enterprises under the Right to Request Programme	HC 1088	2010–2012
10 June 2011	Transforming NHS ambulance services	HC 1086	2010–2012
18 May 2011	The National Programme for IT in the NHS: an update on the delivery of detailed care records systems	HC 888	2010–2012
30 March 2011	Managing high value capital equipment in the NHS in England	HC 822	2010-11
2 February 2011	The procurement of consumables by NHS acute and foundation trusts	HC 705	2010-11

Publication date	Report title	HC number	Parliamentary session
20 January 2011	National Health Service Landscape Review	HC 708	2010-11
17 December 2010	Management of NHS hospital productivity	HC 491	2010-11
14 December 2010	Health Resource Allocation. Briefing for the House of Commons Health Select Committee	www.nao.org.uk/publications/1011/health_resource_allocation.aspx	
18 November 2010	Delivering the Cancer Reform Strategy	HC 568	2010-11
2 July 2010	Tackling inequalities in life expectancy in areas with the worst health deprivation	HC 186	2010-11
2 July 2010	Short guide to the NAO's work on the Department of Health	www.nao.org.uk/publications/1011/short_guide_doh.aspx	
17 June 2010	The performance and management of hospital PFI contracts	HC 68	2010-11
16 June 2010	Review of the data systems for Public Service Agreement 19	www.nao.org.uk/publications/1011/review_data_systems_for_psa_19.aspx	
30 March 2010	The Community Pharmacy Contractual Framework and the retained medicine margin	www.nao.org.uk/publications/0910/community_pharmacy.aspx	
10 February 2010	Ministry of Defence: Treating injury and illness arising on military operations	HC 293	2009-10
5 February 2010	Major trauma care in England	HC 213	2009-10
3 February 2010	Department of Health: Progress in improving stroke care	HC 291	2009-10
14 January 2010	Improving dementia services in England – an interim report	HC 82	2009-10
12 November 2009	Young people's sexual health: the National Chlamydia Screening Programme	HC 963	2008-09
15 July 2009	Services for people with rheumatoid arthritis	HC 823	2008-09
12 June 2009	Reducing healthcare-associated infections in hospitals in England	HC 560	2008-09
5 June 2009	Supporting people with autism through adulthood	HC 556	2008-09

Appendix Four

Cross-government NAO reports of relevance to the Department since February 2011

Publication date	Report title	HC number	Parliamentary session
3 August 2012	NAO briefing: Appraisal and sustainable development	www.nao.org.uk/publications/1213/appraisal_and_sustainable_dev.aspx	
25 July 2012	Governance for Agile delivery	www.nao.org.uk/publications/1213/governance_for_agile_delivery.aspx	
26 June 2012	Delivering public services through markets: principles for achieving value for money	www.nao.org.uk/publications/1213/delivering_public_services.aspx	
20 June 2012	The effectiveness of internal audit in central government	HC 23	2012-13
13 June 2012	Central government's communication and engagement with local government	HC 187	2012-13
2 May 2012	Assurance for major projects	HC 1698	2010–2012
18 April 2012	Implementing transparency	HC 1833	2010–2012
30 March 2012	Review: The NAO's work on local delivery	www.nao.org.uk/publications/1213/nao_work_on_local_delivery.aspx	
20 March 2012	The Government Procurement Card	HC 1828	2010–2012
15 March 2012	Managing early departures in central government	HC 1795	2010–2012
6 March 2012	Efficiency and reform in government corporate functions through shared service centres	HC 1790	2010–2012
2 March 2012	Improving the efficiency of central government office property	HC 1826	2010–2012
2 February 2012	Cost reduction in central government: summary of progress	HC 1788	2010–2012
31 January 2012	Report of the Comptroller and Auditor General on the Civil Superannuation accounts 2010-11	www.nao.org.uk/publications/1012/civil_superannuation_2010-2011.aspx	
19 January 2012	Reorganising central government bodies	HC 1703	2010–2012
9 January 2012	Central government's implementation of the national Compact	www.nao.org.uk/publications/1012/national_compact.aspx	

Publication date	Report title	HC number	Parliamentary session
21 December 2011	Implementing the Government ICT Strategy: six-month review of progress	HC 1594	2010–2012
9 December 2011	Digital Britain One: Shared infrastructure and services for government online	HC 1589	2010–2012
6 December 2011	NAO Guide: Initiating successful projects	www.nao.org.uk/publications/1012/initiating_successful_projects.aspx	
29 November 2011	Report of the Comptroller and Auditor General: Whole of Government Accounts 2009-10	HC 1601	2010–2012
25 October 2011	A snapshot of the Government's ICT profession in 2011	www.nao.org.uk/publications/1012/government_ict_profession.aspx	
27 September 2011	Auditing Behaviour Change	www.nao.org.uk/publications/1012/auditing_behaviour_change.aspx	
25 July 2011	Briefing for The Environmental Audit Committee on delivery of the target to reduce central government's office carbon emissions	www.nao.org.uk/publications/1012/carbon_emissions.aspx	
20 July 2011	Landscape review: Formula funding of local public services	HC 1090	2010–2012
13 July 2011	Identifying and meeting central government's skills requirements	HC 1276	2010–2012
6 June 2011	Managing risks in government	www.nao.org.uk/publications/1012/managing_risks_in_government.aspx	
26 May 2011	Option Appraisal: Making informed decisions in government	www.nao.org.uk/publications/1012/option_appraisal.aspx	
28 April 2011	Lessons from PFI and other projects	HC 920	2010–2012
11 March 2011	Managing staff costs in central government	HC 818	2010-11
3 March 2011	Progress in improving financial management in government	HC 487	2010-11
17 February 2011	Information and Communications Technology in government. Landscape Review	HC 757	2010-11

Appendix Five

Other sources of information

Reports from the Committee of Public Accounts since 2009

Publication date	Report title	HC number
30 March 2012	Seventy-eighth Report of Session 2010–12, The Care Quality Commission: Regulating the quality and safety of health and adult social care	HC 1779
16 March 2012	Seventy-second Report of Session 2010–12, Services for people with neurological conditions	HC 1759
15 December 2011	Sixtieth Report of Session 2010–12, Achievement of foundation trust status by NHS hospital trusts	HC 1566
25 October 2011	Fifty-third Report of Session 2010–12, Managing high value capital equipment in the NHS in England	HC 1469
16 September 2011	Forty-sixth Report of Session 2010–12, Transforming NHS ambulance services	HC 1353
3 August 2011	Forty-fifth Report of Session 2010–12, The National Programme for IT in the NHS: an update on the delivery of detailed care records systems	HC 1070
20 May 2011	Thirty-fifth Report of Session 2010–12, The procurement of consumables by National Health Service acute and Foundation trusts	HC 875
27 April 2011	Thirty-third Report of Session 2010–12, National Health Service landscape review	HC 764
15 March 2011	Twenty-sixth Report of Session 2010-11, Management of NHS hospital productivity	HC 741
22 February 2011	Twenty-fourth Report of Session 2010-11, Delivering the cancer reform strategy	HC 687
18 January 2011	Fourteenth Report of Session 2010-11, PFI in housing and hospitals	HC 631
2 November 2010	Third Report of Session 2010-11, Tackling inequalities in life expectancy in areas with the worst health and deprivation	HC 470
7 April 2010	Thirtieth Report of Session 2009-10, Tackling problem drug use	HC 456
30 March 2010	Twenty-sixth Report of Session 2009-10, Progress in improving stroke care	HC 405
29 March 2010	Twenty-seventh Report of Session 2009-10, Treating injury and illness arising on military operations	HC 427
16 March 2010	Nineteenth Report of Session 2009-10, Improving dementia services in England – an interim report	HC 321

Publication date	Report title	HC number
23 February 2010	Tenth Report of Session 2009-10, Service 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
10 November 2009	Fifty-second Report of Session 2008-09, Reducing Healthcare Associated Infections in Hospitals in England	HC 812
15 October 2009	Fiftieth Report of Session 2008-09, Supporting people with autism through adulthood	HC 697
30 July 2009	Forty-seventh Report of Session 2008-09, Reducing Alcohol Harm: health services in England for alcohol misuse	HC 925
16 July 2009	Thirty-seventh Report of Session 2008-09, Building the Capacity of the Third Sector	HC 436
18 June 2009	Twenty-ninth Report of Session 2008-09, NHS Pay Modernisation in England: Agenda for Change	HC 310
14 May 2009	Nineteenth Report of Session 2008-09, End of life care	HC 99

Recent reports from central government

July 2012	Department of Health	(White Paper) Caring for our future: reforming care and support
July 2012	Department of Health	Draft Care and Support Bill
May 2012	Department of Health	Information Strategy: The power of information: putting all of us in control of the health and care information we need
March 2012	HM Government	Health and Social Care Act (2012)
July 2011	Department of Health	Business Plan 2011–15
June 2011	Department of Health	Government response to the NHS Future Forum report

continued overleaf

Recent reports from central government *continued*

January 2011	Department of Health	Health and Social Care Bill 2011
November 2010	Department of Health	(White Paper) Healthy lives, healthy people: our strategy for public health in England
July 2010	Department of Health	Liberating the NHS: Report of the arm's-length bodies review
July 2010	Department of Health	(White Paper) Equity and excellence: Liberating the NHS
December 2009	HM Government	Putting the frontline first: smarter government

Cabinet Office Capability Reviews

March 2012	Cabinet Office	Department of Health: Capability Action Plan
July 2009	Cabinet Office	Department of Health: Progress and next steps
July 2008	Cabinet Office	Capability Review of the Department of Health: One Year Update

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:

David Moon
Director
020 7798 7098
david.moon@nao.gsi.gov.uk

If you are interested in the NAO's work and support for Parliament more widely, please contact:

Ashley McDougall
Director of Parliamentary Relations
020 7798 7689
ashley.mcdougall@nao.gsi.gov.uk

Twitter: @NAOorguk

www.nao.org.uk

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