Department of Health

Background and scope

1 In 2012, the coalition government published updated departmental business plans. These focused on coalition priorities and are monitored by a set of input and impact indicators. Departments are expected to publish quarterly performance against these indicators. In addition, the Civil Service Reform Plan, published in June 2012, set out additional requirements for departments in sharing management information on back-office functions such as estates, HR and finance.

2 The National Audit Office has undertaken to review the input and impact indicators systems of all central government departments and a sample of back-office and operational information. Our first review was carried out in 2011-12 and a summary report was published on each department.[1]

3 This report covers the Department of Health (the Department), which spent some £109 billion in 2012-13. It is responsible for the overall performance of the NHS and adult personal social services, and for setting the direction on promoting and protecting the public's health.

4 Our work was conducted during a time of considerable change within the health system – the Health and Social Care Act 2012 creates new structures for commissioning healthcare, with some 160 NHS organisations closing and more than 200 new bodies being created. Most of the changes took effect on 1 April 2013. As part of the accountability arrangements for the restructured system, the Department has introduced three outcomes frameworks, incorporating a range of indicators, which it will use to hold the NHS, public health and adult social care to account.

1   Available on the NAO website at: www.nao.org.uk/search/pi_area/data-assurance-summary-reports/type/report

5   This report provides an overview of our findings on completeness of the information and information strategy, together with the results of our assessment of ten indicators for 2012-13. It does not provide a conclusion on the accuracy of the outturn figures included in the Department's performance statements, because the existence of sound data systems reduces, but does not eliminate, the possibility of error in the reported data. We have assigned each indicator a numerical score, based on the extent to which the Department has put in place, and operated, internal controls over the data systems that are effective and proportionate to the risks involved.

Our findings on completeness of information

6   We recognise that health information is complex, and the highly devolved delivery model and the ongoing restructuring of the NHS creates challenges for the Department. With this in mind, we examined the Department's business plan indicators and other operational indicators available to the board to assess whether it has the data it needs to run the business, and to be accountable to Parliament and the public.

7   Each of the Department's five priority areas has at least one indicator attached to it, which is an improvement on the previous business plan. However, the indicators taken together do not offer a complete picture of progress and performance. Only one area has input and impact indicators, both of which are required to understand cause and effect and to begin to assess value for money. This patchy coverage is compounded as not all indicators are timely or fully developed; for example, of the 34 indicators published in January 2013, one had no data, 16 covered 2011-12, and 9 reported data from 2010-11 or earlier.

8   These limitations are partially offset by the availability to the board of other indicators and data from other sources, including from the Health and Social Care Information Centre (the Information Centre, **Figure 1**). Through these indicators and information systems, the Department has some of the data it needs to manage its day-to-day business and ensure it is spending within its budget limit. However, it remains challenging for the board to understand the use of resources in terms of value for money, and for Parliament and the public to hold the Department to account.

Figure 1
The Health and Social Care Information Centre

The Department specifies the indicators to be measured and the underlying data streams, but responsibility for collecting data from a range of health and care organisations rests with the Health and Social Care Information Centre. The Information Centre analyses the data and publishes it in a range of formats.

In April 2013, the Information Centre was established as a new executive non-departmental public body, incorporating its existing functions as well as IT systems delivery functions currently undertaken by NHS Connecting for Health and strategic health authority informatics functions.

Source: Health and Social Care Information Centre

Our findings on information strategy

9   The Department is one of only six government departments that have published an information strategy – *The power of information: putting all of us in control of the health and care information we need*, published in May 2012.[2] The strategy sets out a ten-year framework for transforming information for the NHS, public health and social care. The focus is on improving access to information for patients and clinicians. The Department also has an information assurance policy, which outlines principles to which staff working within the Department should adhere, focusing on risks to confidentiality and data security.

---

2   *The power of information: putting all of us in control of the health and care information we need*, available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_134181

10 The information strategy encourages data collection from existing data systems to reduce the burden on frontline staff. The Information Centre will be the single national repository for data collected from health and social care organisations. The strategy stresses the importance of good quality data, but does not set out how data quality will be improved across the system. There is often a lack of common data definitions across health and social care, and we are concerned that the importance of data quality is not communicated effectively to frontline staff: often little or no information is given about why data is collected, how it will be used, or the impact of poor data quality.

11 Governance arrangements for implementing the strategy are not yet clear. A range of bodies will be involved, including the Department, NHS England and the Information Centre. The Information Standards Board, which is currently responsible for setting information standards for the NHS and adult social care, will cease to exist in October 2013. The Department intends that the Informatics Services Commissioning Group will play a key role in overseeing and ensuring a coordinated approach to health information, but it is unclear whether its role will be advisory in nature or whether it will be directly accountable for the promotion and implementation of the strategy.

Our assessment of data systems

12 We examined ten indicators and their respective data systems – five input and impact indicators and two general indicators taken from the Department's 2012–2015 Business Plan,[3] plus three outcome indicators. Six indicators feature in the new outcomes frameworks (paragraph 4). Our selected business plan indicators cover the Department's five business priorities:

● health and care systems integrated around the needs of patients and users;

● promote better healthcare outcomes;

● revolutionise NHS accountability;

● promote public health; and

● reform care and support.

13 Each data system has a named individual as 'system owner' and some clearly take their role very seriously, demonstrating, for example, a good understanding of the risks, processes and controls. However, performance of system owners is inconsistent; for example, for most of the indicators, the owners had little or no understanding of the end-to-end controls required to maintain data quality. The NHS restructuring poses risks to the continuity of system owners and to the data systems themselves.

14 We found good practice for a number of indicators. For example, in specifying data systems for patient experience, patient reported outcome measures and mortality rate from causes considered preventable, the Department has consulted widely with stakeholders. There are also examples of sound risk management: the Information Centre's data system on pressure ulcers has been independently reviewed; and for patient experience, there is a well-documented risk log. For most data systems, data collection is automated to reduce errors.

3   Department of Health, *Business Plan 2012–2015*. Available at: www.dh.gov.uk/prod_consum_dh/groups/dh_ digitalassets/@dh/@en/documents/digitalasset/dh_134454.pdf

15 The Department, through the Information Centre, seeks to uphold the accuracy of the data collection through standardised templates, guidance and methodology documents, and, in most cases, assessing the quality of the data submitted in terms of validity, missing data and internal consistency.

16 In line with our findings from 2011-12, the Department relies on a range of external bodies, including arm's-length bodies and hospital trusts, to collect much of its core data. It requires these data providers to put in place appropriate systems and controls to ensure the quality of data collected. Primary responsibility for data quality rests with the management of these bodies, but the Department should also obtain some degree of independent assurance over data quality. However, there are no arrangements in place to provide such assurance, for example to check if the various organisations supplying data are complying with the guidance.

17 Although the business plan indicators are generally reported in a standard accessible form, the supporting information provided to aid interpretation is variable. For six of the seven business plan indicators, outturn figures in the quarterly data update are reported with little or no narrative or indication of data quality. This makes it more difficult for the public to understand the meaning of the data reported and how outturn relates to progress against the related business priority.

18 **Figure 2** summarises the results of our assessment of the data systems for the ten indicators examined.

Figure 2
A summary of the results of our data assurance exercise

Score	Meaning	Indicators we reviewed
4	The indicator's data system is fit for purpose	1. Patient experience: primary care (GP out of hours service)
3	The indicator's data system is fit for purpose but some improvements could be made	2. Incidence of healthcare-associated infection
		3. Mortality rate from causes considered preventable
		4. Unit costs: older people residential and nursing care
		5. Patient reported outcome measures
2	The indicator's data system has some weaknesses which the Department is addressing	6. Percentage of patients with electronic access to their medical records
1	The indicator's data system has weaknesses which the Department must address	7. Emergency admissions within 30 days of leaving hospital
		8. Incidence of newly acquired category 2, 3 and 4 pressure ulcers
		9. Number of health visitors and distribution in relation to children under five, and progress with training for new health visitors and the current workforce
0	No system has been established to measure performance against the indicator	10. Unit costs: GP consultation

Source: National Audit Office

Recommendations

19 The recommendations here are relevant to the restructured NHS from April 2013. These recommendations are generic and may relate to several of the indicators and systems we reviewed during our work.

20 Current business plan indicators do not offer a complete picture of performance for key business areas, and limited supporting information is provided to help readers interpret the data reported. The Department should be clear about the limitations of the available indicators and provide more explanation and interpretation in its quarterly reports to help readers understand what the data is telling them.

21 The Department published its information strategy in May 2012, but it is not clear who has overall responsibility for its promotion and implementation. The Department should clarify who, from April 2013, will lead on promoting and implementing the information strategy to ensure momentum is maintained.

22 Data system owners in the Department have variable understanding of end-to-end controls and processes and, in some cases, there is a risk to the continuity of system ownership. The Department should ensure there is a degree of continuity of system ownership and oversight. It should also make clear that the named individual for each indicator is expected to understand the end-to-end process to ensure the quality, consistency and comparability of the data published in different sources or across different reporting periods.

23 The Department lacks independent assurance over the accuracy and consistency of data at source. As we noted last year, the Department needs to consider the balance between the responsibility of data providers themselves for implementing robust data systems and the assurance that can be provided through independent validation. In addition, we recognise that the Department is endeavouring to keep to a minimum the burdens it imposes on local NHS organisations and arm's-length bodies. It may therefore opt to prioritise actions in areas which are higher profile and/or where the need for assurance is greater. We reiterate the recommendations we made last year on this issue. In addition:

- The Department, together with NHS England, should work with the Information Standards Board and the Informatics Services Commissioning Group to establish common data standards and definitions to ensure that performance data collected across different organisations is consistent and suitable for aggregating at national level.

- The Department and NHS England should ensure local organisations adhere to national data standards by building them into their local arrangements or contracts and ensuring these are subject to appropriate independent review and scrutiny.

24 The Department and the NHS do not have a coordinated approach on data quality improvement. The Department should work with the Informatics Services Commissioning Group (which will play a key role in ensuring a coordinated approach to health information across health, healthcare and social care), NHS England and the Information Centre to communicate the importance of data quality to different groups of frontline staff. In addition, the Department should work with the Informatics Systems Commissioning Group and the Information Centre to establish a coherent system-wide approach to resolving quality issues across the wide range of data providers.