National Audit Office

Departmental Overview

The performance of the Department of Health 2013-14

DECEMBER 2014

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Our public audit perspective helps Parliament hold government to account and improve public services.

The National Audit Office scrutinises public spending for Parliament and is independent of government. The Comptroller and Auditor General (C&AG), Sir Amyas Morse KCB, is an Officer of the House of Commons and leads the NAO, which employs some 820 employees. 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 £1.1 billion in 2013.

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Introduction

Aim and scope of this briefing

1 The primary purpose of this report is to provide the Health Select Committee with a summary of the Department of Health's (the Department's) activity and performance since September 2013, based primarily on published sources, including the Department's own accounts and the work of the National Audit Office (NAO).

2 Part One focuses on the Department's activity over the past year. Part Two examines developments in this Parliament. Part Three concentrates on NAO analyses of the Department's activity, programmes and functions over the last year. Part Four takes the form of a case study, looking in greater detail at the progress made under the transition to the new health structure from a financial audit point of view, a key issue for the Department at the current time. This looks at accountability and assurance, based on audit completion reports provided to the departmental Assurance, Risk and Audit Committee, and the equivalent committees of some of the newer health bodies.

3 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 responsibilities

1.1 The Department of Health (the Department) has overall responsibility for providing the National Health Service (NHS), public health services and adult social care services in England (the health and care system).

1.2 The Department's role is to lead, shape and fund health and care policy and its delivery in England. Its objective is to make sure people have the support, care and treatment they need and to ensure its services are delivered with compassion and dignity.

1.3 The main development since this Parliament started in 2010 is the Health and Social Care Act 2012, which led to reforms within the Department. The Act is designed to make the NHS more responsive, efficient and accountable. It seeks to place clinicians at the centre of commissioning, thereby freeing up providers to innovate, empower patients and create a new focus on public health. Fifteen arm's-length bodies are now responsible for most of the day-to-day operational management in the health and care system.

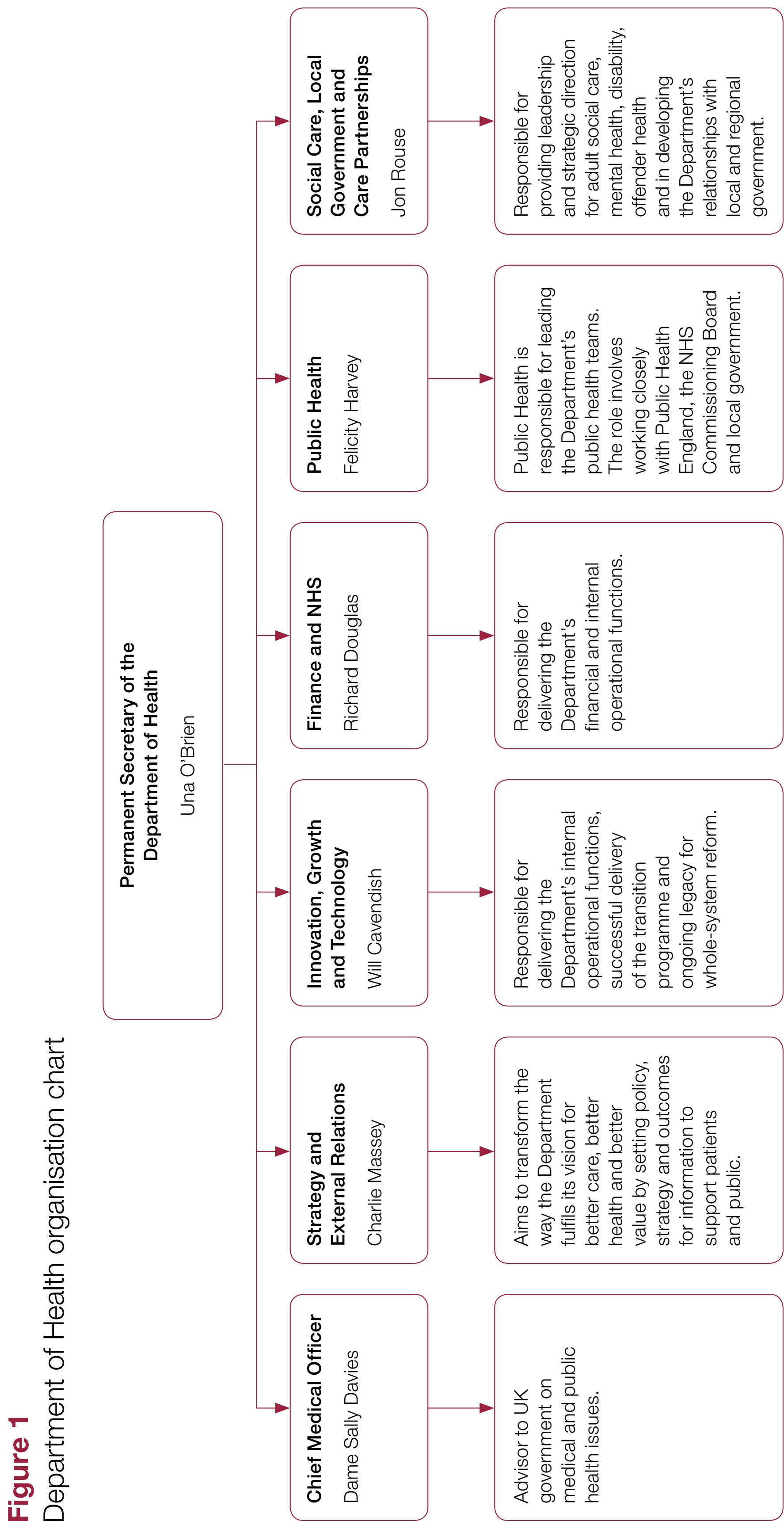
How the Department is organised

1.4 The Department's Secretary of State, Jeremy Hunt, is supported by 5 ministers and chairs the Department's board. The Board is supported by non-executive directors and an executive team who manage the Department's day-to-day operations.

1.5 Una O'Brien is the Department's Accounting Officer and is responsible to Parliament for its overall performance and delivery. The Department is organised into 6 directorates. **Figure 1** overleaf sets out what each directorate is responsible for and the people in charge of them.

1.6 The Department includes two executive agencies: Public Health England (PHE) and the Medicines and Healthcare Products Regulatory Agency (MHRA). The 15 arm's-length bodies are national organisations established to support the heath and care system. These bodies are all accountable to Parliament through the Department. The Department sets their objectives and holds them to account for their performance.

Figure 1
Department of Health organisation chart



Source: Department of Health website

1.7 NHS England is the Department's largest arm's-length body and sets the framework for commissioning of healthcare services in England. They fund clinical commissioning groups to enable them to commission services for their communities and monitor performance to ensure that clinical commissioning groups carry out this effectively. NHS England also commissions some services across the country such as primary care and mental health services.

1.8 A range of different organisations then provide healthcare, public health services and adult social care. This includes NHS trusts, NHS foundation trusts, GPs, dentists, and private- and third-sector providers.

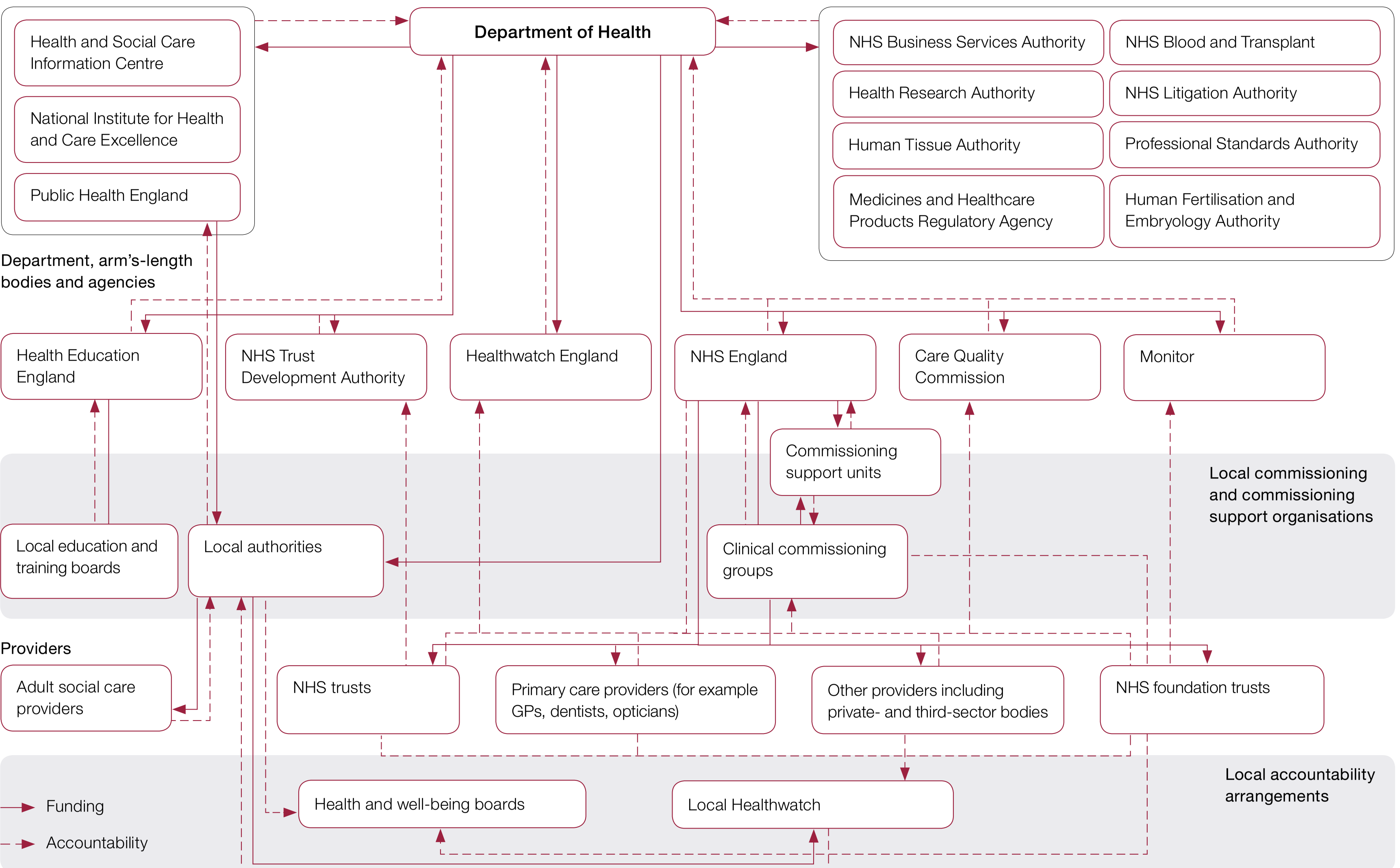
1.9 **Figure 2** overleaf shows the complex network of commissioners and providers of care; organisations which hold them accountable locally; and various national bodies, such as the health regulators, that make up the health system. In most cases, organisations are directly accountable to the bodies that fund them but there are additional local and national accountabilities: for example between clinical commissioning groups and local health and well-being boards, and between healthcare providers and national regulators.

Where the Department spends its money

1.10 The Department is the second biggest-spending department, behind the Department for Work & Pensions. In the past financial year, across all its arm's-length bodies and executive agencies, the Department spent £108 billion. It invested a further £4 billion in capital expenditure on activities such as purchasing or updating healthcare facilities and medical equipment, taking the total spend to £111.4 billion, as shown in **Figure 3** on page 9.

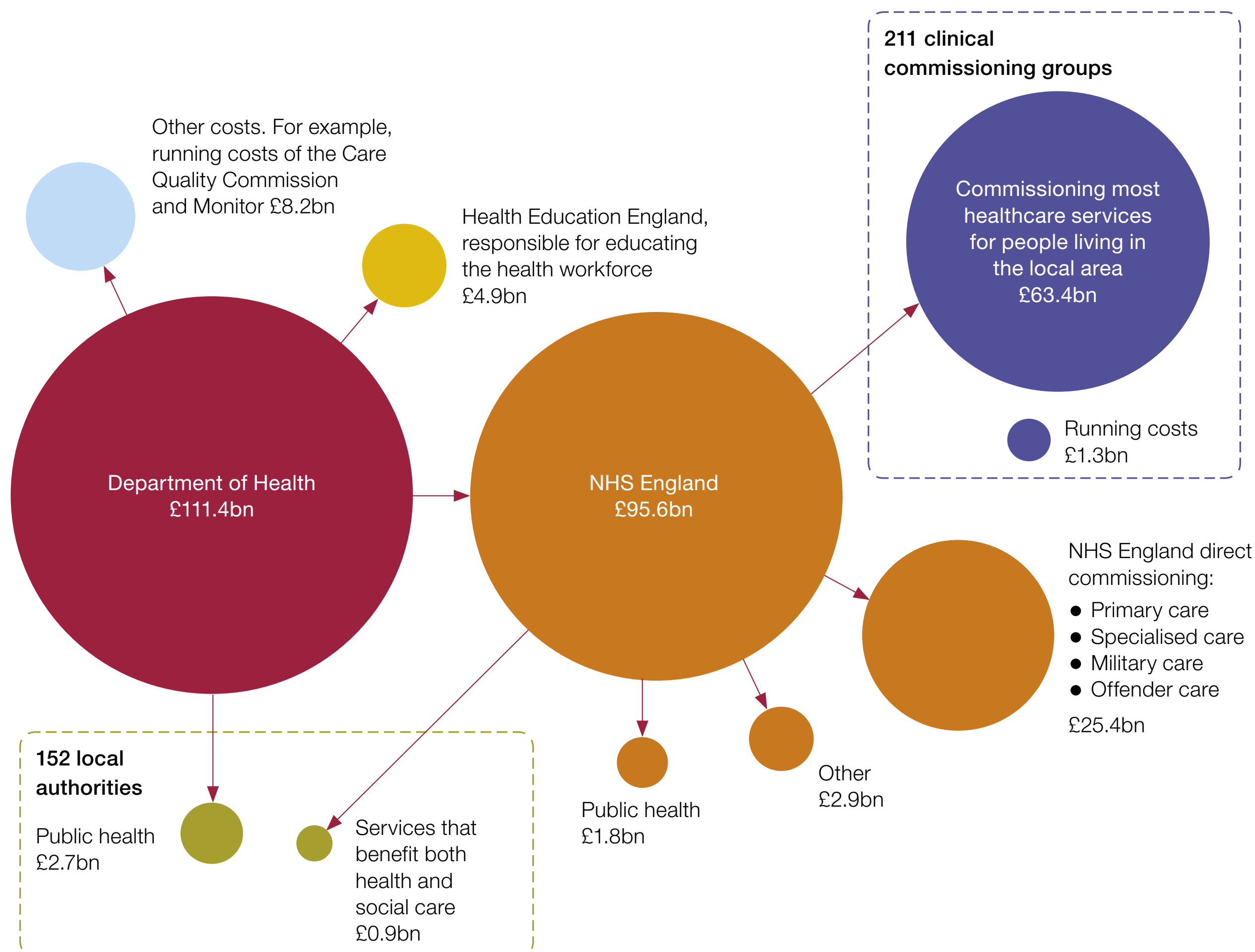
1.11 The majority of the Department's funding (£95.6 billion) is given to NHS England. The remaining funding is distributed between the arm's-length bodies and executive agencies, as well as the Department's core expenditure.

Figure 2
How the Department is organised



Source: National Audit Office, *Managing the transition to the reformed health system*

Figure 3
Where the Department spent its money in 2013-14



Note

1 In addition to the £1.8 billion shown for public health, £360 million of the £25.4 billion of NHS England direct commissioning is to fund public health activities through primary care. This means in total NHS England provides £2.2 billion of funding for public health.

Source: National Audit Office analysis of the Department, NHS England and Health Education England funding

1.12 How the Department uses its resources, broken down to individual income and expenditure categories, can be seen in **Figure 4**. The total expenditure incurred by the Department was £119.5 billion. This includes £8.3 billion of expenditure not funded directly by the Department, for example funded through income from local authorities, or through receipts of fees and charges such as prescription charges. Note that Figure 3 shows the net position of expenditure minus income, while Figure 4 shows the gross expenditure and income positions.

1.13 Staff costs made up £48 billion of this total expenditure, with some 1,128,400 staff employed during 2013-14.[1] The purchase of healthcare from non-NHS bodies accounts for around £10 billion of expenditure. A further £8 billion is spent on prescription costs, with income of £0.8 billion offsetting some of these costs. The remaining expenditure relates to other programme and administrative costs.

Staff attitudes

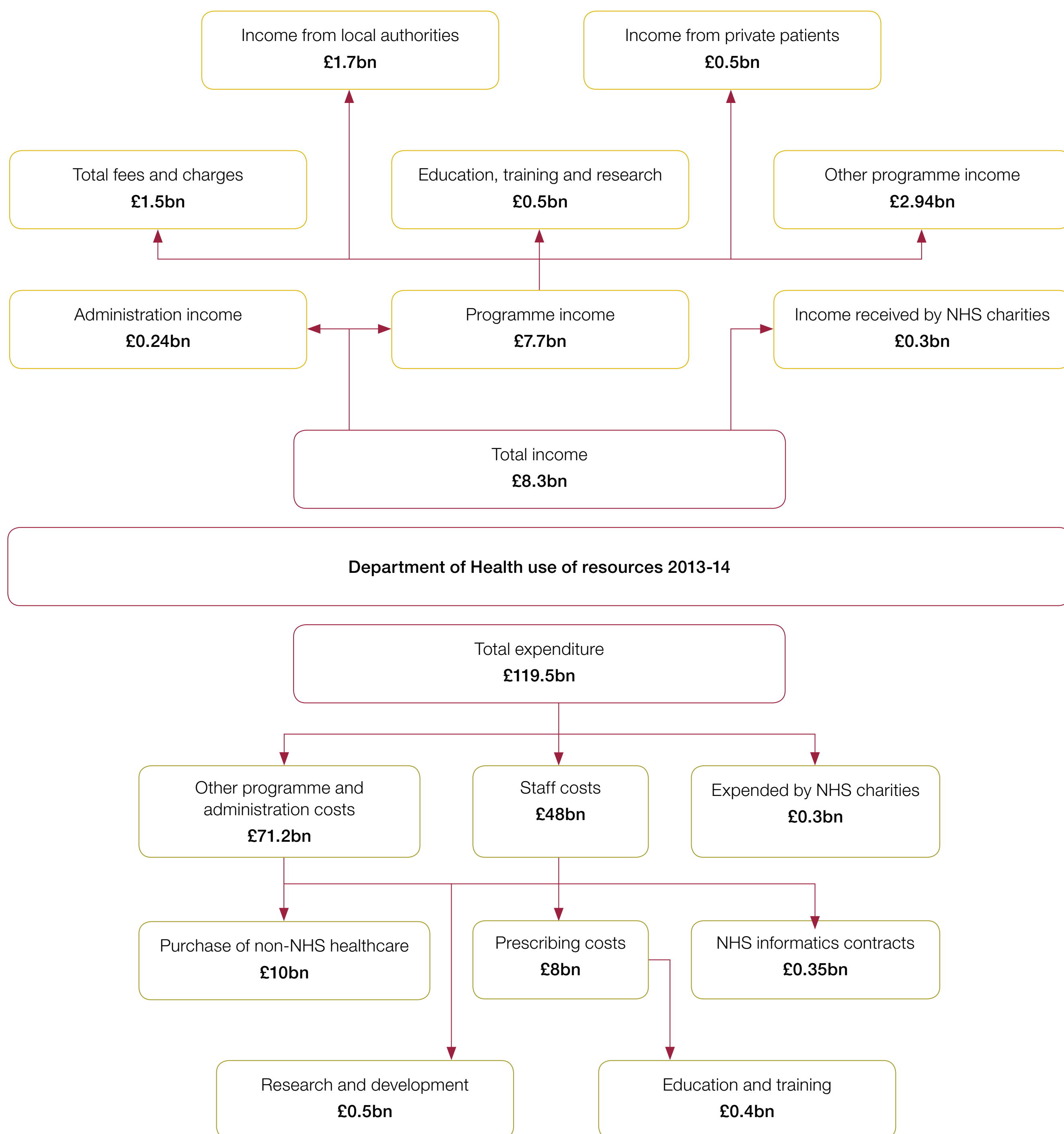
1.14 The government has conducted its Civil Service People Survey annually for the past 5 years. The most recent survey was carried out during October 2013. Continuing our practice in past briefings, we summarise here the views of the Department's staff on a number of key issues, and compare them with benchmarks for the civil service as a whole. Detailed results for key themes for all departments are reproduced at Appendix Two.

1.15 **Figure 5** on page 12 shows that in 2013 the Department matched or exceeded the civil service benchmark for 7 out of 10 measures. This is an improvement on its 2012 survey results, where the Department matched or exceeded the civil service benchmark in only 5 out of 10 measures. Figure 5 also shows that the Department has improved in all 10 categories when compared with their 2012 results.

1.16 The overarching measure from the survey is the 'employee engagement index'. This measures an employee's emotional response to working for their organisation. Employee engagement is shaped by staff experiences at work, which are measured by the 9 themes of the survey. On the employee engagement index, the Department scored marginally lower than the civil service benchmark, with 57% of employees responding positively compared with 58% across government as a whole. The Department's result on this measure has improved from 53% in 2012.

1 The quoted staff number is the average full-time equivalent number of persons employed during 2013-14, as stated in the Department of Health Resource Account.

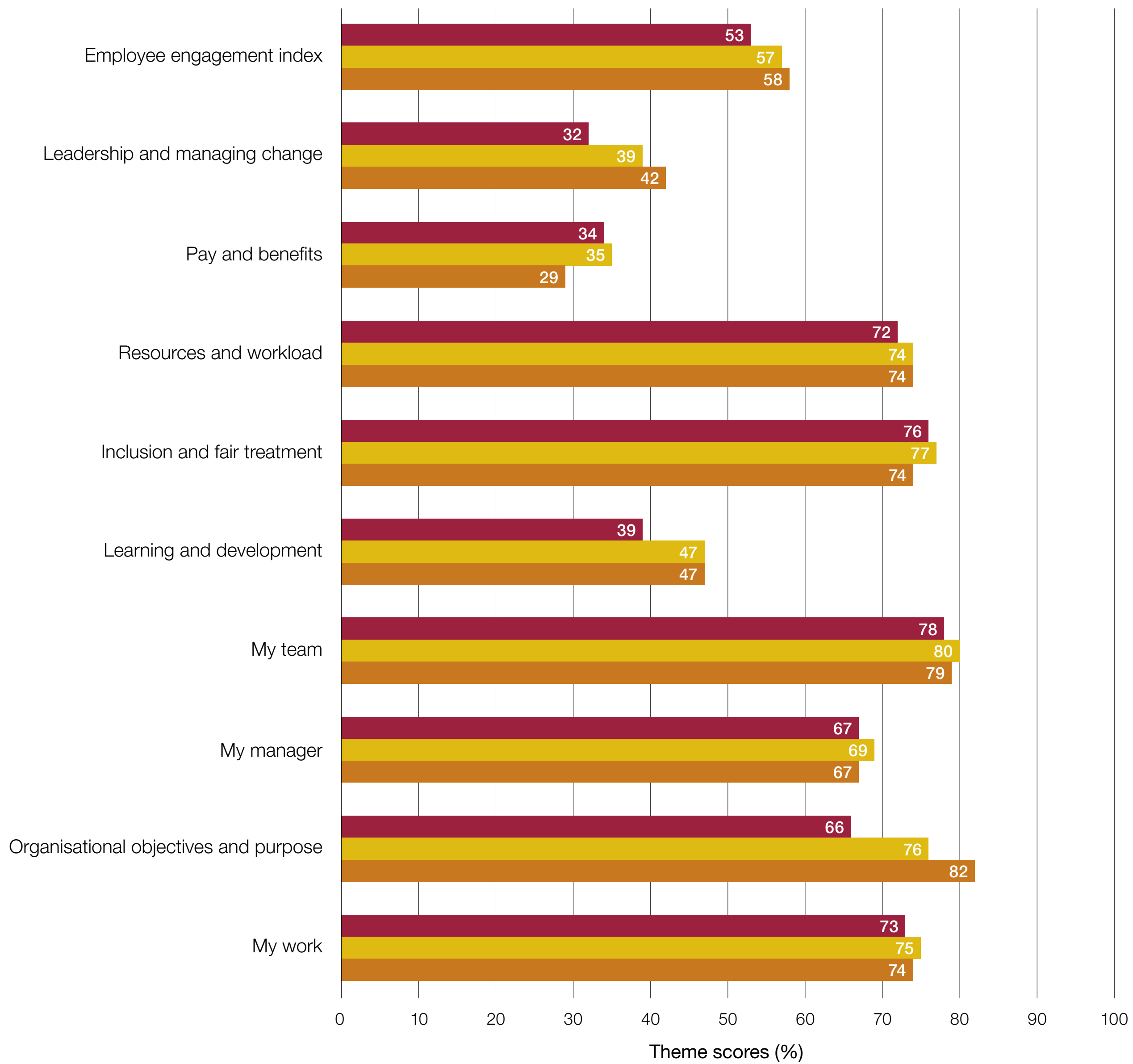
Figure 4
How the Department used its funding in 2013-14



Source: National Audit Office analysis of the 2013-14 Department of Health Resource Account

Figure 5

Department of Health Civil Service People Survey results



- Department of Health 2012
- Department of Health 2013
- Civil service benchmark 2013

Note

1 The score for a theme is the percentage of respondents who 'strongly agree' or 'agree' to that theme.

Source: Civil Service People Survey 2013. Available at: www.civilservice.gov.uk/about/improving/employee-engagement-in-the-civil-service/people-survey-2013

Part Two

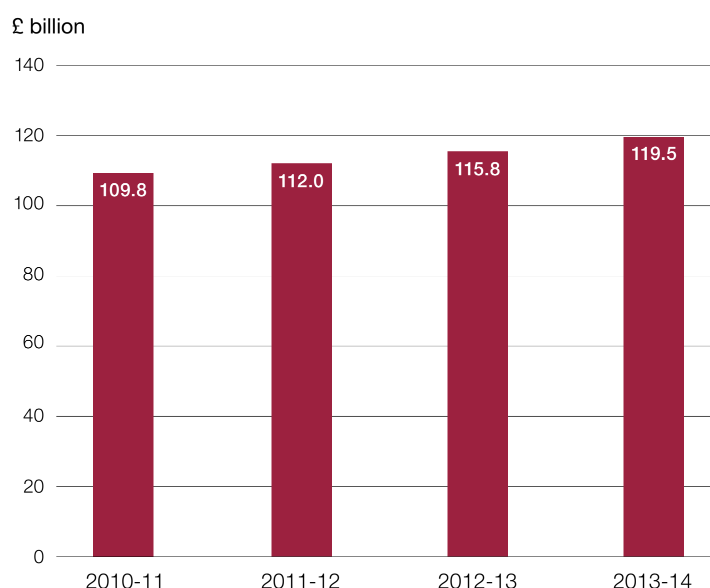
Developments in this Parliament

Changes to the Department's spending since 2010

2.1 The 2010 Spending Review protected healthcare funding, increasing the level of health expenditure in real terms in each year of this Parliament, see **Figure 6**. The 2013 spending round confirmed that the government will continue to protect health funding in real terms until 2015-16.

2.2 However, the National Health Service (NHS) faces continuing growth in the demand for healthcare, due to an ageing population, increases in the number of people living with long-term conditions, and to fund new technologies and drugs. It is seeking to make efficiency savings of up to £20 billion in the 4 years to 2014-15, while continuing to drive up the quality of the services it provides.

Figure 6
Department of Health spending since 2010



Source: National Audit Office, Department of Health Financial Overview

Policy and delivery: major developments since 2010

2.3 One of the most significant structural changes, prompted by the Health and Social Care Act 2012, is the way in which the Department of Health (the Department) commissions healthcare from other bodies. From 1 April 2013 there has been a new commissioning system, which gives clinicians a greater ability to shape health services to secure a more effective use of NHS funding.

2.4 The reforms did not make direct changes to the way healthcare is provided to patients. However, they did make significant changes to how the health system is set up. More than 170 organisations were closed, and more than 240 new ones were created. In particular, responsibility for commissioning healthcare and public health services moved from 151 primary care trusts to NHS England, 211 clinical commissioning groups and 152 local authorities.

2.5 Prior to 2013-14 responsibility for the commissioning of healthcare lay with primary care trusts and strategic health authorities. As set out in **Figure 7**, these organisations were responsible for a combined 56% share of all gross activity in 2012-13, 'gross activity' being defined as expenditure by health bodies, including internal expenditure with other NHS bodies.

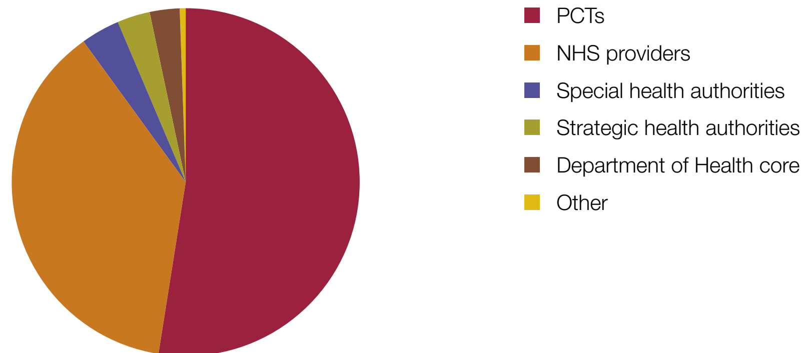
2.6 Since April 2013 the majority of the Department's funding has been allocated to NHS England, which has taken over responsibility for the commissioning of healthcare. In 2013-14 NHS providers, such as NHS trusts running hospitals, accounted for 57% of all gross activity and the NHS England group accounted for 27% of gross activity. The NHS England group includes clinical commissioning groups, which have replaced the commissioning functions of primary care trusts at a local level.

2.7 The main challenges arising from the transition to the reformed health system have included maintaining the stability of the healthcare system during the transition; issues relating to the transfer of assets and functions to successor bodies; and the new organisations delivering on new responsibilities while improving capabilities to meet the increasing demands required of the healthcare system. Governance and assurance arrangements at the new organisations within the system also had to be established and embedded during a challenging first year of operation.

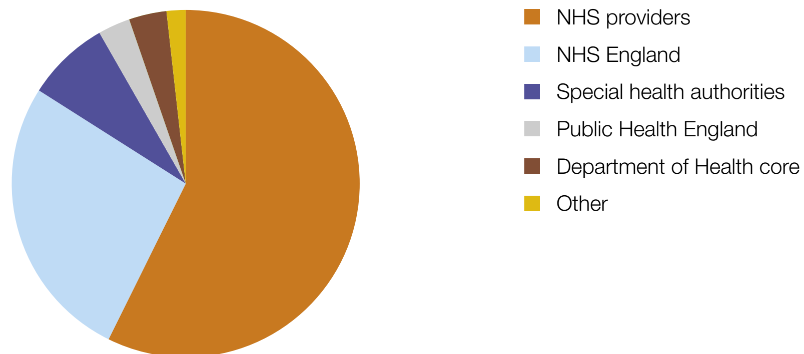
Figure 7

Comparison of gross activity between the previous and reformed health landscapes

Gross activity in 2012-13 (£183.8bn)



Gross activity in 2013-14 (£187.9bn)



Note

1 'Activity' as shown in these charts is defined as expenditure prior to any intra-group eliminations, less funding expenditure.

Source: National Audit Office, Department of Health Financial Overview

Independent assessments of the Department's performance

2.8 Alongside our work, and that of the Health Select Committee, a number of other bodies regularly produce independent analyses of how the Department is doing and of the challenges it faces. In this section, we look at some of the most notable of these reports published in the past year. The National Audit Office's (NAO's) assessment of the Department's performance in 2013-14 is considered in Part Three of this report.

The Francis Report

2.9 In February 2013 Robert Francis QC published the report from his second inquiry into Mid Staffordshire NHS Foundation Trust. Robert Francis's first inquiry had found that there were "appalling standards of care" at Mid Staffordshire between 2005 and 2009. His second inquiry looked into why the NHS regulatory system had not identified these problems more quickly.

2.10 The Department produced an initial response to the Francis Report in March 2013, which accepted either wholly or in principle most of the 290 recommendations.[2] As part of this response, the Department commissioned a number of independent reviews, including:

- **The Keogh Review published in July 2013:**[3] Investigated 14 hospital trusts with unexpectedly high mortality rates to determine whether there were any sustained failings in the quality of care and treatment being provided to patients at these trusts. It reported that all of the trusts needed to take urgent action to raise standards of care; however, all trusts did demonstrate some excellent practice in specific areas. The review outlined a wide range of ambitions for improvement and corresponding actions.

- **The Cavendish Review published in July 2013:**[4] Investigated what could be done to ensure that healthcare assistants in health and social care treat patients with care and compassion. The review made a number of recommendations on how the training and support of healthcare assistants and social care support workers can be improved, recommending that Health Education England develop a nationally recognised caring qualification.

- **The Berwick Review published in August 2013:**[5] investigated how to improve patient safety in the NHS. It found that in the vast majority of cases it is the systems, procedures, conditions, environment and constraints NHS staff face that lead to patient safety problems. It stated that the most important single change in the NHS in response to this report would be for it to become a system devoted to continual learning and improving patient care. It subsequently made various recommendations to achieve this.

2 Department of Health, *Patients First and Foremost*, Cm 8576, March 2013.
3 Available at: www.nhs.uk/NHSEngland/bruce-keogh-review/Documents/outcomes/keogh-review-final-report.pdf
4 Available at: www.gov.uk/government/publications/review-of-healthcare-assistants-and-support-workers-in-nhs-and-social-care
5 Available at: www.gov.uk/government/publications/berwick-review-into-patient-safety

- **The Clwyd and Hart Review published in October 2013:**[6] Investigated ways to improve how the NHS handles complaints. It made a range of recommendations including scrutiny of complaints by hospital boards, and hospitals offering independent investigations where serious incidents occur. A variety of NHS organisations have pledged to take action on the findings of this review.

- **The NHS Confederation review *Challenging bureaucracy* published in November 2013**:[7] Concluded that reducing unnecessary bureaucracy in the NHS should focus on 3 areas: tackling the volume of information requests to NHS providers from national bodies within the healthcare system; reducing the effort involved in responding to information requests; and maximising the value of information that is collected. It made a range of recommendations to help achieve these goals.

2.11 In light of these reviews, in November 2013 the Department published its full response to the Francis Report.[8] The response noted a number of changes made by the Department since the second Francis Report. These include expert inspections of the hospitals with the highest mortality rates, and appointing chief inspectors of hospitals, adult social care and primary care.

2.12 The Department's response also explained in more detail some of the changes it planned to make including:

- a new care certificate to ensure that healthcare assistants and social care support workers have the necessary training and skills to give personal care to patients and service users;

- transparent monthly reporting of ward-by-ward staffing levels and other safety measures; and

- a statutory duty of candour on providers and a professional duty of candour on individuals through changes to professional guidance and codes.

6 Available at: www.gov.uk/government/uploads/system/uploads/attachment_data/file/255615/NHS_complaints_accessible.pdf
7 Available at: http://www.nhsconfed.org/Publications/reports/Pages/challenging-bureaucracy.aspx
8 Department of Health, *Hard Truths: the journey to putting patients first*, Cm 8777, November 2013.

Major developments for the year ahead

2.13 In April 2014 the Departmental Improvement Plan was published responding to the recommendations made by some of the reports discussed above. The Departmental Improvement Plan sets out a number of goals that the Department intends to achieve including:

- preventing disease and poor health, improving care for people over 75 years old, reforming social care, integrating health and care, and improving care for people with dementia;
- improving the quality of care and the use of technology, encouraging greater openness and taking significant steps towards parity of esteem between mental and physical health; and
- ensuring the long-term sustainability of the system by maintaining quality, access and financial performance, working more efficiently and investing in research and innovation.

2.14 The Department set out in broad terms that it intends to achieve these goals by leading confidently, building capability, improving policy-making and increasing openness.

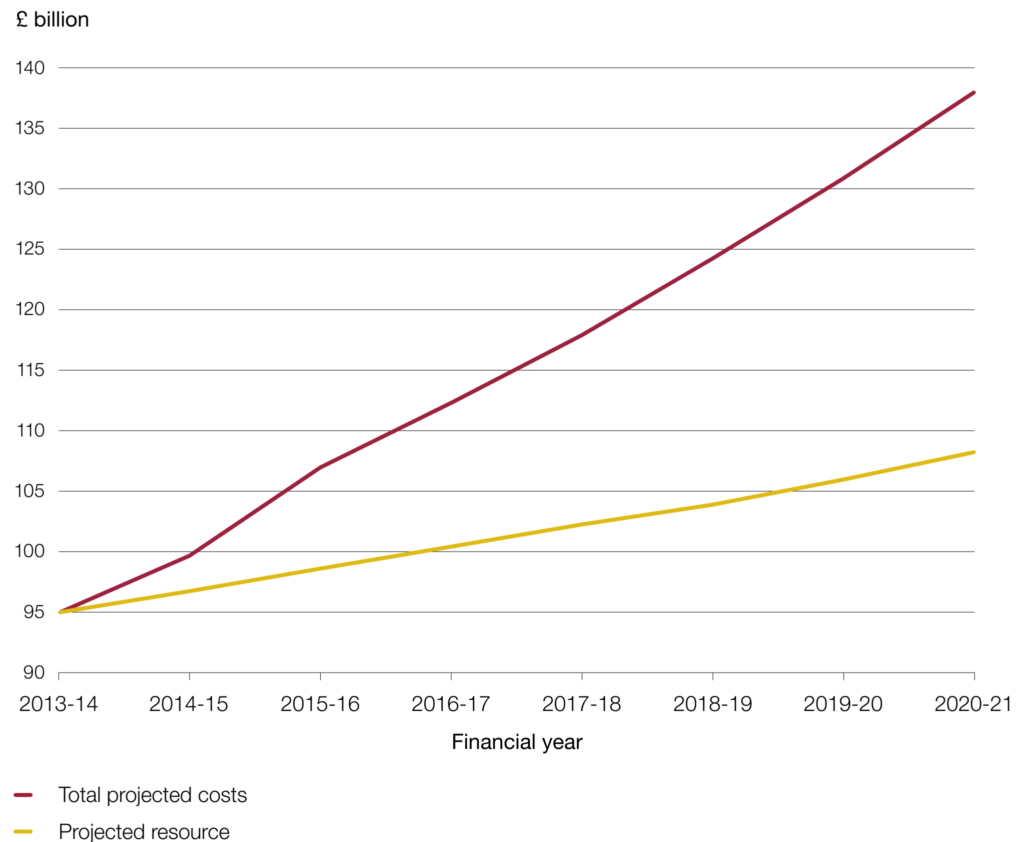
2.15 The Department set a target of generating £20 billion of efficiency savings between 2011-12 and 2014-15, in order to help the NHS cope with the increasing demands for healthcare and a finite level of resources available. NHS England recently estimated that continuing with the current model of care will result in a total gap between spending requirements and resources available of around £30 billion by 2020-21, see **Figure 8**.

2.16 In October 2014 NHS England, in collaboration with Public Health England, Monitor, Health Education England, the Care Quality Commission and the NHS Trust Development Authority, published its *Five-year forward view* setting out their approach to the required efficiency savings. This included details of what they believed the main challenges to be and their approaches towards them, such as increased preventative measures to tackle the root causes of ill health and new models of care built around the needs of patients rather than historical or professional divides.[9]

2.17 There have also been changes to the level of integration between health and social care services from 2014-15 onwards. This will impact, in particular, those services provided by local authorities. The Care Act 2014 received Royal Assent in May 2014 and established both the Health Education England and the Health Research Authority as non-departmental public bodies.[10] The Care Act 2014 also gives local authorities a bigger role in delivering care services, alongside responsibility for arranging services to help prevent individuals' health deteriorating to a point where they would require additional care.

9 Available at: www.england.nhs.uk/ourwork/futurenhs/
10 Available at: www.legislation.gov.uk/ukpga/2014/23/contents/enacted/data.htm

Figure 8
NHS England's projection of NHS spending requirements



Source: NHS England, *The NHS belongs to the people: a call to action*

2.18 In addition to the Care Act 2014, the Better Care Fund was announced in June 2013. The Better Care Fund is a pooled budget of £3.8 billion to support health and social care services to work collaboratively in local areas. The budget is shared between the NHS and local authorities and is the largest-ever financial incentive to integrate health and social care services. Of the £3.8 billion budget, £1 billion is set aside for 'payment by performance' in 2015/16 to incentivise good performance.[11]

11 Available at: www.england.nhs.uk/wp-content/uploads/2013/12/bcf-itf-sup-pck.pdf

Part Three

Recent NAO findings on the Department

Our audit of the Department's accounts

3.1 The National Audit Office's (NAO's) financial audits of government departments and associated bodies are primarily conducted to allow the Comptroller and Auditor General (C&AG) to form an opinion of the trueness and fairness of the public accounts. In the course of these audits, the NAO learns a great deal about government bodies' financial management and sometimes this leads to further targeted pieces of work which examine particular issues. In this section, we look at the outcome of our most recent financial audit on the Department of Health (the Department) and its bodies.

3.2 The C&AG certified the Department's 2013-14 resource accounts on 15 July 2014. In his opinion, the accounts gave a true and fair view of the Department's financial affairs. The Department has recently invested significant effort in improving its accounts production process and this was the second consecutive year that the Department was able to lay its accounts before Parliament before the summer recess.

3.3 The transition within the National Health Service (NHS) and the subsequent transfer for assets and liabilities to new organisations represented one of the most significant risks for the production of the Department's accounts in 2013-14. Supporting evidence was not available for some of these transfers, which subsequently led to the write-down of the balances affected in the receivers' accounts, see paragraph 4.8 for further details. This issue is reflected in the governance statement and the losses disclosure note within the Department's accounts.

3.4 In his report on the accounts, the C&AG drew attention to the level of uncertainty around the Clinical Negligence Scheme for trusts. The Scheme pays compensation for NHS clinical negligence arising since April 1995.[12] The Department estimates that it will have to make future compensation payments of £25.7 billion for clinical negligence that took place before April 2014. This includes £14.6 billion for cases where a claim has been made but has not yet been settled. The remainder (£11.1 billion) is an estimate of the cost of negligence where no claim has yet been made.

12 There is a separate scheme for clinical negligence which occurred before April 1995.

3.5 The C&AG reported in respect of the £11.1 billion that "given the long-term nature of the liabilities and the number and nature of the assumptions on which the estimate... is based, a considerable degree of uncertainty remains over the value of the liability... significant changes to the liability could occur as a result of subsequent information and events which are different from the current assumptions adopted".

Our audits of the Department's effectiveness and value for money

3.6 The NAO's work to test the effectiveness and value for money of government spending in 2013-14 included a number of projects which focused on the Department. The principal findings of these, and in some cases the actions that have been taken since, are summarised below, listing the reports that have been published by 12 November 2014.

3.7 In the past year, our work on effectiveness and value for money has investigated financial sustainability and service delivery in the NHS, responded to a number of requests by Parliament and also looked at the Department's reform of the health system.

Reports on financial sustainability

2012-13 update on indicators of financial sustainability in the NHS (July 2013)

3.8 There was a surplus of £2.1 billion across the NHS as a whole in 2012-13, matching that in 2011-12, but there was significant variation in financial performance within the NHS.[13] There was a substantial gap between the trusts with the largest surpluses and those with the largest deficits. However, financial performance for the NHS appears stronger in 2012-13 than in 2011-12.

3.9 NHS trusts in difficulty continued to rely on cash support from the Department or non-recurrent local support from strategic health authorities and primary care trusts. We concluded in *Securing the future financial sustainability of the NHS* that it was hard to see that this approach would be a sustainable way of reconciling growing demand with the efficiency gains required within the NHS and that, without major change, the financial pressure on some providers would only get more severe.

13 Comptroller and Auditor General, *Securing the future financial sustainability of the NHS*, Session 2012-13, HC 191, National Audit Office, July 2012.

Funding healthcare: making allocations to local areas (September 2014)

3.10 Around £80 billion each year is distributed to local commissioners of healthcare using funding formulae, of which approximately £65 billion is spent by clinical commissioning groups, with the remainder spent by NHS England's area teams (around £12 billion) and local authorities (around £2.8 billion). The reforms to the health system resulted in changes to the funding arrangements, including some new approaches to calculating need and the disaggregation of the existing formula into separate funding streams.[14]

3.11 Funding allocations have reflected, among other factors, a desire not to upset local health economies by taking funding away or even by increasing it by less than inflation. This has significantly slowed progress towards a fair distribution where funding fully reflects need across the country. The Department and NHS England need to consider carefully whether this approach is fast-moving enough to sustain hard-pressed local areas in the next few years.

Financial sustainability of NHS bodies (November 2014)

3.12 This work on financial sustainability built on our earlier work in July 2013, which found that although financial performance for the NHS appeared stronger in 2012-13 than previous years, there were signs of increasing pressures on health organisations. We further examined whether financial performance has changed significantly since last year; how far this reflects the underlying financial position of the health sector; and considered the impact of changes in governance and funding structures from 2013-14.[15]

3.13 We found that an increasing number of healthcare providers and commissioners are in financial difficulty. The growth trend for numbers of NHS trusts and foundation trusts in deficit is not sustainable. Until the Department can explain how it will work with bodies such as NHS England, Monitor and the NHS Trust Development Authority to address underlying financial pressures, quickly and without resorting to cash support, we cannot be confident that value for money will be achieved over the next 5 years.

Reports on providing health services

Emergency admissions to hospital: managing the demand (October 2013)

3.14 Many emergency admissions to hospital are avoidable and many patients stay in hospital longer than is necessary. This places additional financial pressure on the NHS as the costs of hospitalisation are high. Over the past 15 years the management of emergency admissions has become more efficient, however growth in emergency admissions is a sign that the rest of the health system may not be working properly. Making sure patients are treated in the most appropriate setting and in a timely manner is essential to taking the pressure off emergency hospital admissions.[16]

14 Comptroller and Auditor General, Funding *healthcare: Making allocations to local areas*, Session 2014-15, HC 625, National Audit Office, September 2014.
15 Comptroller and Auditor General, *The financial sustainability of NHS bodies*, Session 2014-15, HC 722, National Audit Office, November 2014.
16 Comptroller and Auditor General, *Emergency admissions to hospital: managing the demand*, Session 2013-14, HC 739, National Audit Office, October 2013.

Maternity services in England (November 2013)

3.15 NHS maternity services provide good outcomes and positive experiences for most women during a very important time in their lives. Since the Department's 2007 strategy, there have been improvements in maternity services, but the variation in performance across the country, and our findings on how services are being managed, demonstrate there is substantial scope for further improvement. The Department's implementation of its strategy has not matched its ambition.[17]

NHS waiting times for elective care in England (January 2014)

3.16 The challenge of sustaining the 18-week waiting standard is increasing, against a background of an increasing number of patients being referred to trusts, the financial pressure on the NHS and the need to make efficiency savings. If this challenge is to be met, then performance information should be reliable. However, we have found significant errors and inconsistencies in how trusts record waiting time, masking a good deal of variation between trusts in actual waiting times. The solution is not costly new processes, rather it is making sure existing processes work properly and are properly scrutinised.[18]

Adult social care in England: overview (March 2014)

3.17 Adult social care, including caring for an ageing population, is one of the biggest issues we currently face. There are no easy answers, but we need to think clearly and in a joined-up way about the predictable and growing challenges in years to come.

3.18 Our report found that the need for social care is rising as our population is living longer. However, there are variations in the level of social care required in each local authority. This increase in demand has not been reflected in spending by local authorities, which has fallen by 8% in real terms between 2010-11 and 2012-13 and is projected to continue doing so. We also found that improvements could be made to the social care system, particularly around the transfer between health and social care services and the need to set expected outcomes of social care services.[19]

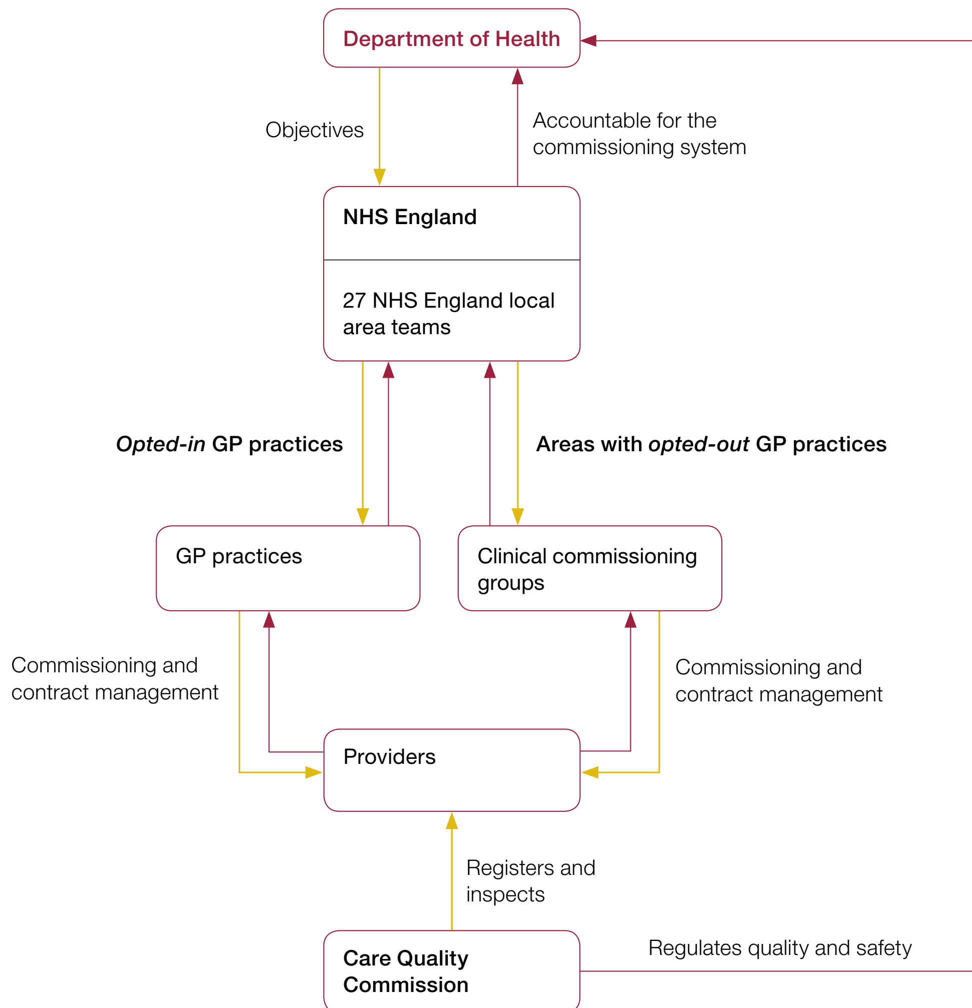
Out-of-hours GP services in England (September 2014)

3.19 Out-of-hours GP services provide urgent healthcare for patients when GP surgeries are typically closed. **Figure 9** overleaf outlines the responsibilities and accountabilities for the provision of out-of-hours services. In light of our 2013 memorandum on the out-of-hours GP service in Cornwall and the subsequent report by the Committee of Public Accounts, we carried out a wider review of these services across England.[20,21]

17 Comptroller and Auditor General, *Maternity services in England*, Session 2013-14, HC 794, National Audit Office, November 2013.
18 Comptroller and Auditor General, *NHS waiting times for elective care in England*, Session 2013-14, HC 964, National Audit Office, January 2014.
19 Comptroller and Auditor General, *Adult social care in England: Overview*, Session 2013-14, HC 1102, National Audit Office, March 2014.
20 Comptroller and Auditor General, *Memorandum on the provision of the out-of-hours GP service in Cornwall*, Session 2012-13, HC 1016, National Audit Office, March 2013.
21 HC Committee of Public Accounts, *The provision of the out-of-hours GP service in Cornwall*, Fifteenth Report of Session 2013-14, HC 471, June 2013.

Figure 9

Responsibilities and accountabilities for out-of-hours GP services



Note

1 Where services are *opted-in*, the GPs concerned can provide out-of-hours care directly themselves or subcontract to other bodies.

Source: Comptroller and Auditor General, *Out-of-hours GP services in England*, Session 2014-15, HC 439, July 2014

3.20 Providing out-of-hours services now costs less, in real terms, than it did in 2005-06.[22] However, we found that the clinical commissioning groups, which manage some of the contracts for out-of-hours services, were not always achieving value for money. Furthermore, NHS England has limited oversight of out-of-hours services where GP practices have retained responsibility and needs to be prepared to take the lead in integrating these services effectively with other parts of the urgent care system.

Planning for the Better Care Fund (November 2014)

3.21 The Better Care Fund is an innovative idea but the quality of early preparation and planning did not match the scale of the ambition. The £1 billion financial savings assumption was ignored, the early programme management was inadequate and the changes to the programme design undermined the timely delivery of local plans and local government's confidence in the Fund's value. Ministers were right to pause and redesign the scheme in April this year when they realised it would not meet their expectations.

3.22 The Fund still contains bold assumptions about the financial savings expected in 2015-16 from reductions in emergency admissions. To offer value for money, the Departments need to ensure more effective support to local areas, better joint working between health bodies and local government, and improved evidence on effectiveness.[23]

Reports responding to MPs' concerns

Access to clinical trial information and the stockpiling of Tamiflu (May 2013)

3.23 Several MPs raised questions about access to clinical trial information for UK regulators when licensing and appraising new medicines, and the decision to stockpile Tamiflu, an antiviral medicine used to manage pandemic influenza. A key concern was that, without full clinical trial information, public money could be spent on ineffective medicines.

3.24 We concluded that regulators are confident that they are provided with all the required and requested information from manufacturers when licensing new medicines, insofar as it is possible to know.[24] The stockpiling of antiviral medicines, in anticipation of an influenza pandemic, is in line with the World Health Organization's guidance. The Department's business case on the level of Tamiflu to stockpile concluded that no additional significant benefits would be secured by creating a stockpile that would cover 50% of the population, compared with covering 25% of the population.

22 Comptroller and Auditor General, *Out-of-hours GP services in England*, Session 2014-15, HC 439, National Audit Office, September 2014.

23 Comptroller and Auditor General, *Planning for the Better Care Fund*, Session 2014-15, HC 781, National Audit Office, November 2014.

24 Comptroller and Auditor General, *Access to clinical trial information and the stockpiling of Tamiflu*, Session 2013-14, HC 125, National Audit Office, May 2013.

Review of the final benefits statement for programmes previously managed under the National Programme for IT in the NHS (June 2013)

3.25 Launched in 2002, the National Programme for IT in the NHS was designed to reform the way that the NHS in England uses information. In July 2012 the Department set out for the Committee of Public Accounts the costs and benefits to the end of March 2013, and also forecasts of the costs and benefits for the system to the end of its life. The Committee asked us to review the benefits statement prior to its publication.[25]

3.26 We found that at March 2011 and March 2012 total costs (£7.3 billion in March 2012) were significantly greater than total benefits (£3.7 billion in March 2012), as shown in **Figure 10**. The Department forecasts that benefits will slightly exceed costs over the whole life of the systems. There is, however, considerable uncertainty around whether the forecast benefits will be realised, not least because the end-of-life dates for the various systems extend many years into the future.

3.27 We concluded that the Department took a structured and logical approach to measuring and reporting costs and benefits. The cost figures are relatively certain because around 75% of the total costs had already been incurred by March 2012. In contrast, measuring the benefits of the programmes was not straightforward, as the benefits go beyond simple cost savings into wider benefits that are more difficult to quantify.

Figure 10

Reported costs and benefits of the programmes previously managed under the National Programme for IT

	To March 2011 Actual (£bn)	To March 2012 Actual for costs, estimated for benefits (£bn)	To end-of-life Forecast (£bn)
Total costs	6.4	7.3	9.8
Total benefits	2.7	3.7	10.7
Ratio of costs to benefits	1:0.4	1:0.5	1:1.1

Note

1 All monetary values are stated in 2004-05 prices.

Source: Department of Health

25 National Audit Office, *Review of the final benefits statements for programmes previously managed under the National Programme for IT in the NHS*, June 2013.

Investigation into NHS Property Services Limited (May 2014)

3.28 NHS Property Services Limited was created as part of the reforms to the health system to manage, maintain and improve NHS properties and facilities. In response to questions raised by the House of Commons Health Select Committee in late 2013 and wider Parliamentary interest, we conducted an investigation into several areas of the company.[26]

3.29 We found that, prior to establishing the company, the two options for the legal form were not supported by business cases nor was advice provided by the shareholder executive on this decision. In addition, the appointment of the first chair of the company was not recruited through open competition. However, at the time of our report, a new chair was being recruited through a competitive process.

3.30 We found that the company's objectives were not set until 6 months after it began operating. The company also experienced shortfalls in cash requirements due to delays in billing and receipt of payments. The subsequent deficit was financed through loans from the Department, which totalled £251 million in January 2014.

3.31 The disposal of property by the company has been at or above estimated market valuations; however, there has been no explicit consideration of what the 'best value' is. Some properties have been sold to release land for redevelopment, which can often be in conflict with providing the best financial return.

Reports on implementing the NHS reforms

Managing the transition to the reformed health system (July 2013)

3.32 It is a considerable achievement that the new organisations set up by the Health and Social Care Act 2012 were ready to start work on time. This could not have been accomplished without the commitment and effort of NHS staff. However, much needs to be done to complete the transition. Some parts of the system were less ready than others, and each organisation now needs to reach a stable footing.

3.33 This will be particularly challenging at a time when the NHS has to make significant efficiency savings. The reformed health system is complex and the Department, NHS England and Public Health England must take a lead in helping to knit together the various components, so that the intended benefits for patients are secured.[27]

26 National Audit Office, *Investigation into NHS Property Services Limited*, March 2014.
27 Comptroller and Auditor General, *Managing the transition to the reformed health system*, Session 2013-14, HC 537, National Audit Office, July 2013.

Monitor: Regulating NHS foundation trusts (February 2014)

3.34 Monitor has so far done a good job in regulating NHS foundation trusts. Its processes for assessing NHS trusts are robust and its judgements have mostly been sound. It has helped NHS foundation trusts in difficulty to improve and trusts have regularly taken radical action, such as changing their chair or chief executive, in response to Monitor's interventions.

3.35 However, we concluded that bigger challenges lie ahead for Monitor as it takes on significant new responsibilities across the health sector, including licensing providers, enforcing competition rules and setting tariff prices. In addition, as Monitor itself recognises, it needs to adapt how it works with other bodies to tackle underlying local weaknesses, such as where commissioners are in financial difficulty, that increase the risk of individual trusts failing, either clinically or financially.[28]

The Department in a cross-government context

3.36 In addition to our work on individual departments, the NAO looks at performance across government, in order to understand how different departments measure up on important issues. Of the cross-government reports we have published in the past year, 3 have included substantial coverage of the Department.

Managing debt owed to central government (February 2014)

3.37 In our report on managing the debt that is owed to government, we estimated that the government was owed £22 billion. The majority of this is owed to other government departments rather than to the Department of Health.[29]

3.38 We identified that although the UK pays out £780 million for the medical treatment of UK citizens in other EU countries, only £50 million is recovered from other EU states in respect of the UK's healthcare costs for the treatment of their citizens. This suggests a potentially inadequate identification of the amounts that are owed to the UK.

Savings from operational PFI contracts (November 2013)

3.39 In February 2011 the government implemented an initiative to achieve £1.5 billion worth of savings from operational private finance initiative (PFI) contracts through measures such as effective contract management or a more intensive use of assets.

28 Comptroller and Auditor General, *Monitor: Regulating NHS foundation trusts*, Session 2013-14, HC 1071, National Audit Office, February 2014.

29 Comptroller and Auditor General, *Managing debt owed to central government*, Session 2013-14, HC 967, National Audit Office, February 2014.

3.40 The Department accounts for 31% (209 out of 684) of all operational PFI contracts within government.[30] The Department has reported savings of £61 million from these contracts, representing less than 0.1% of the total remaining charges of £69 billion. While there is scope to make further savings, our report recognised the challenge faced by the Department in getting local bodies to become involved with the initiative.

Charges for customer telephone lines (July 2013)

3.41 The government provides a range of important services over the telephone. Customer telephone lines help the public to ask questions, claim benefits and pay for services. Telephone services continue to be important, accounting for 43% of customer contact with government, despite a trend towards online channels. Government departments have committed to reducing the costs of calling customer telephone lines but many are not achieving this in practice.

3.42 We found that the Department is the only major department to rule out using numbers charging more than the geographic rate.[31] However, some GPs still use higher rate numbers despite the Department's guidance on this. We also found that 2 out of 19 numbers relating to the Department's services identified from gov.uk and the Department's own website were higher rate numbers. **Figure 11** overleaf compares these data across government.

NAO work in progress

Public Health England's grant to local authorities (December 2014)

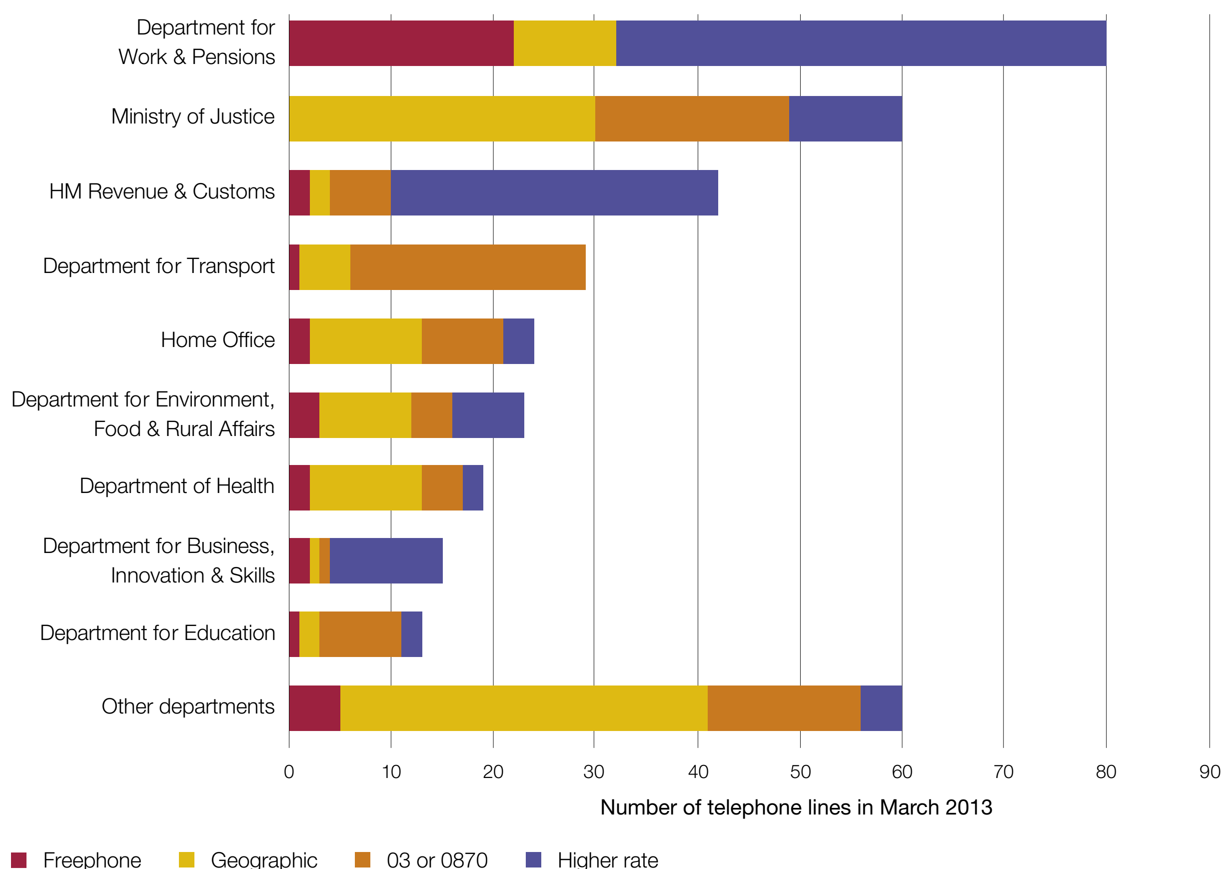
3.43 As part of the transformation of the healthcare system, Public Health England was established as an executive agency of the Department on 1 April 2013. Public Health England has responsibility for the transfer of public health services to local authorities, the health and well-being of the nation and the reduction of health inequalities. This work will test the capacity and capability of the new structure to realise its goals and to understand how Public Health England is gaining assurance that value for money is being delivered.

30 National Audit Office, *Savings from operational PFI contracts*, November 2013.
31 Comptroller and Auditor General, *Charges for customer telephone lines*, Session 2013-14, HC 541, National Audit Office, July 2013.

Figure 11

Numbers in use across departments in March 2013

Central government departments vary in their use of higher rate numbers



Departmental group	Freephone	Geographic	03	Higher rate	Total
Department for Work & Pensions	22	10	0	48	80
Ministry of Justice	0	30	19	11	60
HM Revenue & Customs	2	2	6	32	42
Department for Transport	1	5	23	0	29
Home Office	2	11	8	3	24
Department for Environment, Food & Rural Affairs	3	9	4	7	23
Department of Health	2	11	4	2	19
Department for Business, Innovation & Skills	2	1	1	11	15
Department for Education	1	2	8	2	13
Other departments	5	36	15	4	60

Source: Comptroller and Auditor General, *Charges for customer telephone lines*, Session 2013-14, HC 541, National Audit Office, July 2013

Part Four

Reflection on transitional progress within the health sector

4.1 During the course of financial audits, the National Audit Office (NAO) learns a great deal about government bodies' financial management. This section reflects on the progress made, from a financial audit perspective, by both the Department of Health (the Department) as a whole and by other health bodies during the first year of the transition to the reformed health service.

4.2 On 1 April 2013 the commencement of the Health and Social Care Act 2012 led to a major reorganisation of the health and social care system. The transition was successful in that the new organisations were ready to start work on 1 April 2013, although the processes in place at some bodies still needed to develop throughout the financial year. It is a considerable achievement that the new organisations were ready to start work on time. This could not have been accomplished without the commitment and effort of NHS staff.

4.3 Much still needs to be done to complete the transition however. Some parts of the system were less ready than others, and each organisation now needs to reach a stable footing. This will be particularly challenging at a time when the National Health Service (NHS) has to make significant efficiency savings. The reformed health system is complex and the Department, NHS England and Public Health England must take a lead in helping to knit together the various components, so that the intended benefits for patients are secured.[32]

The Department as a whole

4.4 The Department has overseen the Health and Care Reform Transition Programme, ending on 31 March 2013, with the new organisations in the health and care system taking up their full responsibilities from April 2013. The Department now acts as the system steward, sponsoring the work of key partners such as NHS England, the NHS Trust Development Authority and Monitor. This includes supporting these organisations to grow into their remit, while also holding them to account for their performance.

32 Comptroller and Auditor General, *Managing the transition to the reformed health system*, Session 2013-14, HC 537, National Audit Office, July 2013.

4.5 Over the past year the Department has been working to address issues resulting from the transformation and, as expected with a change of this magnitude, there were some areas where delivery did not go as planned. Particular issues have included the following:

- **Completing the financial closure of primary care trusts and strategic health authorities:** This involved ensuring assets and liabilities from primary care trusts and strategic health authorities were transferred to the appropriate successor organisation, which required significant resource on the part of some receiving organisations. This activity has continued into 2014-15. There were some significant losses of information to support the transferring balances, although the values involved were ultimately immaterial.

- **Completing other transfers of assets and liabilities to other organisations:** In particular, the transfer of NHS informatics assets from 'Connecting for Health' to the Health and Social Care Information Centre, where there were some areas where supporting documentation fell short of what was required. This led to significant effort on the part of the Health and Social Care Information Centre to identify the records to support the balances reflected in their accounts.

- **Dealing with the other issues arising from the transition:** These included overseeing the proper use of public funds in settling redundancy and other claims, where there were some redundancy claims and tribunal cases which had not been fully identified at the point of transition.

- **Refining and improving controls in new organisations:** For some newly established organisations, the internal control processes that would be expected in a mature, stable organisation were not all fully in place on 1 April 2013. Although no adverse consequences have been identified, a process of refining and improving and embedding effective controls will continue during 2014-15 as these new organisations move towards a steady state.[33] This is required to ensure that sufficient assurance over the regularity of the use of public funding is obtained.

4.6 The Department successfully managed the transfer process overall, allowing a group account to be produced prior to Parliament's summer recess. This was despite huge change in the group necessitating a high level of managerial involvement. For example, the process by which balances were to be transferred and allocated was not settled until late in the year. This contributed to delays in the audits of several key components and to an immaterial level of error within the group account.

33 Department of Health, *Annual Report and Accounts 2013-14*, July 2014.

Legacy balances

4.7 Financial balances and contracts moved to new organisations under a legal asset transfer scheme. This had to be amended during the financial year, as the data necessary to transfer balances accurately to clinical commissioning groups were not available in all cases. This resulted in non-current assets, intangible assets, associated liabilities and provisions (excluding continuing health care) transferring to clinical commissioning groups and all other assets and liabilities for the commissioning system transferring to NHS England.

4.8 A number of administrative losses were recognised where assets transferred to successor bodies were no longer of value to the new business, or were found to have a lower value than previously recorded in the prior body's accounts. A number of expected receivables could not be collected from debtors where insufficient information had been retained to enable the nature of individual balances to be established. The recording of these receivables was reversed in the accounts. It is not possible to determine what proportion of these reversals represent losses. These could represent either the write-down of debts that have become irrecoverable (either during or after the transfer process) or accounting adjustments to correct prior estimates.

4.9 In total, losses and reversals of £360 million have been recognised by the Department relating to legacy balances transferred to the new bodies. The majority of these relate to administrative losses recognised by NHS England (£120 million) and the Department (£48.6 million) and reversal of receivables by NHS England (£179 million).

NHS England

4.10 NHS England is by far the largest new body created by the health reforms, with a budget of more than £96 billion. As a new organisation, the governance arrangements and internal processes which would be expected of an established organisation were not all in place on 1 April 2013. The governance arrangements in place at NHS England therefore needed to develop and embed during the financial year. Consequently, in some cases they have not operated effectively over the whole period.

4.11 This is reflected in the conclusion to NHS England's governance statement:

"As a new organisation, the internal control processes and procedures one would expect in a mature, stable organisation were not all in place on 1 April 2013. Whereas arrangements in an established organisation would be well embedded and operating effectively throughout the year, this statement has described arrangements that have been developing and embedding over the financial year, and up to the date of signing this statement, and in some cases have therefore not operated effectively over the whole period. Some processes and/or procedures have performed well, some have required improvement and some were missing and have been developed during the year. This process of refining and improving will continue during 2014-15, as the organisation moves towards a more steady state.

"The consequence of this developing system of systematised internal control is that compensating controls have had to be maintained to provide a safe financial reporting environment. This has resulted in a significant burden on already stretched teams across NHS England and the wider commissioning system. It is an enormous tribute to their professionalism and dedication that the year-end accounts for our first year of operation have been delivered to time, with universally unqualified true and fair opinions and with no significant changes to financial performance, and I would like to express my sincere gratitude to all concerned."

National Health Service Commissioning Board Annual Report and Accounts 2013-14

4.12 NHS England, and in particular its finance staff, has been successful in working with what it inherited (at short notice) to deliver true and fair financial statements. In addition, it succeeded in managing its finances throughout the year while much of this process was still being built or bedded in. This is unlikely to be a sustainable position for NHS England without those systems maturing significantly, wider 'end-to-end' understanding of the processes being developed and group-wide ownership of accountability and assurance arrangements being improved.

Other bodies

4.13 Health Education England assumed its full responsibilities at the start of 2013-14, taking its staff and basic structure from the prior strategic health authorities. Again, the maturing nature of the organisation is recognised in its governance statement:

"Our systems of internal control reflect the early stage of our development and the necessary priorities we have made as a consequence.

"My review confirms that Health Education England has a generally sound system of governance that supports the achievement of our aims, policies and objectives.

"The control issues identified will be addressed fully as an integral part of our work to develop a leaner and more sustainable business model. 2014-15 will be a challenging period for the organisation as it continues to evolve from its original state to become an effective and efficient single statutory body."

Health Education England Annual Report and Accounts 2013/14

4.14 Public Health England is another large body that was formed on 1 April 2013, combining and integrating a broad range of specialities and functions inherited from its predecessor bodies and adopting a new operating model. As a new organisation, the internal controls, risk framework and procedures were developed, implemented and reviewed during the year.

4.15 Public Health England's chief executive concluded in their governance statement:

> "I am satisfied that, overall, there have been adequate and effective governance, risk and control systems during the financial year 2013-14, the first year of Public Health England's operation. These systems will need to be further developed and embedded across the organisation in its second year of operation, which the Board, Audit and Risk Committee and Management Committee will monitor and oversee."
>
> *Public Health England Annual Report and Accounts 2013/14*

4.16 NHS Property Services Ltd is a limited company wholly owned by the Secretary of State for Health. The company was created to take ownership of estates previously held by primary care trusts and strategic health authorities that were not transferred to NHS providers on 1 April 2013. This is one of the biggest property portfolios in Europe, worth an estimated £3 billion. Again, as a new body, it took time to implement appropriate controls and governance frameworks.

4.17 This was recognised in NHS Property Services Ltd's annual report, which stated:

> "It is recognised that in the first year of operation the focus was on transitional activities to ensure that inherited operations continued. Much of the activity undertaken by management with respect to internal control focused on building suitable control environments within which to operate. It is therefore important to recognise that at such an early stage in the company's development it was not expected that the operating control structure would be fully in place."
>
> *NHS Property Services Ltd Annual Report and Accounts 2013/14*

4.18 Finally, the Health and Social Care Information Centre was another important body that underwent major transformation this year. At the start of the year, it was under the transitional leadership of an interim board and executive team. Over the course of the year permanent appointments were made, starting with a new chair in June 2013, who was joined by a new chief executive and a new team of non-executive directors on 1 April 2014.

4.19 This is reflected in their governance statement as follows:

> "I believe that the Health and Social Care Information Centre started the year with governance and internal control arrangements which were less than effective but which it has taken significant steps to strengthen. But much remains to be done and this will continue to be addressed as a priority during 2014-15."
>
> *Health and Social Care Information Centre Annual Report and Accounts 2013/14*

Appendix One

The Department's sponsored bodies at 1 April 2014

Ministers had either direct or indirect responsibility for the following bodies within the departmental boundary during the year 2013-14.

Consolidated in the Department's Annual Report and Accounts

Supply financed agencies

Public Health England

Other bodies

Clinical commissioning groups

NHS trusts

NHS foundation trusts

Skipton Fund Limited

NHS charities

Community Health Partnerships Limited

NHS Property Services Limited

Genomics England Limited

Special health authorities

NHS Business Services Authority

NHS Litigation Authority

Health Research Authority

National Health Service Trust Development Authority

Health Education England

Executive non-departmental public bodies

Human Fertilisation and Embryology Authority

Care Quality Commission

Independent Regulator of NHS Foundation Trusts

National Institute for Health and Care Excellence

Professional Standards Authority for Health and Social Care

Human Tissue Authority

NHS England

The Health and Social Care Information Centre

Department of Health advisory committees/ advisory NDPBs

These advisory bodies/advisory NDPBs are not separate legal entities, rather they are part of the core Department, with their associated costs being included within the core Department account. As such, they are not separately consolidated into the financial statements.

Administration of Radioactive Substances Advisory Committee

Advisory Committee on Antimicrobial Resistance and Healthcare Associated Infection

Advisory Committee on Clinical Excellence Awards

Advisory Committee on Dangerous Pathogens (Department of Health)

Advisory Group on Hepatitis

Committee on Carcinogenicity of Chemicals in Food, Consumer Products and the Environment

Committee on the Medical Aspects of Radiation in the Environment

Committee on the Mutagenicity of Chemicals in Food, Consumer Products and the Environment

Committee on the Medical Effects of Air Pollutants (Department of Health)

Expert Advisory Group on AIDS

Emerging Science and Bioethics Commission

Healthwatch England

Independent Reconfigurations Panel

Joint Committee on Vaccination and Immunisation

The NHS Pay Review Body

Review Body on Doctors' and Dentists' Remuneration

Scientific Advisory Committee on Nutrition

Not consolidated in the Department's Annual Report and Accounts

Trading funds

Medicines & Healthcare Products Regulatory Agency

NHS Blood and Transplant

Department of Health controlling equity investments

Plasma Resources UK

Credit Guarantee

Dr Foster Intelligence Ltd

NHS Professionals Ltd

SBS

Appendix Two

Results of the Civil Service People Survey 2013

Survey question (% ‘strongly agree’ or ‘agree’)	Department of Health (excluding agencies)	Civil service benchmark
Leadership and managing change		
I feel that my department as a whole is managed well	**41**	43
Senior managers in my department are sufficiently visible	**57**	51
I believe the actions of senior managers are consistent with my department’s values	**46**	43
I believe that the board has a clear vision for the future of my department	**32**	42
Overall, I have confidence in the decisions made by my department’s senior managers	**43**	41
I feel that change is managed well in my department	**26**	29
When changes are made in my department they are usually for the better	**18**	27
My department keeps me informed about matters that affect me	**56**	58
I have the opportunity to contribute my views before decisions are made that affect me	**37**	36
I think it is safe to challenge the way things are done in my department	**36**	38
Organisational objectives and purpose		
I have a clear understanding of my department’s purpose	**77**	85
I have a clear understanding of my department’s objectives	**73**	80
I understand how my work contributes to my department’s objectives	**78**	83

Notes

1 These are summary results of the Civil Service People Survey 2013. Not all question scores have been included.

2 The score for a question is the percentage of respondents who strongly agree or agree to that question.

Source: *Civil Service People Survey 2013*, available at: www.civilservice.gov.uk/about/improving/employee-engagement-in-the-civil-service/people-survey-2013, accessed 28 August 2014

Department for Business, Innovation & Skills (excluding agencies)	Cabinet Office (excluding agencies)	Department for Communities and Local Government (excluding agencies)	Department for Culture, Media & Sport (excluding agencies)	Ministry of Defence (excluding agencies)	Department for Education	Department of Energy & Climate Change	Department for Environment, Food & Rural Affairs (excluding agencies)	Foreign & Commonwealth Office (excluding agencies)	HM Revenue & Customs (excluding agencies)	HM Treasury	Home Office (excluding agencies)	Department for International Development	Ministry of Justice (excluding agencies)	Department for Transport (excluding agencies)	Department for Work & Pensions (excluding agencies)
45	39	43	28	24	32	42	35	57	26	67	37	64	48	41	40
55	53	53	42	32	41	63	49	60	38	75	47	69	55	57	39
44	43	42	37	29	35	50	41	57	32	63	41	62	49	45	39
48	28	39	23	27	29	24	28	53	28	54	32	55	39	34	40
42	41	39	30	22	30	44	34	51	23	64	35	57	43	37	33
29	28	29	20	14	21	28	23	40	20	47	22	43	32	25	34
24	25	20	16	11	16	27	16	35	17	40	19	34	27	21	30
65	59	60	51	45	53	69	58	62	45	70	57	69	59	60	58
38	34	41	30	23	29	42	31	44	25	48	34	48	37	33	35
40	42	39	32	33	31	48	38	46	33	58	37	44	39	40	42
85	73	75	70	82	83	89	77	84	80	93	84	94	82	80	85
79	63	72	62	74	77	86	74	81	77	88	81	92	77	75	83
84	73	78	74	79	81	87	79	84	80	88	82	91	80	79	84

Appendix Three

Publications by the NAO on the Department since April 2013

Publication date	Report title	HC number	Parliamentary session
11 November 2014	Planning for the Better Care Fund	HC 781	2014-15
7 November 2014	The financial sustainability of NHS bodies	HC 722	2014-15
11 September 2014	Funding healthcare: Making allocations to local areas	HC 625	2014-15
11 July 2014	Out-of-hours GP services in England	HC 439	2013-14
13 March 2014	Adult social care in England: Overview	HC 1102	2013-14
March 2014	Memorandum for the House of Commons Health Committee: Investigation into NHS Property Services Limited	www.nao.org.uk/wp-content/uploads/2014/05/Investigation-into-NHS-Property-Services-Limited.pdf	
26 February 2014	Monitor: Regulating NHS foundation trusts	HC 1071	2013-14
23 January 2014	NHS waiting times for elective care in England	HC 964	2013-14
8 November 2013	Maternity services in England	HC 794	2013-14
31 October 2013	Emergency admissions to hospital: managing the demand	HC 739	2013-14
18 July 2013	2012-13 update on indicators of financial sustainability in the NHS	HC 590	2013-14
10 July 2013	Managing the transition to the reformed health system	HC 537	2013-14
6 June 2013	Memorandum for the Committee of Public Accounts: Review of the final benefits statement for programmes previously managed under the National Programme for IT in the NHS	www.nao.org.uk/report/review-of-the-final-benefits-statement-for-programmes-previously-managed-under-the-national-programme-for-it-in-the-nhs/	
21 May 2013	Access to clinical trial information and the stockpiling of Tamiflu	HC 125	2013-14

Appendix Four

Cross-government reports of relevance to the Department

Publication date	Report title	HC number	Parliamentary session
14 February 2014	Managing debt owed to central government	HC 967	2013-14
29 November 2013	Savings from operational PFI contracts	www.nao.org.uk/wp-content/uploads/2013/11/Savings-from-operational-PFI-contracts_final.pdf	
18 July 2013	Charges for customer telephone lines	HC 541	2013-14
13 June 2013	Financial management in government	HC 131	2013-14

Where to find out more

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

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