

Assessment of compliance with the Code of Practice for Official Statistics

Patient Outcomes Statistics: NHS Outcomes Framework Indicators for England

*(produced by the Health and Social Care Information
Centre)*

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The Authority's overall objective is to promote and safeguard the production and publication of official statistics that serve the public good. It is also required to promote and safeguard the quality and comprehensiveness of official statistics, and good practice in relation to official statistics.

The Statistics Authority has two main functions:

1. oversight of the Office for National Statistics (ONS) – the executive office of the Authority;
2. independent scrutiny (monitoring and assessment) of all official statistics produced in the UK.

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Patient Outcomes Statistics: NHS Outcomes Framework Indicators for England

(produced by the Health and Social Care Information Centre)

NATIONAL STATISTICS STATUS

National Statistics status means that official statistics meet the highest standards of trustworthiness, quality and public value.



All official statistics should comply with all aspects of the *Code of Practice for Official Statistics*. They are awarded National Statistics status following an assessment by the Authority's regulatory arm. The Authority considers whether the statistics meet the highest standards of Code compliance, including the value they add to public decisions and debate.

It is a producer's responsibility to maintain compliance with the standards expected of National Statistics, and to improve its statistics on a continuous basis. If a producer becomes concerned about whether its statistics are still meeting the appropriate standards, it should discuss its concerns with the Authority promptly. National Statistics status can be removed at any point when the highest standards are not maintained, and reinstated when standards are restored.

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Foreword

Good quality statistics about patients' outcomes and their perceptions of the health care that they have received are vital to a wide range of people, from patients themselves to employees in organisations at national and local levels managing the health care system and providing health care services. The NHS Outcomes Framework indicators monitor across this breadth of experience and provide an excellent opportunity for a coherent presentation of these health statistics. In short, the Framework indicators are a natural candidate for National Statistics status, given their potential importance to a wide range of decision-makers.

National Statistics status means that the statistics meet the highest standards of trustworthiness, quality and value. This assessment finds many positive elements in the production of the statistics, including a rigorous governance structure that can provide assurance on trustworthiness and quality – though our assessment encourages clearer communication and better engagement around these aspects of the statistics.

But I also have a sense of frustration: the Framework statistics could be much more useful and helpful than they currently are. This report concludes that the Framework statistics do not currently meet the standard to be National Statistics, principally because they could add far more value to decision-makers of all kinds. We have concluded that many of the patient outcome statistics are complex and can be difficult to understand. Large numbers of experts are engaged with producing and analysing these statistics. Their complexity means that few members of the public, and few other users, are in a position to make maximum use of them.

The good news is that it should be possible to address the issues raised in our report relatively quickly. I consider that much greater value could be obtained from these statistics by:

- the statisticians involved in the production of these statistics having a more complete understanding of the uses and potential uses of the statistics
- the statisticians having a greater understanding of the quality of the raw data, in order to be better placed to produce statistics to a level of quality and specification that are known to meet users' needs
- providing clearer sense of progress over time for the indicators within the Framework, so that users can see the evolution of outcomes
- the various producer bodies producing a more rounded overall narrative about patient outcomes, derived from multiple sources where necessary and building on the ambition of the NHS Outcomes Framework

I am encouraged by the commitment shown by the Health and Social Care Information Centre to address our Requirements, so that the Framework statistics can meet the highest standards of trustworthiness, quality and particularly value – and thereby attain National Statistics status.

Ed Humpherson

Director General for Regulation, UK Statistics Authority

1 Summary of findings

Introduction

- 1.1 This is one of a series of reports¹ prepared under the provisions of the *Statistics and Registration Service Act 2007*². The Act allows an appropriate authority³ to request an assessment of official statistics against the *Code of Practice for Official Statistics*⁴ in order for them to gain National Statistics status. This report is in response to such a request⁵ from the Secretary of State for Health in response to the Statistics Authority's *Monitoring Review: Official Statistics on Patient Outcomes in England*⁶. The report covers the following NHS Outcomes Framework (NHS OF) statistics produced by the Health and Social Care Information Centre (HSCIC) and reported in:
- *NHS Outcomes Framework Indicators – Quarterly Report*⁷
 - *NHS Outcomes Framework Indicators – Indicator Portal*⁸
- 1.2 This report forms part of a group of assessments of patient outcomes statistics produced by NHS England, the Care Quality Commission (CQC) and HSCIC. Assessment reports⁹ 305, 306, 307 and 308 examine Patient Safety Incident statistics, Patient Experience, Patient Reported Outcome Measures, and Summary Hospital-level Mortality Indicators, , respectively.
- 1.3 This report was prepared by the Authority's Assessment team, and approved by the Regulation Committee on behalf of the Board of the Statistics Authority, based on the advice of the Director General for Regulation.

Decision concerning designation as National Statistics

- 1.4 The Authority judges that the statistics covered by this report do not fully comply with the *Code of Practice for Official Statistics* in the ways summarised in paragraph 1.10. The Authority judges that the statistics published in *NHS Outcomes Framework Indicators* cannot be designated as National Statistics until the Authority has confirmed that appropriate actions have been taken by HSCIC to meet the Requirements listed in paragraph 1.10. HSCIC is expected to report its completed actions to the Authority by January 2016.

¹ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

² http://www.opsi.gov.uk/Acts/acts2007/pdf/ukpga_20070018_en.pdf

³ Subsection 12(7) of the Act defines 'appropriate authority' as Ministers of the Crown, Scottish Ministers, Welsh Ministers, Northern Ireland departments or the National Statistician

⁴ <http://www.statisticsauthority.gov.uk/assessment/code-of-practice/index.html>

⁵ <http://www.statisticsauthority.gov.uk/reports---correspondence/correspondence/letter-from-rt--hon--jeremy-hunt-mp-to-sir-andrew-dilnot-170314.pdf>

⁶ <http://www.statisticsauthority.gov.uk/assessment/monitoring/monitoring-reviews/monitoring-review-1-2014---official-statistics-on-patient-outcomes-in-england.pdf>

⁷

<http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22nhs+outcomes+frameworks+indicators%22&area=&size=10&sort=Relevance>

⁸ <https://indicators.ic.nhs.uk/webview/>

⁹ <http://www.statisticsauthority.gov.uk/assessment/assessment-reports/index.html>

- 1.5 HSCIC has informed the Assessment team that it has started to implement the Requirements listed in paragraph 1.10. The Statistics Authority welcomes this.

Summary of strengths and weaknesses

- 1.6 HSCIC has established an independent and robust process for reviewing the rationale, methods and data to be used to produce each indicator. The evidence that informs the decision by the Indicator Governance Board to approve the indicators could be made more accessible to users.
- 1.7 HSCIC provides the indicator values together with supporting quality information through individual web pages on its Indicator Portal. The supporting documentation does not provide sufficient information about the accuracy of the data or about the steps taken to assure the quality of the administrative data. Some users reported difficulty accessing the NHS OF indicators through HSCIC’s website and Indicator Portal.
- 1.8 HSCIC has effective engagement with the main users of the NHS OF indicators in NHS England and Department of Health, but has little direct engagement with users outside of the NHS. The statistics do not provide a clear description of the progress made across all indicators or a summary of the performance of the NHS in relation to the NHS Outcomes Framework domains.

Detailed recommendations

- 1.9 The Assessment team identified some areas where it felt that HSCIC should improve the production and presentation of the NHS OF indicators. Those which are essential for HSCIC to address in order to strengthen its compliance with the *Code* and to enable designation as National Statistics are listed – as Requirements – in paragraph 1.10, alongside a short summary of the key findings that led to each Requirement being made. Other recommended changes, which the Assessment team considers would improve the statistics and the service provided to users but which are not formally required for their designation as National Statistics, are listed – as Suggestions – in paragraph 1.11.

Requirements for designation as National Statistics

- 1.10 This paragraph includes those improvements that HSCIC is required to make in respect of its NHS OF indicators in order to fully comply with the *Code of Practice for Official Statistics*, and to enable designation as National Statistics.

Finding	Requirement	
HSCIC has developed strong working	1	a) Develop a thorough understanding of the use made of the NHS OF statistics by non-NHS users and document the types of

relationships with officials in NHS England but has little engagement with users beyond the NHS. HSCIC should:		<p>decision that they inform</p> <p>b) Develop a user engagement strategy and outline clearly how it will strengthen its two-way dialogue with users</p> <p>c) Publish the information that it has gathered about user experiences of the statistics and explain how it is responding to what it has learned</p> <p>(para 3.5).</p>
HSCIC provides quality statements for each indicator but does not sufficiently explain the suitability and accuracy of the data. HSCIC should:	2	<p>a) Provide an accessible and coherent indication of the accuracy and reliability of the data used to produce each indicator in the quality statements</p> <p>b) Explain to users why it regards the data sources as sufficiently robust for the purposes for which they are being used, especially for those based on non-official statistics or experimental statistics</p> <p>(para 3.15).</p>
	3	<p>Outline the data assurance arrangements for those indicators based on administrative data, taking into consideration the Authority's <i>Administrative Data Quality Assurance Toolkit</i> (para 3.18).</p>
HSCIC provides a statistical narrative to accompany the latest indicators. However, the commentary does not clearly explain the relevance of the statistics. HSCIC should:	4	<p>Improve the presentation of the NHS OF statistics to provide a coherent and clear description of the progress made over time across all indicators and a summary of the performance of the NHS in relation to each NHS OF domain (para 3.25).</p> <p>As part of meeting this Requirement, HSCIC should consider the points detailed in annex 1 and annex 2.</p>

Suggestions for extracting maximum value from the statistics

1.11 This paragraph includes some suggestions for improvement to HSCIC's NHS OF indicators, in the interest of the public good. These are not formally required for designation, but the Assessment team considers that their implementation will improve public confidence in the production, management and dissemination of official statistics.

We suggest that HSCIC:

1	Provide public access to the IAS documentation without requiring registration (para 3.9).
2	Work closely with other statistical producer bodies, such as ONS, and other teams within HSCIC, to clarify the quality assurance arrangements for administrative data (para 3.18).
3	Develop a process map to illustrate the supply of data for the NHS OF (para 3.18).
4	Ensure that the Statement of Administrative Sources makes clear all of the administrative sources used in the NHS OF indicators (para 3.19).
5	Consider in discussion with DH, NHS England and users, the publication of an annual report describing progress in the NHS OF indicators and domains (para 3.21).
6	Work with DH and NHS England, and with other data provider bodies as relevant, to identify the operational and policy issues that affect the NHS OF statistics and provide helpful explanatory information about wider findings alongside its own statistics (para 3.26).
7	Continue to consult users about the dissemination of the NHS OF statistics; provide regular updates to users about the development of the Indicator Portal, and report on the progress made (para 3.29).

2 Subject of the assessment

2.1 NHS Outcomes Framework (NHS OF) indicators are produced by the Health and Social Care Information Centre (HSCIC), an executive non-departmental public body sponsored by the Department of Health (DH) that acts as the national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care in England.

Patient Outcomes Review and the Francis Inquiry

2.2 Following publication of the *Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry*¹⁰ (chaired by Robert Francis QC) in February 2013, the Statistics Authority conducted an independent review of patient outcome statistics in England to consider the extent to which the public could more readily use these statistics. In its report, *Monitoring Review: Official Statistics on Patient Outcomes in England*¹¹ (*Patient Outcomes Review*) which was published on 7 February 2014, the Statistics Authority recommended that the patient outcomes statistics be assessed against the *Code of Practice*. The Secretary of State for Health requested the assessment of HSCIC's NHS OF statistics against the *Code* in response to that recommendation.

2.3 In addition to recommending the assessment of seven sets of official patient outcomes statistics, most of which are covered by the group of assessments outlined in paragraph 1.2 of this report¹², *Patient Outcomes Review* makes other recommendations pertinent to this concurrent series of patient outcomes assessments. The Authority:

- sees a vital need for HSCIC and NHS England to disseminate consistent patient outcome statistics from all publicly funded healthcare providers (whether NHS or independent sector) and, in the interim, to state clearly whether the current statistics do so (Recommendation 2, paragraph 34)
- recommends that HSCIC and NHS England engage closely with expert users such as in third sector organisations with a view to improving the clarity and accessibility of current patient outcome statistics for less-expert users (Recommendation 3, paragraph 46)
- recommends that: HSCIC, NHS England, and CQC further research and publish the views of a wide range of users about their needs in respect of: (a) ensuring that the presentation of relevant statistics is accessible, clear and at a level of detail that supports their further use; and (b) extending the range of patient outcome statistics to address currently unmet needs (Recommendation 5, paragraph 52).

¹⁰ <http://www.midstaffpublicinquiry.com/report>

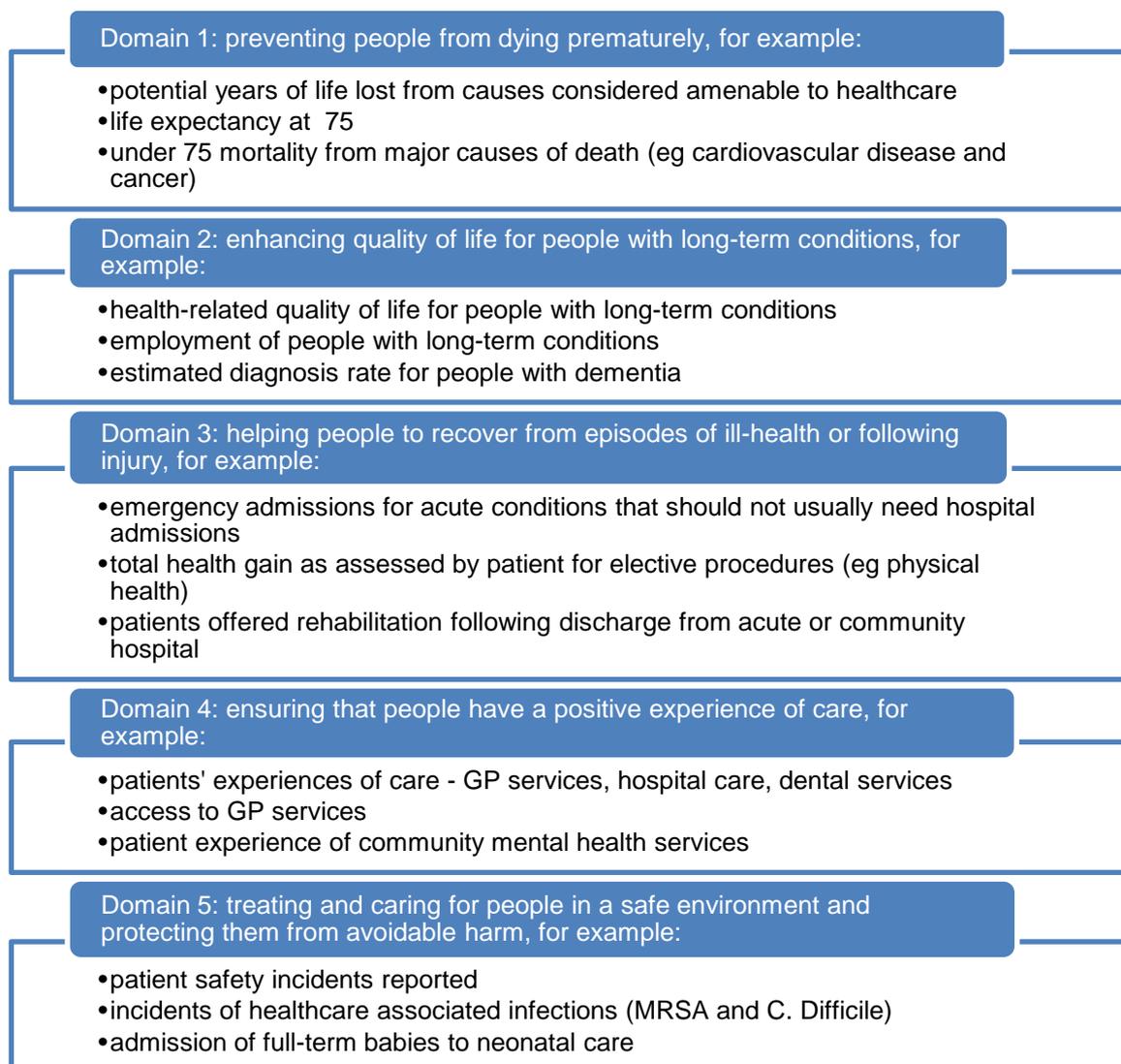
¹¹ See footnote 6

¹² Decisions about the timing of assessment by the Statistics Authority of NHS Safety Thermometer: Patient Harms and Harm Free Care and Friends and Family Test are pending

Published NHS OF statistics

- 2.4 In 2010 in its White Paper: *Equity and excellence: Liberating the NHS*¹³, the UK Government set out its aim of measuring improvements in health outcomes to encourage improvements in quality. DH established the NHS Outcomes Framework (NHS OF) to provide national level accountability for the delivery of healthcare. DH held a public consultation¹⁴ on the make-up of the Framework and commissioned HSCIC to produce the indicators under five high-level domains¹⁵ (illustrated in Figure 1).

Figure 1: The five domains of the NHS Outcomes Framework



Source: Assessment team

¹³ <https://www.gov.uk/government/publications/liberating-the-nhs-white-paper>

¹⁴ http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/consultations/liveconsultations/DH_117583

¹⁵ <https://www.gov.uk/government/publications/nhs-outcomes-framework-2014-to-2015>

- 2.5 Each domain contains a small number of overarching indicators, as well as a number of improvement areas. During the course of this assessment, DH completed its review of the NHS Outcomes Framework¹⁶. As a result, the 2015/16 Framework has 71 indicators in total. Of these, there are 48 ‘live’ indicators (with existing data and accepted methods), while 23 indicators are in development.
- 2.6 HSCIC produces and publishes the NHS OF indicators quarterly as official statistics, as well as a one-page dashboard, showing the latest values for each indicator (see Figure 2), through its Indicator Portal¹⁷. The first quarterly publication was in 2011. The Portal provides a series of spreadsheets for each individual NHS OF indicator, with the latest value and its associated time series. HSCIC also publishes a quarterly statistical report to accompany the data tables. Not all indicators are updated each quarter; instead, the quarterly report contains just those indicators for which more recent data are available.
- 2.7 NHS OF is just one of the indicator sets available through the Portal. The Indicator Portal also presents indicators for other health and care data series, including: Adult Social Care Outcomes Framework; Clinical Commissioning Group Outcomes Indicator Set; GP Practice Data; Quality Accounts; and the Summary Hospital-level Mortality Indicator.
- 2.8 The live NHS OF indicators are produced from a mixture of data from administrative systems, clinical audits, and surveys (see Figures 3 and 4 below). Most of the providers are official statistics producers, including the Office for National Statistics (ONS), Care Quality Commission (CQC), NHS England, Public Health England (PHE), and HSCIC itself, but there are several exceptions:
- Neonatal admissions supplied by the Neonatal Data Analysis Unit (Chelsea and Westminster Hospital Trust/Imperial College London)
 - Hip fracture records from the National Hip Fracture Database supplied by the Royal College of Physicians (commissioned by Health Quality Improvement Partnership)
 - GP Patient Survey run by Ipsos MORI (for NHS England)
 - Dementia prevalence rates from research by Dementia UK

¹⁶ <https://www.gov.uk/government/publications/nhs-outcomes-framework-2015-to-2016>

¹⁷ <https://indicators.ic.nhs.uk/webview/>

Figure 2: HSCIC's NHS OF Dashboard

Overarching indicator	Latest data	Indicator value	Unit
1a.1 Potential years of life lost (PYLL) from causes considered amenable to healthcare + adults	2013	M - 3,167.0 F - 3,170.0	per 100,000 population
1a.2 Children and young people	2013	M - 105.5 F - 979.8	per 100,000 population
1b. Life expectancy at 75 - Males	2013	11.5	period expectations of life - years
1b.1 Life expectancy at 75 - Females	2013	13.3	
1c. Mental mortality and suicides	2013	7.3	per 1,000 mths.
Improvement areas			
1.1 Under 75 mortality rate from cardiovascular disease	2013	76.6	per 100,000 population
1.2 Under 75 mortality rate from respiratory disease	2013	39.2	per 100,000 population
1.3 Under 75 mortality rate from liver disease	2013	17.7	per 100,000 population
1.4 Under 75 mortality rate from cancer	2013	141.5	per 100,000 population
1.4.1 One year survival from all cancers	2011_12	69.2	%
1.4.2 Five year survival from all cancers	2007_12	37.9	%
1.4.3 One year survival from breast, lung and colorectal cancer	2011_12	69.5	%
1.4.4 Five year survival from breast, lung and colorectal cancer	2007_12	51.4	%
1.4.5 One and five year survival from cancers diagnosed at stage 1&2	2007_12	51.4	%
1.4.6 One and five year survival from cancers diagnosed at stage 1&2	2007_12	51.4	%
1.5 Excess under 75 mortality rate in adults with serious mental illness	2012/13	347.2	SMR percentage
1.5.1 Excess under 75 mortality rate in adults with serious mental illness	2012/13	347.2	%
1.5.2 Excess under 75 mortality rate in adults with common mental illness	2012/13	51.4	%
1.5.3 Suicide and mortality from injury of undetermined intent among people with mental illness from NHS services	2012/13	51.4	%
1.6 Infant mortality	2013	3.6	per 1,000 live births
1.6.1 Five year survival from all cancers in children	2006_11	81.3	%
1.7 Excess under 60 mortality rate in adults with a learning disability	2013/14	3.3	%

Overarching indicator	Latest data	Indicator value	Unit
2 Health related quality of life for people with long-term conditions	2013/14	0.743	mean EQ-5D score
Improvement areas			
2.1 Proportion of people feeling supported to manage their condition	2013/14	65.1	%
2.2 Employment of people with long-term conditions	Jan-Mar 13	13.1	% gap
2.3 Unplanned hospitalisation for chronic ambulatory care sensitive conditions (all ages)	2013/14	799.6	per 100,000 population
2.3.1 Unplanned hospitalisation for asthma, diabetes and epilepsy in under 16s	2013/14	913.4	per 100,000 population
2.4 Health related quality of life for carers	2013/14	0.804	mean EQ-5D score
2.5 Employment of people with mental illness	Jan-Mar 13	34.6	% gap
2.5.1 Health-related quality of life for people with mental illness	2013/14	52.5	%
2.5.2 Estimated diagnosis rate for people with dementia	2013/14	52.5	%
2.6 Measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life	2013/14	52.5	%
2.7 Health related quality of life for people with dementia or mental health conditions	2013/14	52.5	%

Overarching indicator	Latest data	Indicator value	Unit
3a Emergency admissions for acute conditions that should not usually require hospital admission	2013/14	1,195.7	per 100,000 population
3b Emergency readmissions within 30 days of discharge from hospital	2011/12	11.78	%
Improvement areas			
3.1.1 Total health gain as assessed by patients for elective procedures - Physical health-related procedures	2013/14	266.7	per 100,000 population
3.1.1.1 Total health gain as assessed by patients for elective procedures - Psychological health-related	2013/14	266.7	per 100,000 population
3.1.1.2 Recovery in quality of life for patients with mental illness	2013/14	266.7	per 100,000 population
3.2 Emergency admissions for children with lower respiratory tract infections	2013/14	266.7	per 100,000 population
3.3 Stroke from major trauma	2013/14	266.7	per 100,000 population
3.4 Proportion of stroke patients reporting an improvement in activity/role on the Modified Rankin Scale at 6 months	2013	24.0	%
3.5.1 Hip fracture - Proportion of patients recovering to their previous levels of mobility at 30 days	2013	30.3	%
3.5.2 Hip fracture - Proportion of patients recovering to their previous levels of mobility at 120 days	2013/14	30.5	%
3.6.1 Proportion of older people (65 and over) who were still at home 31 days after discharge from hospital into rehabilitation services	2013/14	3.3	%
3.6.2 Proportion of older people (65 and over) who were still at home 31 days after discharge from hospital into rehabilitation services	2013/14	3.3	%
3.7.1 Decaying teeth	2013/14	3.3	%
3.7.2 Tooth extractions in secondary care for children under 10	2013/14	3.3	%

Overarching indicator	Latest data	Indicator value	Unit
4.1 Patient experience of primary care - GP services	Jul13-Mar14	85.7	% scoring very or fairly good
4.2 Patient experience of primary care - GP services	Jul13-Mar14	86.2	% scoring very or fairly good
4.3 Patient experience of primary care - GP services	Jul13-Mar14	84.2	% scoring very or fairly good
4.4 Patient experience of hospital care	2014/15	76.6	score out of 100
4.5 Friends and family test	Indicator to be developed	Indicator to be developed	Indicator to be developed
4.6 Patient experience characterised as poor or worse - primary care	Indicator to be developed	Indicator to be developed	Indicator to be developed
4.7 Patient experience characterised as poor or worse - hospital care	Indicator to be developed	Indicator to be developed	Indicator to be developed
Improvement areas			
4.1 Patient experience of outpatient services	2011	79.5	score out of 100
4.2 Responsiveness to patients' personal needs	2014/15	68.9	score out of 100
4.3 Patient experience of A&E services	2014	80.7	score out of 100
4.4.1 Access to GP services	Jul13-Mar14	74.9	% scoring very or fairly good
4.4.2 Access to NHS dental services	Jul13-Mar14	94.8	% which gained appointment in next 2 weeks
4.5 Women's experience of maternity services	2013	70.9	score out of 100
4.6 Observed carer views on the quality of care in the last 3 months of life	2014	75.1	% scoring outstanding, excellent or good
4.7 Patient experience of community mental health services	2013	86.9	score out of 100
4.8 Children and young people's experience of hospital services	Indicator to be developed	Indicator to be developed	Indicator to be developed
4.9 People's experience of integrated care	Indicator to be developed	Indicator to be developed	Indicator to be developed

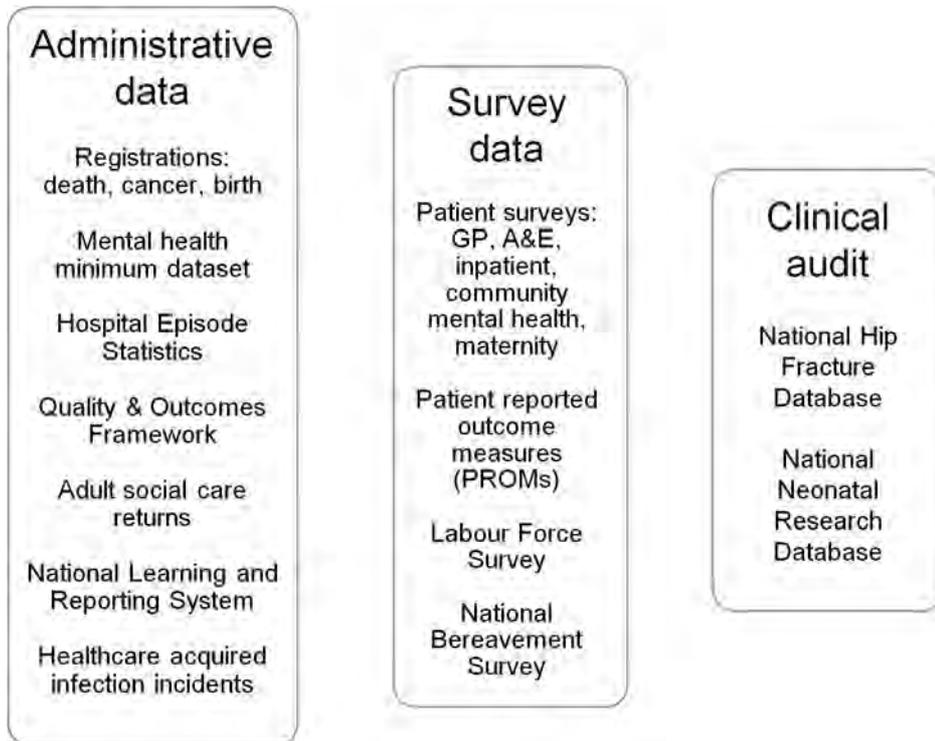
Overarching indicator	Latest data	Indicator value	Unit
5a Deaths attributable to problems in healthcare	2013/14	67.5	per 100,000 hospital admissions
5b Severe harm attributable to problems in healthcare	2014/15	881	number of cases
5c Incidents from YFE related events within 90 days post-discharge from hospital	2014/15	14,159	number of cases
5.1 Incidence of healthcare-associated infection - MRSA bacteraemia	2014/15	14,159	number of cases
5.2 Incidence of healthcare-associated infection - C.difficile	2014/15	14,159	number of cases
5.3 Proportion of patients with category 2, 3 & 4 pressure ulcers	Indicator to be developed	Indicator to be developed	Indicator to be developed
5.4 PHQ-15 scores from falls during hospital care	Indicator to be developed	Indicator to be developed	Indicator to be developed
5.5 Admission of full-term babies to neonatal care	2012	6.1	per 100,000 population
5.6 Patient safety incidents reported	Oct-Dec 14	807.3	per 100,000 population

Overarching indicator	Latest data	Indicator value	Unit
6a Patient experience of primary care - GP services	Jul13-Mar14	85.7	% scoring very or fairly good
6b Patient experience of primary care - GP services	Jul13-Mar14	86.2	% scoring very or fairly good
6c Patient experience of primary care - GP services	Jul13-Mar14	84.2	% scoring very or fairly good
6d Patient experience of hospital care	2014/15	76.6	score out of 100
6e Friends and family test	Indicator to be developed	Indicator to be developed	Indicator to be developed
6f Patient experience characterised as poor or worse - primary care	Indicator to be developed	Indicator to be developed	Indicator to be developed
6g Patient experience characterised as poor or worse - hospital care	Indicator to be developed	Indicator to be developed	Indicator to be developed
Improvement areas			
4.1 Patient experience of outpatient services	2011	79.5	score out of 100
4.2 Responsiveness to patients' personal needs	2014/15	68.9	score out of 100
4.3 Patient experience of A&E services	2014	80.7	score out of 100
4.4.1 Access to GP services	Jul13-Mar14	74.9	% scoring very or fairly good
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4.7 Patient experience of community mental health services	2013	86.9	score out of 100
4.8 Children and young people's experience of hospital services	Indicator to be developed	Indicator to be developed	Indicator to be developed
4.9 People's experience of integrated care	Indicator to be developed	Indicator to be developed	Indicator to be developed

NHS Outcomes Framework 2015/16 Dashboard Indicators at a glance

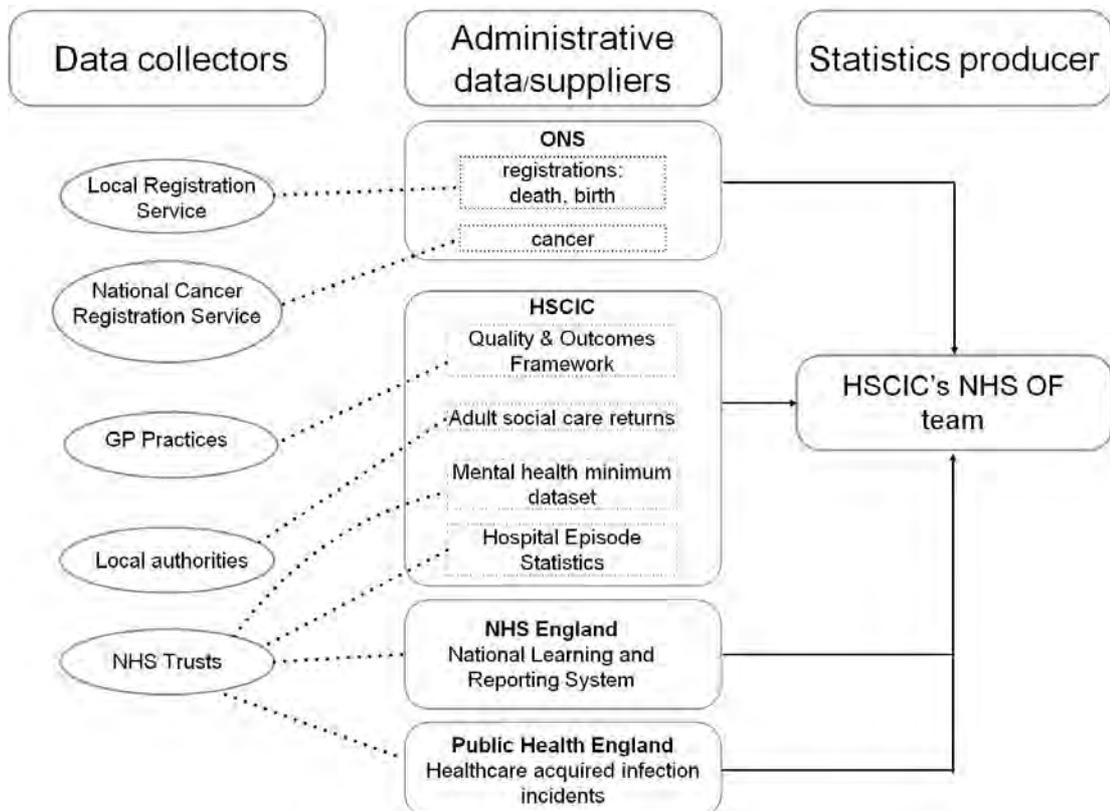
2013X indicates calendar year
2013XXX indicates financial year

Figure 3: Data sources by type of data used in NHS OF



Source: Assessment team

Figure 4: Administrative data flows



Source: Assessment team

- 2.9 Most of the indicators are produced by HSCIC's NHS OF team from the supplied data, although 11 are directly sourced from outputs produced by the supplying body: ONS's life expectancy, cancer survival and infant mortality statistics, and HSCIC's Patient Reported Outcome Measures (PROMs) and adult social care statistics. These sets of statistics are each designated as National Statistics, with the exception of PROMs – this set of statistics is assessed in one of this group of patient outcome assessments. A number of other NHS OF indicators are derived from official statistics that are also part of this group of assessments:
- patient safety statistics (produced by NHS England)
 - patient experience statistics (produced by CQC)
- 2.10 DH established the Outcomes Framework Technical Advisory Group¹⁸ (OFTAG), to provide independent expert advice on the Framework for use in assessing the overall performance of the NHS. OFTAG advises DH on whether the indicators in the framework adequately cover the NHS's activities. It also advises on the suitability of the construction of the indicators, including the data sources and methods employed. The indicators are assessed using the Indicator Assurance Service. The methods are reviewed by its Methodology Review Group and agreed by the Indicator Governance Board. These are under the oversight of HSCIC, and include members from arm's length bodies within the wider health and care system. The governance approach is discussed in further detail in section 3.
- 2.11 As well as being used by DH to hold NHS England to account, NHS OF indicators are used within the NHS, including by NHS England itself, as well as by acute trusts to monitor their own performance. Many of the indicators are provided at regional and local levels, as well as nationally, and so support benchmarking and strategic planning activities by trusts and clinical commissioning groups. Public Health England uses the indicators related to children to support its monitoring of healthcare delivery – it reproduces these indicators in the Children and Young People's Health Outcomes Forum¹⁹. Other users include academics and health researchers²⁰, private health organisations (such as Capita Health²¹) and clinicians (including in the Royal Colleges²²), to support investigations into specific health issues – NHS OF provides national context for comparison. Indicators such as patient experience and safety, and those relating to specific conditions, are of particular interest to the third sector, such as patient advocacy groups, for example, Healthwatch²³ and charities such as Macmillan²⁴ and Mind²⁵.

¹⁸ <https://www.gov.uk/government/groups/outcomes-framework-technical-advisory-group>

¹⁹ <https://www.gov.uk/government/news/phe-publishes-children-and-young-peoples-health-outcomes-framework>

²⁰ <http://php.york.ac.uk/inst/spru/pubs/2809/>

²¹ <http://www.capita.co.uk/news-and-opinion/opinion/2014/outcomes-based-commissioning-in-the-nhs.aspx>

²² <http://www.aomrc.org.uk/academy-response-to-nhs-outcomes-framework.html>

²³ <http://www.nhs.uk/NHSEngland/thenhs/healthregulators/Pages/healthwatch-england.aspx>

²⁴

<http://www.macmillan.org.uk/Documents/GetInvolved/Campaigns/Campaigns/APPG/BritainAgainstCancer2013/BritainAgainstCancer-CancerAcrossDomains-reportDec2013.pdf>

²⁵ http://www.mind.org.uk/media/494424/we-still-need-to-talk_report.pdf

- 2.12 Health policy and the management of national health services are devolved to the countries of the UK.
- In Scotland, patient outcome statistics are primarily used for the purposes of health policy and clinical monitoring, for performance management and holding the NHS in Scotland to account and for quality and safety improvement. Its Quality Measurement Framework records progress in the indicators²⁶.
 - In Wales, statistics²⁷ on patient outcomes are primarily used for the purposes of health policy development and monitoring, assessing patient experience and outcomes, and holding the NHS to account for its performance and for quality and safety improvement. The National Health Survey for Wales²⁸ provides patient experience statistics for Wales and is designated as National Statistics.
 - In Northern Ireland, the Department for Health, Social Services and Public Safety presents health statistics²⁹ by topic and has not adopted an NHS outcomes framework. It has brought together indicators on health inequalities in Making Life Better³⁰, to monitor public health outcomes and better understand the social determinants of health and well-being.
- 2.13 HSCIC publishes the NHS OF indicators in Excel and CSV formats. This equates to a level of three stars under the Five Star Scheme that forms part of the Open Standards Principles proposed in the *Open Data White Paper: Unleashing the Potential*³¹ and adopted as UK government policy in November 2012³². Five stars represents the highest star rating within the Scheme.
- 2.14 The cost of producing the quarterly release of NHS OF indicators is estimated to be around £10,000.

²⁶ <http://www.isdscotland.org/Health-Topics/Quality-Measurement-Framework/Summary-of-Progress/>

²⁷ <http://www.wales.nhs.uk/statisticsanddata/typesofdata>

²⁸ <http://wales.gov.uk/statistics-and-research/welsh-health-survey/?lang=en>

²⁹ <http://www.dhsspsni.gov.uk/index/statistics.htm>

³⁰ <http://www.dhsspsni.gov.uk/index/statistics/health-inequalities/social-determinants-of-health.htm>

³¹ http://data.gov.uk/sites/default/files/Open_data_White_Paper.pdf

³² <https://www.gov.uk/government/publications/open-standards-principles/open-standards-principles>

3 Assessment findings

Meeting user needs and user engagement

- 3.1 Following the reorganisation of the NHS³³ in England in 2012, HSCIC assumed a wider range of responsibilities for collecting, analysing and presenting national health and social care data. It ran a consultation on its publication strategy³⁴ during September and October 2014. HSCIC is using this strategy to align with its stakeholders' priorities and to better meet the public's need for information on health and care. It published a response³⁵ to the consultation in December 2014 and identified several actions, including: establishing a Publications Advisory Board; developing a process of internal and external peer review to improve statistical commentary and content; and seeking to improve the coherence and presentation of health and care statistics across organisations in England, as well as pan-UK comparisons. The Authority welcomes the actions taken by HSCIC to improve its understanding of the wider user needs for health and care statistics and encourages it to work with other health statistics producers, to deliver these actions in a timely way.
- 3.2 DH ran a consultation³⁶ between August and December 2014, reviewing the NHS OF indicator set within stakeholder events which focused on four main areas for development: dementia; patient safety for people with mental health conditions; children and young people; and health inequalities. It also received written responses. While it was a policy consultation, it addressed questions around user need which are pertinent to the statistical considerations of the NHS OF, such as the specific health issues covered, and the accessibility of the indicators and coherence with the other outcomes frameworks. DH involved users from across the range of interested sectors, with participation from NHS organisations (including healthcare providers, commissioners, and arm's length bodies), as well as medical professional bodies, and commercial, voluntary and academic users³⁷. HSCIC provided its own organisational response to the consultation and participated in the stakeholder discussions.
- 3.3 HSCIC's NHS OF statistics team has established strong working relationships with the analysts and policy officials in NHS England and DH involved in the development and monitoring of NHS OF indicators. It meets fortnightly with the Outcomes Analysis team at DH. It also liaises with the clinical directors in NHS England, data providers in trusts and with clinical commissioning groups. HSCIC's NHS OF team has little engagement with patients groups, and contact with non-NHS users such as academics is predominantly through direct queries from those users regarding the statistics. The team maintains a log of queries, which it reviews before each quarterly release to identify any changes that it can make to the publication. HSCIC has not published information about the views and experiences of users of the NHS OF statistics.

³³ <http://www.nhs.uk/NHSEngland/thenhs/about/Pages/nhsstructure.aspx>

³⁴ <http://www.hscic.gov.uk/publication-strategy>

³⁵ See footnote 32: *Outcome to consultation* report

³⁶ <https://www.gov.uk/government/consultations/nhs-outcomes-framework-review>

³⁷

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383102/What_we_heard_and_the_government_s_response_-_NEW_FINAL.pdf

- 3.4 In response to feedback from the Assessment team, HSCIC told us that it has released a short user survey to gain additional feedback from users and to develop a better understanding of how they use the data. It plans to publish a short summary of the results after the end of the survey in September 2015. It is also developing a user engagement strategy for the NHS OF.
- 3.5 As part of the designation as National Statistics, HSCIC should:
- a) develop a thorough understanding of the use made of the NHS OF statistics by non-NHS users and document the types of decision they inform
 - b) develop a user engagement strategy and outline clearly how it will strengthen its two-way dialogue with users
 - c) publish the information that it has gathered about users' experiences of the statistics and explain how it is responding to what it has learned³⁸ (Requirement 1).

Governance arrangements – ensuring the independence of indicator assurance

- 3.6 The main purpose of the NHS OF is for the Secretary of State for Health to hold NHS England to account. DH identifies the topics in which it requires an indicator. Its advisory group, OFTAG, provides independent expert advice on the development of the Framework. OFTAG comprises leading academics from a wide range of universities, as well as the Nuffield Trust, Kings Fund and Organisation for Economic Co-operation and Development (OECD). It also includes members from the National Institute for Health and Care Excellence (NICE), NHS England and ONS. OFTAG is chaired by DH.
- 3.7 HSCIC is commissioned by DH to produce the NHS OF indicator set with its primary release through the Indicator Portal. Requests for assurance of new indicators and changes to existing assured indicators are made through HSCIC's Indicator Assurance Service (IAS). DH ran a public consultation to review the NHS OF, where suggestions for future indicators could be submitted. The statistical production team at HSCIC is responsible for the development and testing of the indicators. The Indicator Governance Board (IGB) approves the suitability of indicators for inclusion in the National Library of Quality Assured Indicators following a critical assessment against set criteria³⁹ by the Methodology Review Group (MRG). IGB is currently chaired by HSCIC's Director of Information and Analysis.
- 3.8 MRG and IGB comprise statistical, methodological and epidemiological experts from within HSCIC and the wider health and social care system – such as from CQC, NICE, NHS Trust Development Agency, Health Education England and Monitor. MRG's role is to consider the methods for producing proposed and existing indicators, assessing the suitability of the proposed methods, the meaningfulness of the indicators, the suitability of the data sources and the robustness of the data in relation to the purpose. The Head of Profession for statistics for HSCIC is a member of MRG.
- 3.9 Documentation reviewed during the development of indicators is stored within the IAS Repository, including the meeting papers of both MRG and IGB. The

³⁸ In relation to Principle 1, Practices 1, 2 and 5 of the *Code of Practice*

³⁹ <http://www.hscic.gov.uk/article/1674/Indicator-Assurance-Service>

IAS Repository can be accessed on request but users need to first register with HSCIC. A new filing structure is currently being developed, which HSCIC hopes will make the site more user-friendly. Within the NHS OF documentation published on HSCIC's Indicator Portal, the specifications of the assured indicators are given in five documents, one for each domain. The Authority welcomes the robust and independent approach taken by HSCIC in assuring the quality and validity of the indicators. We suggest that HSCIC provide public access to the IAS documentation without requiring registration.

Supporting information about methods and quality

- 3.10 HSCIC has published individual quality statements for each of the NHS OF indicators. These guidance notes provide a summary against the European Statistical System Quality Framework dimensions⁴⁰. They are particularly helpful in outlining the methods and definitions used in the indicators. They also provide useful information about the coherence of the NHS OF indicators in relation to the other outcomes frameworks. During the course of the Assessment, HSCIC published a Frequently Asked Questions (FAQ) guide⁴¹, to help users understand the similarities and differences between the Clinical Commissioning Group Outcomes Indicator Set (CCG OIS) and NHS OF indicators. It intends to review it on a regular basis. As part of its response to DH's refresh of the NHS OF, HSCIC recommended in September 2014 that all outcomes frameworks be subject to review and assurance by IAS, to achieve greater coherence between each of the OFs. DH said in its response⁴² to the consultation that it is continuing to align the three OFs through an increased use of shared and complementary indicators. IGB is due to consider how the quality and methods of the indicators for the Adult Social Care OF and the Public Health OF can be best assured.
- 3.11 The quality statements provide links to the supporting material published by the organisations responsible for the source data; for example, the quality statements for the mortality and survival indicators in domain 1 contain links to the Quality and Methodology Information notes published by ONS. However, HSCIC does not provide an assessment of the completeness or accuracy of the data in the quality statements, nor explain why each source is considered appropriate for the purpose of producing the indicator. The statements also do not signpost users to relevant documents held in the IAS Repository that provide information about accuracy and completeness. The quality statements assert that the indicators presented in NHS OF have been assured by the IAS; however, according to the domain specification documents, 11 indicators have not been assured by IGB. These are historic indicators that were assessed by IAS before it operated in its current form. HSCIC told us that they will be

⁴⁰ The European Statistical System Quality Framework has five quality criteria: relevance; accuracy and reliability; timeliness and punctuality; coherence and comparability; accessibility and clarity:
<http://ec.europa.eu/eurostat/web/quality/quality-reporting>

⁴¹ http://www.hscic.gov.uk/media/18600/NHS-Outcomes-Framework-FAQs-and-Glossary/pdf/NHSOF_Glossary.pdf

⁴² https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/383102/What_we_heard_and_the_government_s_response_-_NEW_FINAL.pdf

reviewed in the coming months and then considered by IGB for inclusion in the Library.

- 3.12 While HSCIC highlights some important issues within the quality statements for some indicators, it does not ensure that known data quality issues are flagged on the individual Indicator Portal web pages or in the data tables. For example, for Indicator 1.5i 'Excess under 75 mortality rate in adults with serious mental illness', the background quality note highlights important limitations of the measure. It flags issues that should be considered when using the statistics. However it is not clear in the spreadsheets that there are quality issues to be considered. The commentary in the November 2014 edition of *NHS OF Quarterly Bulletin* highlights an important change to the recording within the Mental Health Minimum Data Set (MHMDS). However, the commentary does not explain the effect of the coverage of the statistics arising through the MHMDS only counting those people with mental health issues who come into contact with specialist services.
- 3.13 For other indicators the information provided in the quality statement about the limitations could more clearly set out the implications for using the statistics. For example, Indicator 3.2 'Emergency admissions for children with lower respiratory tract infections' highlights some differences between trusts in terms of case-mix and the patterns of care – such as extent of treatment, referral policies and practices, hospital out-patient facilities – but the note does not sufficiently explain the likely effect on the statistics, or give any information to help users use the statistics appropriately. The quality statement for Indicator 3.5.i 'Hip fracture: Proportion of patients recovering to their previous levels of mobility at 30 days' highlights that while the fracture database contains records for around 60,000 patients, 10,000 or fewer records currently meet the indicator criteria. It is unclear whether this difference reflects incomplete recording of mobility scores by trusts. The note highlights that there are differences in follow-up between hospitals; this potential source of bias is not sufficiently explained.
- 3.14 Following advice from the Assessment team HSCIC has begun to include information about official statistics status of the data used to produce the indicators in the background quality notes.
- 3.15 As part of the designation as National Statistics, HSCIC should:
- a) provide an accessible and coherent indication of the accuracy and reliability of the data used to produce each indicator in the quality statements
 - b) explain to users why the data sources are regarded as sufficiently robust for the purposes for which they are being used, especially for those based on non-official statistics or experimental statistics⁴³ (Requirement 2).
- 3.16 In light of the de-designation of police recorded crime statistics in January 2014 (in Assessment report 268), the Authority published a regulatory standard⁴⁴ that confirms the quality assurance (QA) arrangements that are required for statistics compiled using administrative data to comply with the *Code of*

⁴³ In relation to Principle 4, Practice 2 and Principle 8, Practice 1 of the *Code of Practice*

⁴⁴ <http://www.statisticsauthority.gov.uk/assessment/monitoring/administrative-data-and-official-statistics/index.html>

Practice. The *Administrative Data Quality Assurance Toolkit*⁴⁵ is the mechanism that the Authority is using to determine compliance in relation to four areas of practice:

- Operational context and administrative data collection
 - Communication with data supply partners
 - QA principles, standards and checks by data suppliers
 - Producers' QA investigations and documentation
- 3.17 The judgment by statistical producers about the suitability of the administrative data for use in producing official statistics should be pragmatic and proportionate. It should be made in the light of an evaluation of the likelihood of quality issues arising in the data that may affect the quality of the statistics. It should also reflect the nature of the public interest served by the statistics. Statistical producers should determine the types of assurance and documentation required to inform users about the quality assurance arrangements for administrative data. HSCIC has not identified or explained the assurance arrangements undertaken by the bodies responsible for data collection and supply, or the role of external bodies, such as healthcare regulators, in inspecting or auditing the data collecting organisations.
- 3.18 As part of the designation as National Statistics, HSCIC should outline the data assurance arrangements for those indicators based on administrative data, taking into consideration the Authority's *Administrative Data Quality Assurance Toolkit*⁴⁶ (Requirement 3). In meeting this requirement, we suggest that the HSCIC NHS OF team work closely with other statistical producer bodies, such as ONS, and other teams within HSCIC, to clarify these arrangements. We further suggest that it develop a process map to illustrate the supply of data for the NHS OF.
- 3.19 HSCIC lists a number of the administrative sources used to form NHS OF indicators within its Statement of Administrative Sources⁴⁷, including Hospital Episode Statistics (HES), adult social care returns (ASC-CAR) and Quality and Outcomes Framework (QOF); however, only HES is specifically flagged as being used in the NHS OF indicators. We suggest that HSCIC ensure that the Statement makes clear all of the administrative sources used in the NHS OF indicators.

Presentation of the statistics

- 3.20 HSCIC publishes a one-page dashboard giving the latest figure for each of the indicators, to provide an overview of the current scores for each of the indicators. It presents the data tables for the indicators in a set of individual Excel spreadsheets on the Portal. It accompanies these with a quarterly report that provides a brief narrative of the most notable changes in the particular set of indicators that were updated in that quarter. It does not present an annual overview of the performance for each of the indicators, describing progress over time. DH uses the NHS OF indicators to monitor NHS England's progress

⁴⁵ <http://www.statisticsauthority.gov.uk/assessment/monitoring/administrative-data-and-official-statistics/quality-assurance-toolkit.pdf>

⁴⁶ In relation to Principle 4, Practice 2 and Principle 8, Practice 1 of the *Code of Practice*

⁴⁷ <http://www.hscic.gov.uk/article/1789/Statement-of-administrative-sources>

against the five domains and produces its own analysis and briefing for Ministers about the progress. The Secretary of State for Health publishes an annual assessment⁴⁸ of the NHS's performance, highlighting the progress recorded by the NHS OF indicators. This basis of this review of the indicators is not published by DH.

- 3.21 HSCIC is not involved in the provision of health and social services and so relies on DH and NHS England to provide it with the policy and operational background to the statistics. HSCIC does not present a summary overview for related indicators, such as for each domain. HSCIC updates some indicators as more-detailed figures become available, for example, producing mortality or survival rates by deprivation or ethnic groups. HSCIC focuses on the changes in the latest statistics but does not present a coherent narrative for the topic area. We suggest that HSCIC consider in discussion with DH, NHS England and users, the publication of an annual report describing progress over time in the NHS OF indicators and domains.
- 3.22 The quarterly statistical report uses charts to illustrate the main findings and provides some narrative about changes in the indicators. In particular HSCIC highlights classification and methods changes that impact upon the statistics; for example, it provided a detailed and clear explanation of the effect of the change in the European standard population⁴⁹ in the February 2014 edition. Following advice from the Assessment team, HSCIC has provided plain language commentary and included operational or policy contextual information to support the description of the patterns in the statistics. For example in August 2015 *NHS OF* explains the rationale for Indicator 4b Patient experience of hospital care in relation to the Mid-Staffordshire Hospital Trust Inquiry. It also describes the campaigns and activities to address the health care associated infections, MRSA⁵⁰ and *C. difficile*⁵¹.
- 3.23 However, not all of the presentation in the August 2015 bulletin focuses on the appropriate statistical message: the patient experience commentary and data presentation does not draw out the nature of the national pattern or sufficiently explain the local variability. The commentary does not draw out whether the local rankings are consistent over time or the characteristics of the regularly poor performing Trusts. The line charts (Figures 1 and 4) do not clearly show the variability at an appropriate scale. Figures 5 and 6 below show the same figures published by HSCIC and by NHS England of overall patient experience score for hospital care. The latter provides a clearer presentation of the statistics, by applying a cut-off scale and including confidence intervals around each estimate.

⁴⁸ <https://www.gov.uk/government/publications/nhs-england-assessment-of-performance-2014-to-2015>

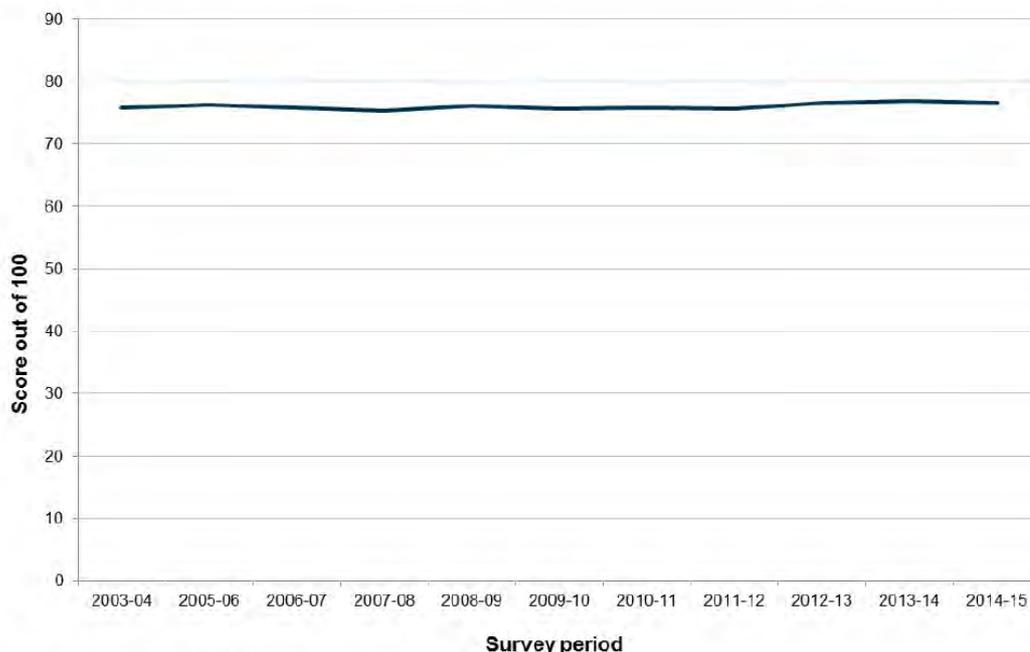
⁴⁹ <http://www.ons.gov.uk/ons/guide-method/user-guidance/health-and-life-events/revised-european-standard-population-2013--2013-esp-/index.html>

⁵⁰ Meticillin resistant staphylococcus aureus

⁵¹ *Clostridium difficile*

Figure 5: Chart from HSCIC's *NHS OF Quarterly Bulletin August 2015*

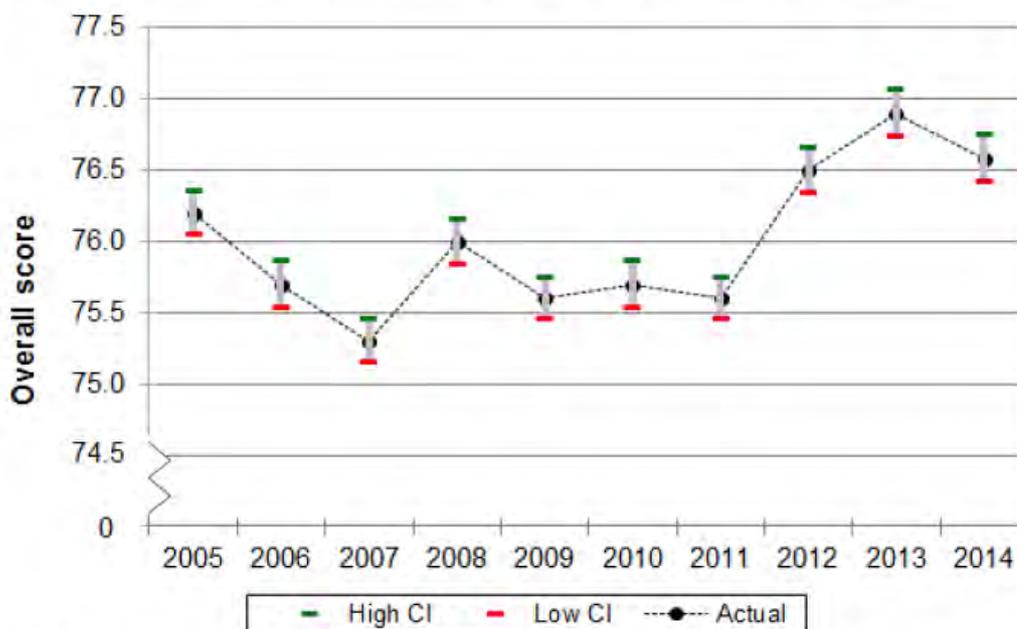
Figure 1: Patient experience of hospital care (NHS Outcomes Framework Indicator 4b)
Average score (out of 100) from a selection of questions measuring patient experience by year, England 2003-04 to 2014-15



Source: National Inpatient Survey from the Care Quality Commission

Figure 6: Chart from NHS England's *Overall patient experience scores adult inpatient survey*⁵²

Figure 1: Overall patient experience scores for adult inpatient services



The chart shows overall patient experience scores with associated 95% confidence intervals.

⁵² http://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/05/Bulletin_2014IP_Final.pdf

- 3.24 Users made a range of comments about the presentation of the NHS OF statistics during the course of this Assessment. Users told us that they felt the language to be too technical for non-analysts. They also expressed interest in more in-depth commentary and trend analysis, as well as an ability to track improvements over the past 1, 3, and 12 months. HSCIC is not commissioned to publish monthly data and told us that it is not possible to track improvements over the past month.
- 3.25 As part of the designation as National Statistics, HSCIC should improve the presentation of the NHS OF statistics to provide a coherent and clear description of the progress made over time across all indicators and a summary of the performance of the NHS in relation to each NHS OF domain⁵³ (Requirement 4). As part of meeting this requirement, HSCIC should consider the points detailed in annex 1 and annex 2. To maximise value from this work it is important that HSCIC present the NHS Outcomes Framework within the context of statistics on patient outcomes more widely.
- 3.26 In meeting this Requirement, we suggest that HSCIC work with DH and NHS England, and with other data provider bodies as relevant, to identify the operational and policy issues that affect the NHS OF statistics and provide helpful explanatory information about wider findings alongside its own statistics.

Accessibility

- 3.27 It can be difficult and time-consuming for users to find the latest information for particular indicators as HSCIC provides information about the individual indicators in several different ways.
- HSCIC helpfully presents a publication schedule on its website that lists which indicators will be updated in the next quarterly release and the frequency of the release (annual or quarterly). Following advice from the Assessment team HSCIC now also makes clear the date of last release
 - While the quarterly statistical report provides the latest commentary for indicators, it does not make clear where to find the most recently released narrative for the other indicators (that is, those not updated and so not included in the latest statistical report)
 - The indicator web pages on the Portal helpfully provide both the last date of release and the next expected date of release but this approach requires users to click into each indicator to find out the individual schedules. During the course of the assessment, HSCIC has published the publication schedule alongside the dashboard on the Indicator Portal
 - The Library of Assured Indicators provides a useful way of accessing the spreadsheets for each indicator but the Assessment team found it difficult to find the Library from the HSCIC website and Indicator Portal
- 3.28 Users reported difficulties in accessing the information that they sought through HSCIC's website and the Indicator Portal during the course of this Assessment. HSCIC told us that it is planning to develop the Indicator Portal. This activity is part of the wider benefit realisation activities within HSCIC and is being

⁵³ In relation to Principle 8, Practice 2 of the *Code of Practice*

informed by the consultation of the Publication Strategy published in December 2014.

- 3.29 During the course of the Assessment, HSCIC reviewed its arrangements for accessing the NHS OF statistics, the related commentary and supporting information. As a result, it provided links⁵⁴ to all supporting documentation, including the glossary, FAQ and quality statements, alongside the statistical release on its website. We suggest that HSCIC continue to consult users about the dissemination of these statistics; provide regular updates to users about the development of the Indicator Portal, and report on the progress made.

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<http://www.hscic.gov.uk/searchcatalogue?productid=18497&q=title%3a%22nhs+outcomes+frameworks+indicators%22&sort=Relevance&size=10&page=1#top>

Annex 1: Compliance with Standards for Statistical Reports

- A1.1 In November 2012, the Statistics Authority issued a statement on *Standards for Statistical Reports*⁵⁵. While this is not part of the *Code of Practice for Official Statistics*, the Authority regards it as advice that will promote both understanding and compliance with the *Code*. In relation to the statistical reports associated with HSCIC's NHS Outcomes Framework indicators, this annex comments on compliance with the statement on standards. The comments included in this annex are based on a review of the releases of the indicators in November 2014, May 2015 and August 2015⁵⁶.
- A1.2 In implementing any Requirements of this report (at paragraph 1.10) which relate to the content of statistical reports, we encourage HSCIC to apply the standards as fully as possible.

Include an impartial narrative in plain English that draws out the main messages from the statistics

- A1.3 The quarterly report begins with a contents page. The text is impartial. The 'summary' page lists the indicators that have been updated in the latest statistical report. The quarterly report does not present any headline messages. It is structured by domain and then by indicator. As not all indicators are updated every time, HSCIC focuses the commentary on the domain indicators where there are the most significant updates to the statistics and briefly describes any other updates. There is no description of patterns across the indicators for a domain, to give a sense of what they might tell you all together, or to draw out the key messages.
- A1.4 HSCIC describes the changes in the trends in the quarterly report for the indicators that have been updated. Following advice from the Assessment team during the course of the Assessment, it has provided plain language descriptions of the statistics. It does not always describe technical terms when they are first mentioned or point to where the user can find this information; for example, 'age and sex standardised rates' in the November 2014 report and the apportionment of cases for HCAI in August 2015. However, it does not draw out the NHS role or likely impact on the indicators, or explain the other likely drivers of change. These factors are described in DH's Technical Appendix of the NHS OF Framework for 2015/16⁵⁷.
- A1.5 The Indicators Portal includes a summary dashboard of all the indicators. It gives only the latest value for each indicator with no other data point for comparison – more prominence could be given to this dashboard in the quarterly report. No annual review is made of the entire NHS OF indicators and domains.

⁵⁵ <http://www.statisticsauthority.gov.uk/news/standards-for-statistical-reports.html>

⁵⁶

<http://www.hscic.gov.uk/searchcatalogue?q=title%3A%22nhs+outcomes+frameworks+indicators%22&area=&size=10&sort=Relevance>

⁵⁷ <https://www.gov.uk/government/publications/nhs-outcomes-framework-2015-to-2016>

Include information about the context and likely uses of the statistics

- A1.6 HSCIC explains that the indicators are to provide national-level accountability and transparency, and for each domain, it explains what the purpose is (for example, that Domain 1 is concerned with how successful the NHS is in meeting its objective of preventing people from dying prematurely, and ‘aims to show the progress of the NHS in reducing mortality and increasing survival’). During the course of the Assessment HSCIC has incorporated further supporting commentary; for example, in the August 2015 release it included some examples of the operational context, for example, the narrative about Indicator 4b Patient experience of hospital care explains the rationale for the indicator in relation to the Mid-Staffordshire NHS Trust inquiry. The description of MRSA⁵⁸ and C. difficile⁵⁹ highlights the campaigns and activities that have occurred to reduce healthcare associated infections.
- A1.7 The quality statements refer to the NHS OF as setting out the national outcome goal that the Secretary of State will use to monitor progress – the quarterly update bulletin does not make clear what the specific goals are for individual indicators so it is hard to know how well the NHS is performing. No reference is given to the Secretary of State’s annual assessment of NHS performance⁶⁰.

Include information about the strengths and limitations of the statistics in relation to their potential use

- A1.8 HSCIC presents confidence intervals and other measures such as response rates and sample size in data tables for a number of the indicators but it does not refer to them in the statistical reports. HSCIC provides a vague statement indicating the quality of some of the indicators; for example, for Indicator 2.2 ‘Employment of people with long-term conditions’ it states that ‘LFS data are considered to be of good quality’. A similar statement is given for indicators based on HES data (such as Indicators 2.3.i and 3a). HSCIC mainly highlights the quality explanatory information published by the source statistical producers in the Accuracy section of the quality statements, with little specific information about the accuracy of the data.
- A1.9 HSCIC publishes some information about the strengths and limitations of the data in the quality statements to aid users’ interpretation. However, for many of the indicators a fuller explanation of the implication of the limitations is needed; such as in relation to the mismatch between QOF and the dementia denominator for Indicator 2.6.i., and the implications of the coverage of the mental health minimum dataset in Indicator 1.5. Following feedback from the Assessment team, HSCIC updated the quality note for Indicator 4.6 Bereaved carers’ views of the care received of the quality of care received in the final 3 months of life⁶¹ (from ONS’s National Survey of Bereaved People), to link to the related quality notes published by ONS, provide relevant quality information on

⁵⁸ Meticillin resistant staphylococcus

⁵⁹ Clostridium difficile

⁶⁰ <https://www.gov.uk/government/publications/nhs-england-assessment-of-performance-2014-to-2015>

⁶¹

https://indicators.ic.nhs.uk/download/Outcomes%20Framework/Specification/NHSOF_4.6_I00690_Q.pdf

the response rate and sample size, and explain the method of stratification and confidence intervals. It also highlights question changes and includes a helpful explanation about the scale of responses and impact of older peoples' responses.

A1.10 The quarterly statistical report explains which indicators have been updated for previously published time periods. It included an additional revisions section that explains the effect of changes to the European Standard Population in the quarterly report in February 2014. HSCIC includes a notice on the individual Indicator Portal web pages when it corrects errors in the statistics; however, not all the data tables for the indicators in which revisions have been made make clear the scale of change or signpost users to relevant explanatory information (for example, those made following the changes in standardisation).

Be professionally sound

A1.11 Some of the commentary discusses very small changes which present a risk of over-interpreting the significance of changes in the latest estimates; for example, the reference to a reversal in trends for a 0.03 per cent increase in PYLL in Figure 1 (November 2014 edition).

A1.12 Overall the charts and maps in the quarterly report are sufficiently clearly designed. However, some further consideration should be given to chart design to ensure that it illustrates the key statistical message appropriately. For example, Figures 1 and 4 in the August 2015 release provide essentially flat trend lines in overall patient scores as the change is concentrated in a relatively narrow range; however there are statistically significant differences between individual years' data points, as illustrated in the equivalent chart published by NHS England in its statistical bulletin, *Overall patient experience* – see Figure 6 in paragraph 3.23 above.

Include, or link to, appropriate metadata

A1.13 The names of the producer body and responsible statistician are given in the statistical report. The contact details for the responsible statistician are not given but the enquiries contact centre details are provided which routes queries through to the statistics team.

A1.14 Alongside the statistics, HSCIC presents a 'publication schedule' that lists which indicators are updated in each statistical report for a calendar year. The Key Facts web page and the 'summary of the release' page in the statistical report describe which statistics are new or updated. A link is provided in the statistical report to the Indicator Portal, explaining that it contains information about 'indicator construction, data quality, statistical methods and interpretation considerations'. Alongside each indicator on the Portal are an indicator specification document and a quality statement. HSCIC told us that it is developing an FAQ document to provide users with additional information about common questions.

Annex 2: Summary of assessment process and users' views

- A2.1 This assessment was conducted from September 2014 to April 2015.
- A2.2 The Assessment team – Penny Babb and Donna Livesey – agreed the scope of and timetable for this assessment with representatives of HSCIC in September 2014. The Written Evidence for Assessment was provided on 21 November 2014. The Assessment team subsequently met HSCIC during January 2015 to review compliance with the *Code of Practice*, taking account of the written evidence provided and other relevant sources of evidence.

Summary of users contacted, and issues raised

- A2.3 Part of the assessment process involves our consideration of the views of users. We approach some known and potential users of the set of statistics, and we invite comments via an open note on the Authority's website. This process is not a statistical survey, but it enables us to gain some insights about the extent to which the statistics meet users' needs and the extent to which users feel that the producers of those statistics engage with them. We are aware that responses from users may not be representative of wider views, and we take account of this in the way that we prepare Assessment reports.
- A2.4 As it was known that some of the users that we planned to approach would have an interest in the range of patient outcomes statistics we invited comments about all of the sets of statistics covered by Assessment Reports 301 to 305 as part of a single user consultation. We received 29 responses and the respondents were grouped as follows:

NHS England	4
NHS trusts	4
Department of Health	3
Professional/Membership Bodies	3
Regulators	2
Public Health England	2
Office for National Statistics	2
Commercial	2
Charities	1
Academics	1
Data suppliers	5

Common Themes

- A2.5 Users of patient outcomes statistics identified with some common themes:
- Volume of statistics and data – Users appreciated the availability of statistics and data about patient outcomes and experiences and said that this is an area of increasing policy and operational focus within the health sector (see Section 2). However, users indicated that the range and volume of different data and statistics available from different sources can be overwhelming. Users said that it is difficult to know what statistics best serve particular

needs and to determine the coherence and comparability of the different statistics.

- **Accessibility** – users told us that they found it difficult to locate and navigate the range of patient outcomes statistics and supporting datasets. Users told us that they would welcome better search functionality and one user suggested that an app be developed that would explain what statistics and data are available for different themes and where to find them. Users were particularly critical of HSCIC’s website and the layout and functionality of its Indicator Portal. Users said that when they found what they wanted, the format and presentation of spreadsheets made it difficult to interpret and re-use the data. Some users also highlighted that often the greatest value lies in the individual record-level data, which is more difficult to access, though they noted the importance of protecting confidentiality.
- **Commentary** – some users only used the data and did not refer to the commentary; others found the commentary helpful; but some users told us that they would welcome more insightful commentary and trend analysis to aid interpretation.
- **Timeliness** – some users in NHS trusts told us that hospitals thrive on real-time information, and that the delayed availability of statistics reduces their relevance.
- **Assurance of source data** – suppliers provided details of a range of checks carried out on the data but some users and suppliers raised potential concerns about the quality of the data and administrative processes that underpin the statistics – issues raised included: patchy response rates to patient surveys; limitations caused by the different organisational structures in the NHS; the potential for different interpretations of definitions; and the lack of information available to inform the sign off processes by trusts and CCGs.
- **Engagement with producer bodies** – those users who had direct contact with the teams producing the statistics were positive about their experiences and the helpfulness of the statisticians.

NHS OF

A2.6 Users of NHS OF provided specific feedback on the presentation and accessibility of the NHS OF indicators:

- some of the language in the commentary was too technical for non-analysts
- there was interest in more in-depth commentary and trend analysis especially across NHS England’s healthcare priorities
- information was needed about how to interpret the statistics given their limitations, for example when data are vulnerable to poor data collection methods, and the impact of small sample sizes
- more-detailed statistics were needed about children – by age and by sex

- greater clarity was wanted on differences between similar indicators available through the various outcomes framework, such as when death registrations are used compared with death occurrences for infant mortality

A2.7 One user said that they found NHS OF indicators helpful in understanding the broad health picture and to establish priority areas for improvement. The indicators need to be read in conjunction with other HSCIC and Public Health England data in order to develop a comprehensive understanding for local decision-making. They found that it was not easy to bring all the relevant data together to form a comprehensive and holistic view of the issues involved.

Key documents/links provided

Written Evidence for Assessment document

