



Department
of Health

The NHS Outcomes Framework 2014/15

November 2013

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Introduction

The NHS Outcomes Framework, alongside the Adult Social Care and Public Health outcomes frameworks, sits at the heart of the health and care system. The NHS Outcomes Framework:

- i. provides a national overview of how well the NHS is performing;
- ii. is the primary accountability mechanism, in conjunction with the Mandate, between the Secretary of State for Health and NHS England;¹ and
- iii. drives up quality throughout the NHS by encouraging a change in culture and behaviour focused on health outcomes not process.

This document is being published alongside the Mandate for 2014/15. It is also accompanied by a Technical Appendix which provides detailed information about the indicators still being developed for the framework.

This document provides an update on the progress that has been made to develop existing indicators in the NHS Outcomes Framework and does not commit to adding any new indicators into the framework. Instead, the intention is to review the framework next year as part of the process to refresh the NHS Outcomes Framework 2015/16.

In previous years all the detail for each indicator in the NHS Outcomes Framework

was published in the corresponding Technical Appendix which was not regularly updated. This led to some inconsistencies and inaccuracies emerging throughout the year between the Department of Health's Technical Appendix and the information published by the Health and Social Care Information Centre (HSCIC). In order to avoid any of these problems, and to ensure consistency, all of the technical detail for the live indicators in the NHS Outcomes Framework for 2014/15 will be published in one document on the HSCIC website in the spring of 2014 on their data portal: <http://www.hscic.gov.uk/indicatorportal>.

As indicators in the NHS Outcomes Framework become live this document will be updated by the HSCIC with previous versions saved for reference.

Finally, in accordance with its statutory duties, the Department of Health has continued to make tackling health inequalities a priority to promote equality across the equality strands protected in the Equality Act 2010. Progress in this regard is discussed in a corresponding updated equality analysis document.

¹ Legally known as the National Health Service Commissioning Board

Background

Measuring and publishing information on health outcomes helps drive improvements to the quality of care people receive.² The White Paper: *Liberating the NHS*³ outlined the Coalition Government's intention to shift the NHS from a focus on process targets to a focus on measuring health outcomes.

The NHS Outcomes Framework was developed in December 2010, following public consultation, and has been updated every year to ensure that the most appropriate measures are included. Over this time the Department of Health has been improving the framework by refining existing measurement indicators and developing new indicators.

Indicators in the NHS Outcomes Framework are grouped around five domains, which set out the high-level national outcomes that the NHS should be aiming to improve. For each domain, there is a small number of overarching indicators followed by a number of improvement areas. These improvement areas include both sub-indicators (for outcomes already covered by the overarching indicators but meriting independent emphasis), and complementary indicators (extending the coverage of the domain). The domains focus on improving health and reducing health inequalities, namely by:

Domain 1	Preventing people from dying prematurely;
Domain 2	Enhancing quality of life for people with long-term conditions;
Domain 3	Helping people to recover from episodes of ill health or following injury;
Domain 4	Ensuring that people have a positive experience of care; and
Domain 5	Treating and caring for people in a safe environment and protecting them from avoidable harm.

² *High quality care for all: NHS Next Stage Review* (2008) Available at: http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

³ <https://www.gov.uk/government/publications/liberating-the-nhs-white-paper>

Assessing progress

The NHS Outcomes Framework forms an essential part of the way in which the Secretary of State for Health holds NHS England to account.

The Mandate⁴ to NHS England is structured around the five domains of the NHS Outcomes Framework and, as such, progress against objectives in the Mandate will be assessed using the NHS Outcomes Framework. Furthermore, there is a specific objective in the Mandate for NHS England to demonstrate progress against the five domains and all of the indicators in the NHS Outcomes Framework including, where possible, by comparing our services and outcomes with the best in the world.

It is for NHS England, working with clinical commissioning groups and others, to determine how best to deliver improvements against the Mandate and how they do this is set out in their annual business plan.⁵

The Department of Health will hold NHS England to account and is continually reviewing progress against the Mandate objectives. To support openness and transparency, the intention is to publish updates measuring NHS England's progress, including against the indicators in the NHS Outcomes Framework. In assessing NHS England's performance, success will be measured not only by the average level of improvement but also by progress in reducing health inequalities and unjustified variation.

Example – Enhancing the quality of life for people with long-term conditions

The Mandate sets an objective to make measurable progress towards making the NHS among the best in Europe at supporting people with ongoing health problems to live healthily and independently, with much better control over the care they receive.

In order to assess progress against this objective, the Department of Health would expect to see progress against indicators in **Domain 2 – Enhancing quality of life for people with long-term conditions.**

For example, the Department of Health would expect improvement against indicator **2 – Health related quality of life for people with long-term conditions.** This indicator is based on the GP Patient Survey, and includes responses from people with Alzheimer's disease, cancer, diabetes and long-term mental health problems.

⁴ <https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015>

⁵ The latest version of this can be seen at: <http://www.england.nhs.uk/wp-content/uploads/2013/04/ppf-1314-1516.pdf>

Example – continued

An improvement in indicator 2 would mean that, on average, people with long-term conditions perceive their own health to have improved. In particular, they would:

1. have fewer problems walking about; and/or
2. have fewer problems washing or dressing themselves; and/or
3. have fewer problems in performing their usual activities (work, study, housework, family or leisure activities); and/or
4. have less pain or discomfort; and/or
5. be less anxious or depressed.

Furthermore, this indicator will also allow us to explore variation in outcomes for people with long-term conditions across the country, and to analyse inequalities between outcomes for different groups of patients. These groups include age, gender and ethnicity.

Timely reporting of data

In order to ensure the Department of Health is robustly holding NHS England to account for the outcomes they achieve, work is taking place with HSCIC and others to improve the timeliness of the NHS Outcomes Framework data. See Annex A for a table detailing how long it takes for data to become available in the framework and published on the HSCIC indicator portal.⁶

For some indicators this can take a considerable amount of time. In each refresh of the NHS Outcomes Framework, the Department of Health intends to provide an update on the progress that has been made to reduce the time it takes to publish data for the indicators.

More information can be found in the Technical Appendix.

NHS Outcomes Framework and the wider health and care system

Alignment of the three outcome frameworks

The NHS Outcomes Framework sits alongside the outcomes frameworks for adult social care (see Annex C) and public health (see Annex D). These other frameworks reflect the different delivery systems and accountability models for public health and adult social care but have the same overarching aim of improving the outcomes that matter to people. In 2013 the Department of Health has continued to work to align the frameworks to encourage collaboration and integration, both in terms of how shared and complementary indicators are presented across all three frameworks, and through an increased and more systematic use of shared and complementary indicators.

These three outcome frameworks are supported by an Education Outcomes Framework (EOF) which sets the education and training outcomes for the health and care system as a whole. The EOF has an enabling role across the whole system and aims to measure progress in education,

⁶ <https://indicators.ic.nhs.uk/webview/>

training and workforce development and the consequential impact on the quality and safety of services for patients and service users.⁷

Alignment between the outcomes frameworks has been agreed as a design principle for all future development of the frameworks and the Department of Health remains committed to improving alignment between the outcomes frameworks, where appropriate, in recognition of the joint contribution of health and social care to improving outcomes. Progress on aligning the outcomes frameworks will be reported in the forthcoming Secretary of State's Annual Report for 2012/13.

Clinical Commissioning Group Outcome Indicator Set

NHS England has developed the Clinical Commissioning Group Outcomes Indicator Set (CCG OIS)⁸ to support the NHS Outcomes Framework.

The CCG OIS comprises NHS Outcomes Framework indicators that can be measured at clinical commissioning group level and additional indicators developed by NICE and HSCIC. These provide clear, comparative information to support clinical commissioning groups and Health and Wellbeing Boards to identify local priorities and demonstrate progress on improving outcomes, as well as delivering public transparency about local health services. Where possible, indicators in the NHS Outcomes Framework will be included in the CCG OIS.

⁷ <https://www.gov.uk/government/publications/education-outcomes-framework-for-healthcare-workforce>

⁸ This was formerly known as the Commissioning Outcomes Framework. The title changed to avoid confusion with the NHS Outcomes Framework and make it clear that the indicators relate to outcomes from commissioned services, not commissioning itself.

Changes across each domain

This section describes the progress made to develop the NHS Outcomes Framework by providing an update on the 20 indicators whose development was incomplete in last year's refresh. We expect development of 15 of these 20 indicators to be complete before March 2015.

In order to support development of indicators in the NHS Outcomes Framework, the Department of Health established the Outcomes Framework Technical Advisory Group (OFTAG). This group provides independent expert advice on the NHS Outcomes Framework. Further information about the OFTAG is available on the Gov.uk website.⁹

This year, changes to NHS Outcomes Framework have been kept to an essential minimum to provide stability to the NHS. Some indicators are now live and work is ongoing to develop the remaining indicators, subject to identification of satisfactory data sources.

⁹ <https://www.gov.uk/government/policy-advisory-groups/outcomes-framework-technical-advisory-group>

Domain 1 – Preventing people from dying prematurely

Summary of indicators being developed

Indicator	Title	Status in last refresh	Current status	Status in NHS OF 2014/15	Date of first data release
1a.ii	Potential Years of Life Lost (PYLL) from causes considered amenable to health care - children and young people	In development	Live	Live	Mar-13
1.4.i-iv	Survival from cancer (all indicators)	In development	Live	Live	Feb-14
1.6.iii	Five year survival from all cancers in children	Placeholder	In development	Live	Feb-14
1.7	Excess under 60 mortality in adults with learning disabilities	Placeholder	Placeholder	In development	Estimated 2014/15 (Depending if data source is appropriate)

- **Live** – Indicator development is complete. Where available, the data for live indicators are published on the Health and Social Care Information Centre (HSCIC) Indicator Portal (<https://indicators.ic.nhs.uk/webview/>);
- **In development** – Some elements of the indicator definition require further development;
- **Placeholder** – A need to measure this outcome has been identified, and one or more potential sources have been identified, but an indicator is yet to be developed, and publication on the HSCIC Indicator Portal is not imminent.

Development of Domain 1 indicators

A number of the indicators announced last year are now live and ready for inclusion in the NHS Outcomes Framework 2014/15. This now means that Domain 1 has much better

coverage of children's outcomes across the domain. It also means that there is now only one indicator (1.7) still to be developed.

1a.ii Potential Years of Life Lost (PYLL) from causes amenable to healthcare (children and young people)

The overarching indicator for Domain 1 is now live. It includes two measures, one for adults and one for children and young people.

Cancer survival indicators

The new indicators for cancer survival are expected to be published in February 2014, including:

- **1.4.i One-year survival from all cancers;**
- **1.4.ii Five-year survival from all cancers;**
- **1.4.iii One-year survival from breast, lung and bowel cancer combined; and**
- **1.4.iv Five-year survival from breast, lung and bowel cancer combined.**

These indicators have been developed by the London School of Hygiene and Tropical Medicine (LSHTM) and are composite indicators building on the previous six cancer survival indicators.

Despite the change, the Department of Health will still be able to monitor survival for breast, lung and bowel cancers individually as these will continue to be reported by the ONS.¹⁰

Until the new data becomes available, data from previous indicators will continue to be reported using the old definitions.

Finally, it is also expected that the data for **1.6.iii Five-year survival from all cancers in children** will be released in March 2014. This indicator relates to children under 15 years. The adult cancer survival indicators have historically covered ages 15-99, but cancer

contributes to a significant proportion of childhood deaths.

1.7 Excess under 60 mortality in adults with learning disabilities

Work is still ongoing to develop the learning disability indicator with NHS England, Public Health England and the HSCIC to identify an appropriate data source. A test data extract on learning disabilities from the General Practice Extraction Service (GPES) has been commissioned from the HSCIC. This is expected to be available in early 2014 and will be used to see if it provides relevant data that could be used to underpin the indicator.

In addition to this, the Department of Health is also exploring with NHS England, PHE and the HSCIC if better use could be made of existing data sources on people with learning disabilities by linking different datasets to give, as a minimum, data on age, sex and cause of death. The Department of Health will provide an update on progress by March 2014.

¹⁰ subject to current ONS consultation:
<http://www.ons.gov.uk/ons/about-ons/get-involved/consultations/consultations/statistical-products-2013/index.html>

Domain 2 – Enhancing quality of life for people with long-term conditions

Summary of indicators being developed

Indicator	Title	Status in last refresh	Current status	Status in NHS OF 2014/15	Date of first data release
2	Health related quality of life for people with long-term conditions	In development	Live	Live	Sept-13
2.1	Proportion of people feeling supported to manage their condition	In development	Live	Live	Sept-13
2.4	Health related quality of life for carers	In development	Live	Live	Sept-13
2.6.ii	A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia	Placeholder	Placeholder	Placeholder	Estimated 2016/17

- **Live** – Indicator development is complete. Where available, the data for live indicators are published on the Health and Social Care Information Centre (HSCIC) Indicator Portal (<https://indicators.ic.nhs.uk/webview/>);
- **In development** – Some elements of the indicator definition require further development;
- **Placeholder** – A need to measure this outcome has been identified, and one or more potential sources have been identified, but an indicator is yet to be developed, and publication on the HSCIC Indicator Portal is not imminent.

Development of Domain 2 indicators

A number of the indicators announced last year are now live and ready for inclusion in the NHS Outcomes Framework 2014/15. This includes indicator **2 Health related quality of life for people with long-term conditions** the overarching indicator for Domain 2. This indicator, as well as, **2.1 Proportion of people feeling supported to manage their condition** and **2.4 Health-related quality of life for carers**, provide a picture of the NHS's contribution to improving the quality of life for those affected by long-term conditions. As set out in the example above, these indicators are vital to holding NHS England to account for progress against the Mandate. Only

the dementia indicator 2.6.ii remains to be developed.

2.6.ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life for people with dementia

The Department of Health has commissioned a research team at the London School of Hygiene and Tropical Medicine to investigate the potential for a routine Patient-Reported Outcome Measure for dementia, including where necessary a measure for completion by a relevant person other than the patient. The study will investigate whether such a measure is methodologically robust, acceptable and cost-effective. Indicator 2.6.ii will be developed in line with findings from this study, which will report in mid-2015.

Domain 3 – Helping people to recover from episodes of ill health or following injury

Summary of indicators being developed

Indicator	Title	Status in last refresh	Current status	Status in NHS OF 2014/15	Date of first data release
3.1.v	Access to psychological therapies	In development	In development	Live	May 2014
3.3	Survival from major trauma	In development	In development	Live	May 2014
3.4	Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months	In development	In development	Live	Estimated autumn 2014

• **Live** – Indicator development is complete. Where available, the data for live indicators are published on the Health and Social Care Information Centre (HSCIC) Indicator Portal (<https://indicators.ic.nhs.uk/webview/>);
 • **In development** – Some elements of the indicator definition require further development;
 • **Placeholder** – A need to measure this outcome has been identified, and one or more potential sources have been identified, but an indicator is yet to be developed, and publication on the HSCIC Indicator Portal is not imminent.

Development of Domain 3 indicators

Since last year there has been significant progress in developing Domain 3. This includes developing an indicator (3.1.v) regarding the Improving Access to Psychological Therapy programme, in line with the objective in the Mandate to ensure parity of esteem between people with mental health conditions and the population as a whole. Development of the remaining indicators is expected to be complete before autumn 2014.

3.1.v Access to psychological therapies

As announced in the 2012/13 NHS Outcomes Framework, progress has been made in defining an appropriate indicator that will reflect total health gain generated by NHS psychological therapies, as assessed

by patients using Improving Access to Psychological Therapies (IAPT) services (Indicator 3.1.v).

This measure will use patient-reported, condition-specific recovery scales, which are collected at each IAPT session and recorded in the patient-level IAPT dataset. Contextual information, such as rate of access to services, will also be presented alongside the indicator to aid interpretation.

IAPT data are collected monthly and reported quarterly, one quarter after collection. Various equalities characteristics of IAPT clients are collected in the dataset, including age, gender, ethnicity and sexual orientation. This means that the indicator will provide a relatively timely, rich mechanism for monitoring changes in outcomes from psychological therapies provided under the IAPT programme.

Finally, Children and Young People's IAPT is implementing a transformation programme to Child and Adolescent Mental Health Services (CAMHS) and the IAPT severe mental illness project has launched a small number of demonstration sites. Once appropriate data becomes available, consideration will be given as to how to expand this indicator to include a broader range of clients.

3.3 Survival from major trauma

This indicator measures the number of people alive 30 days after suffering a major injury from an accident or incident. The Department of Health and NHS England have been working with the Trauma Audit Research Network (TARN) to produce an indicator of the proportion of people who recover from major trauma.

3.4 Proportion of stroke patients reporting an improvement in activity / lifestyle on the Modified Rankin Scale at six months

This indicator measures the extent to which people have recovered 6 months after suffering a stroke. The initial set of data is expected to become available in autumn 2014. This will allow further refinement of the indicator.

Domain 4 – Ensuring that people have a positive experience of care

Summary of indicators being developed

Indicator	Title	Status in last refresh	Current status	Status in NHS OF 2014/15	Date of first data release
4.c	Friends & Family test	Placeholder	In development	In development	Estimated 2015
4.8	Improving children and young people's experience of healthcare	Placeholder	In development	In development	To be determined
4.9	Improving people's experience of integrated care	Placeholder	In development	In development	Estimated 2015

• **Live** – Indicator development is complete. Where available, the data for live indicators are published on the Health and Social Care Information Centre (HSCIC) Indicator Portal (<https://indicators.ic.nhs.uk/webview/>);
 • **In development** – Some elements of the indicator definition require further development;
 • **Placeholder** – A need to measure this outcome has been identified, and one or more potential sources have been identified, but an indicator is yet to be developed, and publication on the HSCIC Indicator Portal is not imminent.

Development of Domain 4 indicators

In Domain 4 a number of the indicators that were placeholders in 2013/14 are now in development as data sources have been identified. Furthermore over the next year we will be reviewing how we measure patient experience, looking at the questions patients are asked on their experience through to the metrics used to define levels of good and poor experience.

4.c Friends and Family test

The first set of data from the NHS Friends and Family test was released in July 2013.¹¹ A key advantage of the Friends and Family test is that it allows hospital trusts to gain real time feedback on their services down to individual ward level and increases the transparency of NHS data to drive up choice and quality.

As announced in the NHS Outcomes Framework 2013/14, an indicator related to the Friends and Family test will be included in the framework. In the first instance this will cover A&E services and inpatient wards; although consideration will also be given to whether it is possible to include maternity services and other services currently rolling out the Friends and Family test.

The first set of Friends and Family test data contained wide variations in the numbers of respondents and more data is required for us to set out the precise details of this indicator, but the intention is to have this indicator ready for the NHS Outcomes Framework in 2015/16.

In the meantime, however, patients and the public can find easily searchable data for the Friends and Family test on the NHS Choices website: <http://www.nhs.uk>.

¹¹ <http://www.england.nhs.uk/2013/07/30/nhsfft/>

4.8 Improving children and young people's experience of healthcare

Work is progressing to develop indicator 4.8 to measure children and young people's experience of healthcare. This indicator will be based on the paediatric outpatient survey developed by The Picker Institute in conjunction with Sheffield Children's NHS Foundation Trust. This outpatient survey is currently run voluntarily by a number of NHS Trusts and repeated annually to gain useful insights into their patients' views of services.

4.9 Improving people's experience of integrated care

In response to findings of the NHS Future Forum¹² that too often patients and users experience fragmented services, failures in communication and poor transitions between services, the Care and Support White Paper¹³ restated the Department of Health's commitment to measure and understand people's experience of integrated care.

The focus of the development of new questions for this measure was that they should reflect what is important to the public in experiencing integrated care – which patients and users have defined to be 'person-centred coordinated care'. In January 2013, the Department of Health commissioned an options appraisal, which recommended that a set of new questions be developed and inserted into existing patient and service user surveys. Following this, work to identify and develop appropriate questions was commissioned from The Picker Institute and the University of Oxford, with work conducted over the summer. Eighteen questions were proposed as potential candidates for insertion into up to seven surveys.

The Department of Health subsequently worked with a number of stakeholders, including NHS England and local government, to shortlist a smaller sub-set of questions that could feasibly be considered for inclusion. The final list of questions and those selected for further testing is included in the Technical Appendix. These shortlisted questions are undergoing further cognitive testing within the context of specific surveys, and further work will be undertaken with NHS England to ensure that a selection of the questions are suitable for further testing for use in the GP Patient Survey. Depending on the outcome of these processes, the questions may be further refined and modified, and not all questions will necessarily be included in all surveys. In addition, due consideration will be given to the way that existing survey questions may be put to best use in measuring patient's experience of integrated care, as part of a new indicator or for other purposes. The availability of baseline data depends on which surveys are ultimately selected for question inclusion, with the earliest possible date being summer of 2014.

Going forward, more detailed work will be necessary to determine the feasibility of question insertion and/or existing question modification, and to agree the definition and form of a new indicator. This measure is complementary with the Adult Social Care Outcomes Framework, and while some commonality between the two measures is desirable, the two indicators need not be identical. From 2016, the Public Health Outcomes Framework will also be updated to reflect the progress on measuring integrated care.

¹² <https://www.gov.uk/government/publications/nhs-future-forum-recommendations-to-government-on-nhs-modernisation>

¹³ <https://www.gov.uk/government/publications/caring-for-our-future-reforming-care-and-support>

Domain 5 – Treating and caring for people in a safe environment and protecting them from avoidable harm

Summary of indicators being developed

Indicator	Title	Status in last refresh	Current status	Status in NHS OF 2014/15	Date of first data release
5.c	Hospital deaths attributable to problems in care	Placeholder	In development	Live	Estimated to be live by April 2014 and frequency and timing of data yet to be decided.
5.1	Deaths from venous thromboembolism (VTE) related events	In development	In development	Live	Estimated before March 2015
5.3	Proportion of patients with category 2, 3 and 4 pressure ulcers	In development	In development	Live	Estimated before March 2015
<ul style="list-style-type: none"> • Live – Indicator development is complete. Where available, the data for live indicators are published on the Health and Social Care Information Centre (HSCIC) Indicator Portal (https://indicators.ic.nhs.uk/webview/); • In development – Some elements of the indicator definition require further development; • Placeholder – A need to measure this outcome has been identified, and one or more potential sources have been identified, but an indicator is yet to be developed, and publication on the HSCIC Indicator Portal is not imminent. 					

Development of Domain 5 indicators

Work continues to develop and improve Domain 5 including by developing an indicator looking at hospital deaths attributable to problems in care. Further work is needed to develop the remaining indicators, but they should all become live during 2014/15.

5.c Deaths in hospital from problems in care

This indicator was included as a placeholder in the NHS Outcomes Framework refresh for 2013/14. We are now in the process of developing this indicator based on a recurrent programme of retrospective case record reviews, whereby clinical experts

retrospectively review healthcare records and assess the quality as well as safety of the care provided to patients who died in hospital. This approach has been identified as the most sensitive for assessing overall avoidable harm in care.¹⁴

The intention is to commence the national programme of retrospective case record reviews in 2014 with a view to publishing results as early as possible after March 2015.

It is hoped that the methodology behind this indicator can be extended in due course to capture non-hospital deaths, and to cover severe harm not only death.

¹⁴ It is based upon the approach taken by Hogan et al (2012)

5.1 Deaths from venous thromboembolism (VTE) related events

Indicator 5.1 has changed from a measure of the 'incidence of healthcare-related VTE' to 'deaths from VTE related events'. Such deaths are those where VTE is specified on the Medical Certificate of Cause of Death (MCCD) as being one of the conditions leading to, or directly causing death. Distinguishing between healthcare and community related VTE has proved unreliable in the originally intended data source – Hospital Episode Statistics. Measuring death as the outcome should also drive efforts to improve the prevention, detection and treatment of VTE before it causes death.

5.3 - Proportion of patients with category 2, 3 and 4 pressure ulcers

The indicator title has notionally changed from '*Incidence of newly-acquired category 2, 3 and 4 pressure ulcers*' as it was incorrectly published in 2013/14. The proposed indicator methodology based on point-prevalence was correctly published.

The intended data source is the NHS Safety Thermometer, although we are exploring whether there is a better measure of prevalence of pressure ulcers currently available. As such, we are taking into account the recommendations on pressure ulcer reporting from the Tissue Viability Society¹⁵ as well as those from the HSCIC Indicator Assurance Service on the suitability of the NHS Safety Thermometer.

It is envisaged that an indicator will be developed in 2014/15, depending on the outcome of the assessment outlined above.

¹⁵ Dealey. C et al (2012) *Achieving consensus in pressure ulcer reporting* Journal of Tissue Viability Volume 21, 72–83.

Next steps in developing the NHS Outcomes Framework

In the first NHS Outcomes Framework, published in 2010, the Department of Health indicated that there would be a review of the framework within 5 years. In line with this aspiration, it is our intention to conduct a review next year. There will be two parts to this review.

Firstly, a sub-group of the Outcomes Framework Technical Advisory Group has been established to advise the Department of Health and NHS England on improving the coverage of the NHS Outcomes Framework. This review will look at the scope of the NHS Outcomes Framework and how far it provides an overview of the NHS as a whole as well as looking at whether specific groups are adequately covered.

This review will be conducted through a systematic, outcome-driven approach. Selecting areas for which a desired outcome is required and identifying a suitable indicator to measure the desired outcome. This will include looking at how to improve the breadth of the NHS Outcomes Framework to better cover:

- different life stages;
- health conditions;
- vulnerable groups;
- the range of services the NHS provides; and
- integration across services.

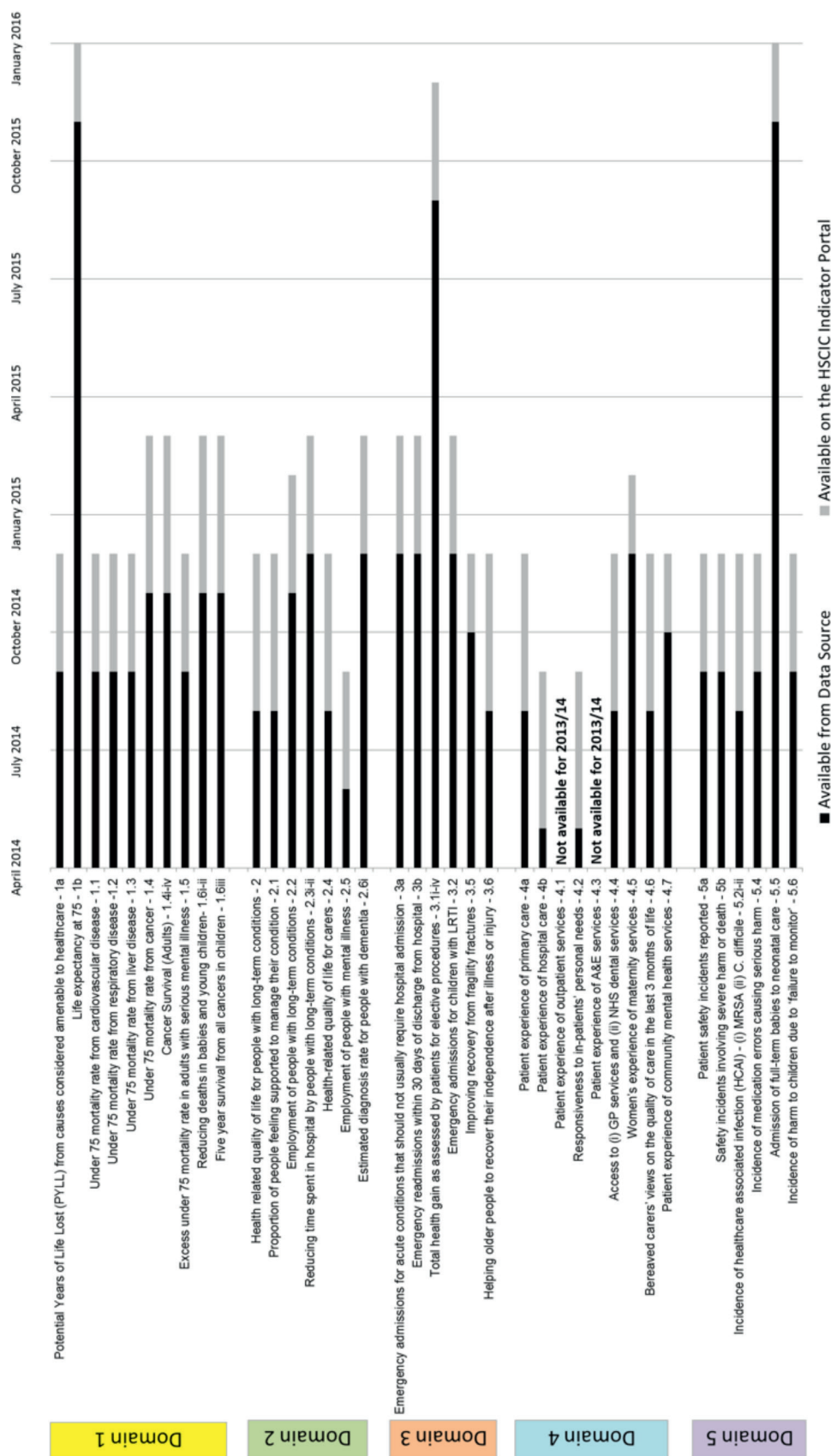
Secondly, the Department of Health intends to review the future direction of the NHS Outcomes Framework to consider the impact it has had on the NHS and to ensure that the framework aligns with the objectives and long-term ambitions set out in the Mandate.

In addition to the above, the Department of Health will continue work with the Outcomes Framework Technical Advisory Group to:

- finalise indicator definitions so that we can continue to publish robust data on the HSCIC indicator portal;
- develop the 'placeholder' indicators to identify appropriate sources of data; and
- align the measures and processes across the outcomes frameworks for adult social care and public health.

If you would like to contact anyone about the NHS Outcomes Framework please email: nhsoutcomesframework@dh.gsi.gov.uk

Annex A: Timeliness of data for assessment of NHS Outcomes Framework 2013/14 – by indicator¹⁶



¹⁶ Some of the indicator data are based on calendar, not, financial years. Where this is the case the availability of indicator data for 2013/14 is based on the 2013 calendar year.

Indicators 4.1, 4.3 and 4.5 are based on CQC surveys that are run on a less than annual frequency. For 4.5, the chart reflects the lag for 2013/14 data. For 4.1 and 4.3, there isn't currently a survey which covers the 2013/14 period.

1	Preventing people from dying prematurely	Overarching indicators	1a Potential Years of Life Lost (PYLL) from causes considered amenable to healthcare i Adults ii Children and young people 1b Life expectancy at 75 i Males ii Females
		Improvement areas	Reducing premature mortality from the major causes of death 1.1 Under 75 mortality rate from cardiovascular disease (PHOF 4.4*) 1.2 Under 75 mortality rate from respiratory disease (PHOF 4.7*) 1.3 Under 75 mortality rate from liver disease (PHOF 4.6*) 1.4 Under 75 mortality rate from cancer (PHOF 4.5*) i One- and ii Five-year survival from all cancers iii One- and iv Five-year survival from breast, lung and colorectal cancer Reducing premature death in people with serious mental illness 1.5 Excess under 75 mortality rate in adults with serious mental illness (PHOF 4.9*) Reducing deaths in babies and young children 1.6 i Infant mortality (PHOF 4.1*) ii Neonatal mortality and stillbirths iii Five year survival from all cancers in children Reducing premature death in people with a learning disability 1.7 Excess under 60 mortality rate in adults with a learning disability
2	Enhancing quality of life for people with long-term conditions	Overarching indicator	2 Health-related quality of life for people with long-term conditions (ASCOF 1A**)
		Improvement areas	Ensuring people feel supported to manage their condition 2.1 Proportion of people feeling supported to manage their condition Improving functional ability in people with long-term conditions 2.2 Employment of people with long-term conditions (ASCOF 1E**, PHOF 1.8*) Reducing time spent in hospital by people with long-term conditions 2.3 i Unplanned hospitalisation for chronic ambulatory care sensitive conditions ii Unplanned hospitalisation for asthma, diabetes and epilepsy in under 19s Enhancing quality of life for carers 2.4 Health-related quality of life for carers (ASCOF 1D**) <i>PHOF 1.8**</i> Enhancing quality of life for people with mental illness 2.5 Employment of people with mental illness (ASCOF 1F** & PHOF 1.8**) <i>PHOF 1.8**</i> Enhancing quality of life for people with dementia 2.6 i Estimated diagnosis rate for people with dementia (PHOF 4.16*) ii A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life (ASCOF 2F**) <i>PHOF 1.8**</i>
3	Helping people to recover from episodes of ill health or following injury	Overarching indicators	3a Emergency admissions for acute conditions that should not usually require hospital admission 3b Emergency readmissions within 30 days of discharge from hospital (PHOF 4.11*)
		Improvement areas	Improving outcomes from planned treatments 3.1 Total health gain as assessed by patients for elective procedures i Hip replacement ii Knee replacement iii Groin hernia iv Varicose veins v Psychological therapies Preventing lower respiratory tract infections (LRTI) in children from becoming serious 3.2 Emergency admissions for children with LRTI Improving recovery from injuries and trauma 3.3 Survival from major trauma Improving recovery from stroke 3.4 Proportion of stroke patients reporting an improvement in activity/lifestyle on the Modified Rankin Scale at 6 months Improving recovery from fragility fractures 3.5 Proportion of patients recovering to their previous levels of mobility/walking ability at i 30 and ii 120 days Helping older people to recover their independence after illness or injury 3.6 i Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation service (ASCOF 2B(1*)) ii Proportion offered rehabilitation following discharge from acute or community hospital (ASCOF 2B(2*))
4	Ensuring that people have a positive experience of care	Overarching indicators	4a Patient experience of primary care i GP services ii GP Out-of-hours services iii NHS dental services 4b Patient experience of hospital care 4c Friends and family test
		Improvement areas	Improving people's experience of outpatient care 4.1 Patient experience of outpatient services Improving hospitals' responsiveness to personal needs 4.2 Responsiveness to in-patients' personal needs Improving people's experience of accident and emergency services 4.3 Patient experience of A&E services Improving access to primary care services 4.4 Access to i GP services and ii NHS dental services Improving women and their families' experience of maternity services 4.5 Women's experience of maternity services Improving the experience of care for people at the end of their lives 4.6 Bereaved carers' views on the quality of care in the last 3 months of life Improving experience of healthcare for people with mental illness 4.7 Patient experience of community mental health services Improving children and young people's experience of healthcare 4.8 Children and young people's experience of outpatient services Improving people's experience of integrated care 4.9 People's experience of integrated care (ASCOF 3E**) <i>PHOF 1.8**</i>
5	Treating and caring for people in a safe environment and protecting them from avoidable harm	Overarching indicators	5a Patient safety incidents reported 5b Safety incidents involving severe harm or death 5c Hospital deaths attributable to problems in care
		Improvement areas	Reducing the incidence of avoidable harm 5.1 Deaths from venous thromboembolism (VTE) related events 5.2 Incidence of healthcare associated infection (HCAI) i IMPSA ii C. difficile 5.3 Proportion of patients with category 2, 3 and 4 pressure ulcers 5.4 Incidence of medication errors causing serious harm Improving the safety of maternity services 5.5 Admission of full-term babies to neonatal care Delivering safe care to children in acute settings 5.6 Incidence of harm to children due to 'failure to monitor'

NHS Outcomes Framework 2014/15 at a glance

Alignment with Adult Social Care Outcomes Framework (ASCOF) and/or Public Health Outcomes Framework (PHOF)

* Indicator is shared
** Indicator is complementary

Indicators in *italics* are placeholders, pending development or identification

Adult Social Care Outcomes Framework 2014/15

At a glance

1	Enhancing quality of life for people with care and support needs
Overarching measure	
1A. Social care-related quality of life ** (NHSOF 2)	
Outcome measures	
People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.	
1B. Proportion of people who use services who have control over their daily life	
New definition for 2014/15: 1C. Proportion of people using social care who receive self-directed support, and those receiving direct payments	
Carers can balance their caring roles and maintain their desired quality of life.	
1D. Carer-reported quality of life ** (NHSOF 2.4)	
People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation.	
1E. Proportion of adults with a learning disability in paid employment ** (PHOF 1.8, NHSOF 2.2)	
1F. Proportion of adults in contact with secondary mental health services in paid employment ** (PHOF 1.8, NHSOF 2.5)	
1G. Proportion of adults with a learning disability who live in their own home or with their family * (PHOF 1.6)	
1H. Proportion of adults in contact with secondary mental health services living independently, with or without support ** (PHOF 1.6)	
1I. Proportion of people who use services and their carers, who reported that they had as much social contact as they would like. ** (PHOF 1.16)	

2	Delaying and reducing the need for care and support
Overarching measures	
2A. Permanent admissions to residential and nursing care homes, per 100,000 population	
Outcome measures	
Everybody has the opportunity to have the best health and wellbeing throughout their life, and can access support and information to help them manage their care needs.	
Earlier diagnosis, intervention and reablement means that people and their carers are less dependent on intensive services.	
2B. Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services * (NHSOF 3.6i-ii)	
New measure for 2014/15: 2D. The outcomes of short-term services: sequel to service.	
Placeholder 2E: The effectiveness of reablement services	
When people develop care needs, the support they receive takes place in the most appropriate setting, and enables them to regain their independence.	
2C. Delayed transfers of care from hospital, and those which are attributable to adult social care	
Placeholder 2F: Dementia – A measure of the effectiveness of post-diagnosis care in sustaining independence and improving quality of life** (NHSOF 2.6ii)	

3	Ensuring that people have a positive experience of care and support
Overarching measure	
People who use social care and their carers are satisfied with their experience of care and support services.	
3A. Overall satisfaction of people who use services with their care and support	
3B. Overall satisfaction of carers with social services	
New measure for 2014/15: 3E. Improving people's experience of integrated care ** (NHS OF 4.9)	
Outcome measures	
Carers feel that they are respected as equal partners throughout the care process.	
3C. The proportion of carers who report that they have been included or consulted in discussions about the person they care for	
People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.	
3D. The proportion of people who use services and carers who find it easy to find information about support	
People, including those involved in making decisions on social care, respect the dignity of the individual and ensure support is sensitive to the circumstances of each individual.	
<i>This information can be taken from the Adult Social Care Survey and used for analysis at the local level.</i>	

4	Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm
Overarching measure	
4A. The proportion of people who use services who feel safe ** (PHOF 1.19)	
Outcome measures	
Everyone enjoys physical safety and feels secure.	
People are free from physical and emotional abuse, harassment, neglect and self-harm.	
People are protected as far as possible from avoidable harm, disease and injuries.	
People are supported to plan ahead and have the freedom to manage risks the way that they wish.	
4B. The proportion of people who use services who say that those services have made them feel safe and secure	
Placeholder 4C: Proportion of completed safeguarding referrals where people report they feel safe	
Aligning across the Health and Care System	
* Indicator shared	
** Indicator complementary	
Shared indicators: The same indicator is included in each outcomes framework, reflecting a shared role in making progress	
Complementary indicators: A similar indicator is included in each outcomes framework and these look at the same issue	

Public Health Outcomes Framework 2013-2016

At a glance

Alignment across the Health and Care System

- *Indicator shared with the NHS Outcomes Framework.
- ** Complementary to indicators in the NHS Outcomes Framework
- * Indicator shared with the Adult Social Care Outcomes Framework
- ** Complementary to indicators in the Adult Social Care Outcomes Framework
- Indicators in italics are placeholders, pending development or identification*

VISION

To improve and protect the nation's health and wellbeing and improve the health of the poorest fastest

Outcome measures

- Outcome 1)** Increased healthy life expectancy, i.e. taking account of the health quality as well as the length of life
- Outcome 2)** Reduced differences in life expectancy and healthy life expectancy between communities (through greater improvements in more disadvantaged communities)

1 Improving the wider determinants of health

Objective

Improvements against wider factors which affect health and wellbeing and health inequalities

Indicators

- 1.1 Children in poverty
- 1.2 School readiness
- 1.3 Pupil absence
- 1.4 First time entrants to the youth justice system
- 1.5 16-18 year olds not in education, employment or training
- 1.6 Adults with a learning disability / in contact with secondary mental health services who live in stable and appropriate accommodation^{*} (ASCOF 1G and 1H)
- 1.7 People in prison who have a mental illness or a significant mental illness
- 1.8 Employment for those with long-term health conditions including adults with a learning disability or who are in contact with secondary mental health services ^{*(i)-NHSOF 2.2) ^{**}(ii)-ASCOF 1E) ^{**}(iii)-NHSOF 2.5) ^{**} (iii)-ASCOF 1F)}
- 1.9 Sickness absence rate
- 1.10 Killed and seriously injured casualties on England's roads
- 1.11 Domestic abuse
- 1.12 Violent crime (including sexual violence)
- 1.13 Re-offending levels
- 1.14 The percentage of the population affected by noise
- 1.15 Statutory homelessness
- 1.16 Utilisation of outdoor space for exercise / health reasons
- 1.17 Fuel poverty
- 1.18 Social isolation^{*} (ASCOF 1I)
- 1.19 Older people's perception of community safety ^{**} (ASCOF 4A)

2 Health improvement

Objective

People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities

Indicators

- 2.1 Low birth weight of term babies
- 2.2 Breastfeeding
- 2.3 Smoking status at time of delivery
- 2.4 Under 18 conceptions
- 2.5 Child development at 2 – 2 ½ years
- 2.6 Excess weight in 4-5 and 10-11 year olds
- 2.7 Hospital admissions caused by unintentional and deliberate injuries in children and young people aged 0-14 and 15-24 years
- 2.8 Emotional well-being of looked after children
- 2.9 Smoking prevalence – 15 year olds (Placeholder)
- 2.10 Self-harm
- 2.11 Diet
- 2.12 Excess weight in adults
- 2.13 Proportion of physically active and inactive adults
- 2.14 Smoking prevalence – adults (over 18s)
- 2.15 Successful completion of drug treatment
- 2.16 People entering prison with substance dependence issues who are previously not known to community treatment
- 2.17 Recorded diabetes
- 2.18 Alcohol-related admissions to hospital
- 2.19 Cancer diagnosed at stage 1 and 2
- 2.20 Cancer screening coverage
- 2.21 Access to non-cancer screening programmes
- 2.22 Take up of the NHS Health Check programme – by those eligible
- 2.23 Self-reported well-being
- 2.24 Injuries due to falls in people aged 65 and over

3 Health protection

Objective

The population's health is protected from major incidents and other threats, whilst reducing health inequalities

Indicators

- 3.1 Fraction of mortality attributable to particulate air pollution
- 3.2 Chlamydia diagnoses (15-24 year olds)
- 3.3 Population vaccination coverage
- 3.4 People presenting with HIV at a late stage of infection
- 3.5 Treatment completion for TB
- 3.6 Public sector organisations with board approved sustainable development management plan
- 3.7 Comprehensive, agreed inter-agency plans for responding to health protection incidents and emergencies

4

Healthcare public health and preventing premature mortality

Objective

Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities

Indicators

- 4.1 Infant mortality^{*} (NHSOF 1.6i)
- 4.2 Tooth decay in children aged 5
- 4.3 Mortality rate from causes considered preventable ^{**} (NHSOF 1a)
- 4.4 Under 75 mortality rate from all cardiovascular diseases (including heart disease and stroke)^{*} (NHSOF 1.1)
- 4.5 Under 75 mortality rate from cancer^{*} (NHSOF 1.4i)
- 4.6 Under 75 mortality rate from liver disease^{*} (NHSOF 1.3)
- 4.7 Under 75 mortality rate from respiratory diseases^{*} (NHSOF 1.2)
- 4.8 Mortality rate from communicable diseases
- 4.9 Excess under 75 mortality rate in adults with serious mental illness^{*} (NHSOF 1.5)
- 4.10 Suicide rate
- 4.11 Emergency readmissions within 30 days of discharge from hospital^{*} (NHSOF 3b)
- 4.12 Preventable sight loss
- 4.13 Health-related quality of life for older people
- 4.14 Hip fractures in people aged 65 and over
- 4.15 Excess winter deaths
- 4.16 Estimated diagnosis rate for people with dementia ^{*} (NHSOF 2.6i)



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