Education Outcomes Framework

Report 2013/14: Annexes A to F

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Education Outcomes Framework

Report 2013/14: Annexes A to F

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Contents

Annex A: NHS Outcomes Framework at a glance

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**)

Enhancing quality of life for people with mental illness
2.5 Employment of people with mental illness (ASCOF 1F** & PHOF 1.8**)

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**)

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]*)

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

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**)*

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 MRSA
    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'

Annex B: Public Health Outcomes Framework at a glance

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)

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

Public Health Outcomes Framework 2013-2016
At a glance

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 – 2.1/2 years
2.6 Excess weight in 4-5 and 10-11 year olds
2.7 Hospital admissions caused by unintentional and deliberate injuries in under 18s
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 public health incidents

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 infectious and parasitic 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)*

Annex C: Adult Social Care Outcomes Framework at a glance

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 1.18)

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.

This information can be taken from the Adult Social Care Survey and used for analysis at the local level.

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 another outcomes framework, reflecting a shared role in making progress
Complementary indicators: A similar indicator is included in another outcomes framework and these look at the same issue

Annex D: High level data underpinning charts

EE1a: Quality of clinical training

Table D1: Dean's Report RAG ratings, grouped by LETB area

LETB area	Number of reported items (October 2013)*	Percentage of reported items with 'red' ratings		
		October 2012	April 2013	October 2013
North East	45	0%	17%	0%
North West	177	4%	6%	2%
Yorkshire & Humber	321	25%	15%	27%
East Midlands	21	20%	18%	10%
West Midlands	164	6%	1%	1%
East of England	49	16%	7%	2%
Thames Valley	29	10%	28%	28%
Pan-London	145	44%	35%	37%
Kent, Surrey & Sussex	49	2%	21%	4%
Wessex	41	0%	0%	7%
South West	744	42%	6%	3%
NATIONAL	**1,785**	**28%**	**10%**	**10%**

* this is the number of reported items, including LETB-wide and does not necessarily reflect the number of trainees which are affected.

EE2a: Student experience of supervision on clinical placements

'I received appropriate supervision on my placement(s)'

Table D2: Changes in percentage of students who agreed with the statement between 2011 and 2013, by LETB area

LETB area	2011 survey results	2012 survey results	2013 survey results	Change	Sample Size (2013)
North East	90.3%	90.5%	90.9%	0.6%	894
North West	83.3%	85.5%	85.3%	2.1%	2,819
Yorkshire & Humber	85.0%	86.8%	86.4%	1.4%	2,367
East Midlands	82.9%	82.0%	84.1%	1.2%	1,184
West Midlands	84.2%	86.6%	86.6%	2.4%	2,102
East of England	79.6%	80.8%	81.0%	1.4%	1,775
Thames Valley	81.1%	83.2%	80.0%	-1.2%	529
NC & East London	80.7%	78.6%	81.5%	0.8%	745
North West London	84.8%	87.0%	87.4%	2.6%	428
South London	76.8%	79.1%	82.4%	5.6%	1,507
Kent, Surrey & Sussex	83.1%	81.8%	82.3%	-0.9%	998
Wessex	80.5%	85.4%	82.9%	2.4%	771
South West	84.2%	85.1%	85.0%	0.9%	1,123
ENGLAND AVERAGE	**82.9%**	**84.2%**	**84.5%**	**1.7%**	**17,242**

EE2b: Trainees experience of clinical supervision during training

How would you rate the quality of clinical supervision in this post?

  a. *How would you rate the quality of clinical supervision in this post?*
  b. *In this post did you always know who was providing your clinical supervision when you were working?*
  c. *In this post how often, if ever, were you supervised by someone who you felt wasn't competent to do so?*
  d. *In this post how often did you feel forced to cope with clinical problems beyond your competence or experience?*
  e. *In this post how often have you been expected to obtain consent for procedures where you feel you do not understand the proposed interventions and its risks?*

Table D3: Summary results of 'Clinical Supervision' element of GMC National Training Survey (2011 and 2013)

LETB area	2011 survey	2012 survey	2013 survey	Change (2011 to 2013)	Sample Size (2013)
North East	90.4%	90.1%	90.3%	-0.0%	2,518
North West	87.5%	87.7%	88.0%	0.5%	5,792
Yorkshire & Humber	87.9%	87.8%	88.6%	0.7%	4,678
East Midlands	87.0%	87.4%	87.8%	0.8%	2,991
West Midlands	88.0%	88.3%	89.0%	1.0%	4,452
East of England	86.9%	87.9%	87.9%	1.1%	3,137
Thames Valley	87.1%	87.6%	88.0%	0.9%	1,688
Pan-London	87.5%	87.9%	88.6%	1.2%	9,508
Kent, Surrey & Sussex	86.1%	86.7%	87.3%	1.2%	3,267
Wessex	87.8%	88.1%	88.1%	0.3%	1,996
South West	88.5%	88.7%	88.6%	0.1%	3,327
ENGLAND TOTAL	**87.6%**	**88.0%**	**88.4%**	**0.8%**	**43,354**

EE3: Student satisfaction with training courses

'Overall, I am satisfied with the quality of the course'

Table D4: Changes in percentage of students who agreed with the statement between 2011 and 2013, by LETB area

LETB area	2011 survey	2012 survey	2013 survey	Change (2011 to 2013)	Sample Size (2013)
North East	88.3%	90.6%	89.6%	1.3%	2,502
North West	81.3%	83.5%	85.2%	3.9%	6,287
Yorkshire & Humber	87.1%	87.8%	88.1%	1.0%	5,565
East Midlands	85.5%	87.5%	89.0%	3.5%	3,574
West Midlands	86.7%	87.5%	88.5%	1.8%	5,029
East of England	86.0%	85.0%	84.2%	-1.8%	3,681
Thames Valley	91.2%	90.5%	90.9%	-0.3%	3,610
NC & East London	84.9%	85.6%	85.2%	0.4%	2,944
North West London	83.8%	82.6%	83.8%	0.1%	1,231
South London	82.5%	80.9%	82.8%	0.3%	3,724
Kent, Surrey & Sussex	86.8%	86.4%	87.7%	0.9%	2,235
Wessex	79.0%	85.4%	84.7%	5.8%	1,716
South West	83.6%	84.0%	86.7%	3.1%	2,911
ENGLAND TOTAL	**85.1%**	**86.0%**	**86.8%**	**1.7%**	**45,009**

CC1a-c: Training and education for staff

'Thinking about any training, learning or development that you have done in the last 12 months (paid for or provided by your trust), to what extent do you agree or disagree with the following statements?'

    a. *Do my job more effectively*
    b. *Stay up-to-date with professional requirements*
    c. *Deliver a better patient/service user experience*

Table D5: Changes in percentage of staff who 'agree' or 'strongly agree' with each statement between 2011 and 2012, by LETB area

LETB area	Percentage of respondents who 'agreed' or 'strongly agreed' in 2013			Change in percentage of respondents who 'agreed' or 'strongly agreed' to questions		
	a : Effectiveness	b : Stay up-to-date	c : Patient experience	a : Effectiveness	b : Stay up-to-date	c : Patient experience
North East	69%	76%	66%	5.9%	7.5%	2.0%
North West	68%	74%	65%	5.2%	7.6%	0.1%
Yorkshire & Humber	67%	74%	62%	3.7%	7.7%	-0.9%
East Midlands	67%	74%	63%	3.4%	6.1%	0.5%
West Midlands	68%	75%	64%	4.2%	6.1%	-0.2%
East of England	67%	75%	64%	3.3%	7.0%	1.3%
Thames Valley	66%	71%	63%	3.2%	5.5%	-2.3%
North Central & East	69%	75%	67%	1.3%	6.2%	0.0%
North West London	71%	76%	69%	1.5%	3.5%	1.3%
South London	70%	76%	67%	2.6%	5.9%	1.2%
Kent, Surrey &	66%	72%	62%	3.3%	7.4%	-0.8%
Wessex	68%	75%	64%	3.7%	7.6%	-0.2%
South West	65%	72%	61%	2.7%	5.6%	0.2%
ENGLAND TOTAL	**68%**	**74%**	**64%**	**3.8%**	**6.7%**	**0.4%**

FW1a-d: Staff contribution to service improvement activities

To what extent do you agree with the following:

    a. *There are frequent opportunities for me to show initiative in my role*
    b. *I am able to make suggestions to improve the work of my team/department*
    c. *I am involved in deciding on changes introduced that affect my work area/team/department*
    d. *I am able to make improvements happen in my area of work.*

Table D6: Changes in percentage of staff who 'agree' or 'strongly agree' with each statement between 2011 and 2013

LETB area	Percentage of respondents who 'agreed' or 'strongly agreed' to questions				Change in percentage of respondents who 'agreed' or 'strongly agreed' to questions				
	(a)	(b)	(c)	(d)	(a)	(b)	(c)	(d)	All
North East	70.4%	73.8%	53.4%	56.6%	9.6%	4.5%	4.7%	-1.6%	4.3%
North West	70.0%	74.8%	53.2%	56.3%	7.4%	4.0%	3.7%	1.3%	4.1%
Yorkshire & Humber	68.1%	72.5%	50.5%	52.1%	4.6%	1.6%	1.0%	3.7%	2.7%
East Midlands	68.2%	71.7%	50.0%	51.6%	6.1%	1.0%	1.7%	3.6%	3.1%
West Midlands	69.7%	72.9%	51.6%	53.4%	8.4%	3.9%	4.4%	1.5%	4.5%
East of England	69.8%	73.4%	52.0%	54.0%	8.5%	2.7%	3.9%	0.7%	4.0%
Thames Valley	68.5%	70.8%	49.2%	52.5%	6.2%	0.2%	1.2%	6.2%	3.5%
North Central & East	72.4%	75.3%	55.5%	61.1%	7.8%	4.5%	6.5%	3.6%	5.6%
North West London	70.6%	73.8%	52.8%	59.6%	6.3%	2.5%	2.0%	6.6%	4.4%
South London	70.8%	73.3%	53.4%	58.0%	7.6%	4.0%	6.0%	2.3%	5.0%
Kent, Surrey &	68.7%	71.1%	49.1%	52.2%	7.0%	1.3%	2.0%	4.4%	3.7%
Wessex	69.3%	74.2%	52.3%	54.4%	7.5%	2.9%	3.0%	1.3%	3.7%
South West	68.7%	72.2%	49.8%	51.2%	5.8%	0.4%	0.9%	3.4%	2.6%
ENGLAND TOTAL	**69.7%**	**73.3%**	**51.9%**	**54.8%**	**7.3%**	**2.7%**	**3.3%**	**2.3%**	**3.9%**

FW2: Participants recruited to studies included on the NIHR CRN Portfolio

Table D7: Published NIHR data (2010/11 to 2012/13) aggregated to LETB area level

LETB area	Patients recruited			Percentage change in recruitment numbers		
	2010	2011	2012	2010 to 2011	2011 to 2012	Total (net) 2010 to 2012
North East	29,421	30,000	35,476	2.0%	18.3%	20.6%
North West	74,859	92,113	90,609	23.0%	-1.6%	21.0%
Yorkshire & Humber	52,235	56,845	64,003	8.8%	12.6%	22.5%
East Midlands	34,126	42,821	37,705	25.5%	-11.9%	10.5%
West Midlands	46,020	60,081	66,055	30.6%	9.9%	43.5%
East of England	42,972	57,947	60,157	34.8%	3.8%	40.0%
Thames Valley	21,878	25,679	28,404	17.4%	10.6%	29.8%
North Central & East London	40,898	50,595	47,609	23.7%	-5.9%	16.4%
North West London	87,286	29,002	64,185	-66.8%	121.3%	-26.5%
South London	23,841	33,458	31,802	40.3%	-4.9%	33.4%
Kent, Surrey & Sussex	21,618	18,482	22,234	-14.5%	20.3%	2.8%
Wessex	29,601	33,289	32,227	12.5%	-3.2%	8.9%
South West	50,736	64,122	60,193	26.4%	-6.1%	18.6%
England-wide	*100*	*2,777*	*684*	*2677.0%*	*-75.4%*	*584.0%*
ENGLAND TOTAL	**555,591**	**597,211**	**641,343**	**7.5%**	**7.4%**	**15.4%**

VB1: Staff opinion on the standard of care provided by their employing organisation

'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'

Table D8: Percentage (a) of staff in 2013 survey who 'agree' or 'strongly agree' and (b) change from 2011 survey

LETB area	2013	Change from 2011	Sample (2013)
North East	67.7%	1.6%	5,801
North West	65.5%	3.2%	33,171
Yorkshire & Humber	59.1%	-2.8%	18,100
East Midlands	56.0%	-5.1%	11,857
West Midlands	62.8%	1.0%	20,169
East of England	63.4%	1.5%	17,138
Thames Valley	60.8%	0.3%	6,732
North Central & East	64.9%	1.1%	21,930
North West London	65.1%	-0.4%	6,354
South London	64.1%	2.4%	8,010
Kent, Surrey & Sussex	63.6%	3.1%	17,525
Wessex	62.8%	0.1%	14,457
South West	60.6%	-2.3%	17,571
ENGLAND TOTAL	**62.8%**	**0.6%**	**198,815**

VB2a-f: Patient experience of care and treatment

a.   *When you had important questions to ask a doctor, did you get answers that you could understand?*
b.   *When you had important questions to ask a nurse, did you get answers that you could understand?*
c.   *Were you involved as much as you wanted to be in decisions about your care and treatment?*
d.   *Do you feel you got enough emotional support from hospital staff during your stay?*
e.   *Did hospital staff discuss with you whether you may need any further health or social care services after leaving hospital? (e.g. services from a GP, physiotherapist or community nurse, or assistance from social services or the voluntary sector)*
f.   *Overall, did you feel you were treated with respect and dignity while you were in the hospital?*

Table D9: Change in percentage of 'No' responses to each of the questions by LETB area

LETB area	Percentage of negative responses between 2011 and 2012						Change in percentage of negative responses between 2011 and 2012						
	(a)	(b)	(c)	(d)	(e)	(f)	(a)	(b)	(c)	(d)	(e)	(f)	All*
North East	19.3%	19.8%	31.0%	16.6%	6.2%	12.9%	-3.3%	-4.8%	-2.7%	-2.1%	-0.8%	-2.9%	-3.3%
North West	21.4%	22.0%	32.3%	18.3%	7.1%	15.1%	-1.0%	-1.6%	-3.0%	-1.0%	-0.3%	-0.9%	-1.6%
Yorkshire & Humber	23.8%	24.3%	35.1%	17.7%	8.4%	17.4%	-0.1%	-0.4%	-1.4%	-1.9%	0.7%	0.5%	-0.5%
East Midlands	25.7%	24.7%	35.5%	18.8%	8.0%	17.1%	-0.7%	-1.3%	-1.7%	-1.7%	-0.6%	-0.6%	-1.3%
West Midlands	22.3%	21.2%	32.8%	17.9%	8.4%	15.2%	-1.7%	-3.7%	-4.7%	-2.2%	0.5%	-1.8%	-2.7%
East of England	24.0%	23.9%	33.8%	18.2%	7.1%	16.1%	-1.1%	-3.1%	-3.6%	-1.0%	-1.2%	-1.4%	-2.3%
Thames Valley	25.7%	27.4%	38.5%	19.0%	9.8%	19.0%	2.0%	1.3%	3.0%	-0.1%	1.0%	2.0%	1.8%
North Central & East	24.9%	28.5%	34.7%	21.7%	9.7%	19.9%	-0.3%	-4.0%	-3.4%	-2.2%	-1.0%	-0.7%	-2.3%
North West London	22.4%	25.3%	33.0%	19.7%	9.0%	15.8%	-1.6%	-2.9%	-3.1%	-1.5%	-0.4%	-2.1%	-2.3%
South London	25.7%	28.2%	36.0%	20.4%	10.4%	19.5%	0.2%	-5.1%	-4.4%	-0.7%	0.4%	-0.9%	-2.1%
Kent, Surrey & Sussex	23.1%	22.4%	33.0%	17.1%	8.1%	15.8%	-2.3%	-4.2%	-5.7%	-2.5%	0.4%	-3.3%	-3.5%
Wessex	23.1%	21.4%	34.2%	18.4%	7.2%	14.9%	-0.8%	-4.1%	-3.9%	0.6%	-0.9%	-1.2%	-2.1%
South West	21.6%	22.3%	32.3%	18.0%	7.4%	15.4%	-1.2%	-1.7%	-3.9%	-0.3%	-0.6%	-0.6%	-1.7%
ENGLAND TOTAL	**22.9%**	**23.3%**	**33.5%**	**18.3%**	**7.9%**	**16.1%**	**-1.1%**	**-2.7%**	**-3.3%**	**-1.4%**	**-0.3%**	**-1.2%**	**-2.0%**

*unweighted average change – i.e. sum of changes divided by 6

Annex E: Staff groups and coverage in the EOF

The staff groups referenced in this report are consistent with those from the NHS Staff Survey and are listed below:

- Allied Health Professionals, Healthcare Scientists and Scientific & Technical staff
- Ambulance staff (operational)
- Medical/Dental staff
- Registered Nurses and Midwives
- Nursing or Healthcare Assistants
- Social care staff
- Public Health/Health Improvement
- Commissioning managers/support staff
- Wider Healthcare Team
- General Management

The table below illustrates the potential coverage of staff groups within each data source. It should be noted that, as discussed in the main report, data sources involving the current workforce are focussed on the acute hospital setting:

Table E1

Staff group	Dean's Reports	GMC Training Survey	National Student Survey[25]	NHS Staff Survey	NIHR	Acute Inpatient Survey	HEE IPR[26]
Allied Health Professionals, Healthcare Scientists and Scientific & Technical staff			✓	✓			✓
Ambulance staff (operational)			✓	✓			
Medical / Dental staff	✓	✓	✓	✓	✓	✓	✓
Registered Nurses and Midwives			✓	✓		✓	
Nursing or Healthcare Assistants			✓	✓		✓	
Social care staff			✓	✓			
Public Health / Health Improvement			✓	✓			
Commissioning managers / support staff			✓	✓			
Wider Healthcare Team				✓			
General managers				✓			

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[25] For the purposes of presentation, it has been assumed that non-clinical staff have non-clinical degrees are not included in the Student Survey results presented.

[26] HEE commitments include reducing the number of occupations on the Shortage Occupation List. This cuts across a number of groups and is not necessarily reflected in this table.

Annex F: Glossary

ASCOF	Adult Social Care Outcomes Framework
CCG	Clinical Commissioning Group
CQC	Care Quality Commission
DH	Department of Health
EOF	Education Outcomes Framework
GMC	General Medical Council
GP	General Practitioner
HEE	Health Education England
HEFCE	Higher Education Funding Council for England
LETBs	Local Education and Training Boards
NHS	National Health Service
NHSOF	NHS Outcomes Framework
NICE	National Institute for Health and Care Excellence
NIHR	National Institute for Health Research
PHE	Public Health England
PHOF	Public Health Outcomes Framework
PRP	Policy Research Programme
RAND Europe	is a not-for-profit research institute whose mission is to help improve policy and decision-making through research and analysis.
SfC	Skills for Care