Inspecting Informing Improving

APPENDIX 1

Healthcare Commission

The annual health check in 2006/2007

Assessing and rating the NHS



September 2006

First published in September 2006

ISBN 1-84562-114-X

Contents

Foreword

The Healthcare Commission is an independent body responsible for reviewing the quality of healthcare and public health in England and Wales. We provide information to Government, patients and the public about the safety and quality of healthcare. Our system of regulation, and the findings it generates, allows us to meet our statutory duty to 'encourage improvement' in the provision of healthcare.

In England, we are responsible for assessing and reporting on the performance of both the NHS and independent healthcare organisations. Last year, we developed a new system of assessment for NHS organisations – the annual health check. The annual health check assesses for the first time whether general standards, in areas such as safety, patient focus and clinical effectiveness, are being met on behalf of patients across the NHS.

In 2005/2006, we focused on whether healthcare organisations were 'getting the basics right', by measuring their performance in meeting the Government's targets and the basic core standards set out by the Department of Health. We also undertook a number of reviews focusing on areas of priority for the NHS, such as tobacco control, substance misuse and services for children in hospital. We are using the results of this work to provide an overall rating of performance for each NHS trust. The rating will consist of two parts, quality of services and use of resources, and will be published in October 2006.

Last year's annual health check not only provided a fuller picture of a trust's activities. We also developed new methods of working. Boards of trusts are responsible for the standards of healthcare in their organisations. We therefore asked them for a self-declaration of their performance in meeting the standards. We invited patients' groups to give us feedback for the first time, and our assessments also take account of a wide range of publicly available information.

The initial feedback we have received on our new approach has been very encouraging. We would like to thank those who have provided us with feedback on their experiences of working with us or using our information during the year. We are now working to develop the system further. We have undertaken a successful programme of consultation to seek views on how to develop our approach for 2006/2007. The feedback we received has helped us to shape the design of the annual health check in 2006/2007 and the types of assessments that we will carry out.

In 2006/2007, we will continue to focus on 'getting the basics right'. To do this, we will continue to assess how trusts are performing in meeting core standards, the targets set by Government and the effective management of resources. We will also increase our attention on assessing the extent to which services are improving. In particular, we will begin to develop our approach for assessing performance in relation to the developmental (or improvement) standards set by Government, which are designed to drive up the quality of care that patients receive.

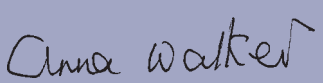
Our programme of service reviews and national studies will also assess performance on specific topics or services. This work may focus on the pathways of care which patients follow across providers, or look at specific diseases or types of healthcare. In 2006/2007, we are planning to cover the following topics of importance to patients: maternity, diabetes, substance misuse, adult acute inpatient mental healthcare, race equality, learning disabilities, complaints handling and healthcare acquired infection.

During the year, we are planning to develop a programme of work to extend our assessment of the extent to which the NHS provides value for money. We will also be working with partners to develop our assessments of commissioners of services and the outcomes of commissioning. This is crucial, as it is a main feature of the Government's programme to reform the system of healthcare.

We will also continue to improve our methods for analysing, bringing together and publishing the information that we gather from our various assessments, in order to inform patients and the public. Our aim is to make this information really useful to them.

We are now taking the next steps in an exciting journey. There are many challenges ahead, especially given the changes planned by Government in the areas of health and social care. We will continue to work closely with other regulatory bodies, healthcare organisations, healthcare professionals and other partners in all that we do. We will also work with, and listen to, patients and the public, to ensure that our work focuses on the issues that really matter to them.

Professor Sir Ian Kennedy
Chair



Anna Walker CB
Chief Executive

About the Healthcare Commission

The Healthcare Commission exists to promote improvements in the quality of healthcare and public health in England and Wales.

In England we are responsible for assessing and reporting on the performance of NHS and independent healthcare organisations to ensure that they are providing a high standard of care. We also encourage providers and commissioners of healthcare to continually improve their services and the way in which they work.

In Wales, our role is more limited and relates mainly to working on national reviews that cover both England and Wales, as well as our annual report on the state of healthcare. In this role we work closely with the Health Inspectorate Wales, who is responsible for the NHS in Wales, and the Care Standards Inspectorate Wales, who is responsible for independent healthcare in Wales.

Why we exist

Inspecting
To inspect the quality and value for money of healthcare and public health

Informing
To equip patients with the best possible information about the provision of healthcare

Improving
To promote improvements in healthcare and public health

How we work

We work closely with patients, carers, those who use and provide services, and with the public to maintain our focus on improving their experiences of healthcare.

We promote the rights of all to opportunities to improve their health and to have good healthcare.

Our approach to assessment is based on the best available evidence and aims to encourage improvement.

We work in partnership to ensure a targeted and proportionate approach to audit and inspection.

We work locally to build relationships and intelligence about the quality of services.

We are independent and fair in our decision making and report what we find without fear or favour.

We are accountable for our actions and for what we achieve in relation to our costs.

Introduction

The Healthcare Commission is an independent body responsible for reviewing the quality of healthcare and public health in England and Wales. In England, we are responsible for assessing and reporting on the performance of NHS and independent healthcare organisations.

Last year we developed a new system of assessment for the NHS – the annual health check. The annual health check looks at a much broader range of performance than the previous system of star ratings and enables us to paint a more comprehensive picture than ever before of what is happening in healthcare.

To do this, the annual health check has several components that we use to assess different aspects of performance. A key part of the annual health check is the annual rating of every NHS organisation that provides healthcare. The rating is separated into two parts: quality of services and use of resources. This enables us to ensure that healthcare organisations are providing high quality services as well as value for money.

What do we measure?

Through the annual health check, we aim to provide assurance that:

- basic, core standards are being met
- improvements are being sought
- healthcare services provide value for money
- we bring together relevant information on the performance of providers of healthcare to support informed decision making by patients, the public and NHS staff, including clinicians

We assess the performance of the NHS by reference to government standards and targets. The standards[1], set out by the Department of Health, describe the basic, core standards which patients have the right to expect, such as safety and effective clinical care, and the developmental standards that outline the level of quality to which healthcare organisations are expected to aspire. The standards are described in appendix A.

Through the annual health check, we assess the performance of all acute, ambulance, mental health, learning disability and care trusts in the NHS. This includes NHS foundation trusts. We also assess NHS primary care trusts (PCTs), both as providers and as commissioners of healthcare. From 2006/2007, we will also assess the Health Protection Agency each year.

We appreciate that 2006/2007 is a time of transition for many NHS trusts, particularly those experiencing organisational change. However it is essential that patients continue to receive care that is high quality while these changes happen. Therefore, for new

1. Department of Health: *Standards for Better Health*, July 2004 (updated April 2006).

organisations that come into being during the year, performance will be assessed for the full year, which includes the period any predecessor organisations were in existence (see also page 39). This is in line with the approach in the previous system of assessment.

We are also responsible for regulating the independent healthcare sector through registration, inspection and, where necessary, enforcement powers. The care of NHS patients is increasingly provided by a combination of NHS and independent services so, although the independent sector will not be assessed through the system described in this document, our aim is to align the assessment of healthcare services provided by both sectors over time. We will do this as we develop and enhance our current systems of assessment of NHS services and the independent healthcare sector.

Our aim is to make assessment less of a burden for those being inspected, to make better use of information, including the views of patients and the public, and to focus our interventions on matters of concern. We do this by working collaboratively with other regulators and expert bodies to use their information as much as possible. We have designed a system that is light touch by using a risk-based, information driven approach to identify areas that require follow up.

Through all of our work, we are also addressing the demand for more and better quality information. Our aim is that the assessment of performance – and the information provided by the process – will promote improvements in healthcare in a range of ways. It will help people to make informed decisions about their care, promote the sharing of information and provide organisations with clearer expectations on standards of performance. We will publish the information we hold as part of the annual health check, and increasingly provide the latest available information on performance. On our website we will also maintain the final annual rating of the organisation for each year, as well as the information which underpins that result. The annual rating for 2006/2007 will be published in early autumn 2007.

Reform of health and social care

A further key influence on our design is the context within which we operate.

As we developed our system of assessment for 2006/2007, we considered the range of measures the Government has introduced, or is considering, to reform the health and social care environment. These reforms will change the way in which health and social care is commissioned and provided. These changes include:

- a greater range of providers of healthcare available to NHS patients, including NHS trusts, private companies and voluntary organisations. In the future, the methods we use to assess providers of healthcare will

need to align as far as possible so that we assess all providers in a similar way

- services that will be increasingly provided in a range of different settings, such as treatment centres (NHS or the independent healthcare sector) specialising in particular operations. Also, more care will be provided in primary care or community settings. Our future system must be sufficiently flexible to assess such a diverse provision across the country

- more scope for patients to choose which healthcare organisation to go to for treatment. To support this, the public will need more information on the performance of organisations to ensure they make the best choice for them

- new arrangements for involving patients and the public in decisions about health and healthcare, set out in *A Stronger Local Voice*, published by the Department of Health in July 2006. These abolish patient and public involvement forums and establish local involvement networks (LINks), funded through the Department of Health and attached to local authorities. They are intended to provide more flexible and inclusive means of involvement that reflect closer working relationships between health and local government, and between health and social care

- greater autonomy for foundation trusts. NHS foundation trusts have been created to devolve decision making from central Government control to local organisations and communities so that they are more responsive to the needs and wishes of their local people. Their number is set to increase considerably over the next two years, in line with Government policy. It is important that the public get comparable assurance and information about performance in both foundation trusts and non-foundation trusts

- a greater focus on the quality of how services are commissioned for patients and the public. This includes the commissioning and delivery of programmes for the prevention of disease

- changes to the regulatory systems within health and social care. The Government has said that it intends to merge the Healthcare Commission with the Commission for Social Care Inspection and the Mental Health Act Commission, probably in 2008. We anticipate that the health and social care performance assessment systems of primary care trusts and local authorities will be more aligned by 2008 with the aim of encouraging good joint commissioning of services and cooperation where appropriate, between providers of services

Our consultation programme

In March 2006, we began a three month consultation on our proposals for developing the annual health check in 2006/2007, the second year of our new system.

Our consultation document – *'Developing the annual health check in 2006/2007: have your say'* – was widely circulated and nearly 200 submissions were received from a range of respondents including healthcare organisations, other regulatory bodies, members of the public, royal colleges and professional bodies, and voluntary groups.

We also organised meetings with patients, the public and other interested parties to discuss our proposals, building on our commitment to work with these groups to improve what we do.

The findings from this consultation have been crucial in shaping the design of the annual health check for 2006/2007 and the types of assessments we will carry out, and will strongly influence how we make our information available through our website and other media. We are also using the feedback to help us develop our plans for 2007/2008. A full report on the results of our consultation is available on our website (www.healthcarecommission.org.uk).

In summary, consultation respondents supported the following proposals:

- presenting our assessments as answers to the most important questions that patients and the public ask about health and healthcare
- introducing assessments, in principle, of the developmental standards, although some had concerns
- developing and improving our assessments of how well organisations are commissioning services
- extending our assessments of value for money
- publishing comparative data to assist benchmarking
- wider use of the findings of other inspection and regulatory bodies

Other key messages were:

- patients and the public want a stronger emphasis on the 'patient experience of care' within our assessments
- ensuring the cost effectiveness of regulation of the NHS with a new and mature assessment which is less of a burden for those being inspected

- issues about the introduction of the assessment of developmental standards, including timing, the scale of the assessments, relevance to different types of provider and the need for trusts to be able to respond to local needs and exercise autonomy

- requests for greater clarity on how we would implement a range of proposals outlined in the consultation document

- requests for earlier announcements of how trusts are to be assessed

- support for developing the relationship between trusts and our regional staff

- many requests for particular reviews of services. Views were expressed that our programme of service reviews is influential in promoting improvements in particular areas

- requests for a greater focus on developing an integrated performance assessment framework for health and social care

We asked patients and the public what they want from the annual health check. Generally they were supportive, but they did identify areas for improvement. In summary they told us that they want:

- more information about the performance of local healthcare providers and how their local services are performing in relation to national standards

- greater emphasis on individual patients' experiences of services, such as more tailored information relating specifically to the services they use such as hospital services, GP practices and dentists rather than just on individual trusts

- assessments from the Healthcare Commission that better reflect the experience of patients, with more emphasis on aspects of healthcare which they often see as problematic, in particular:
  - the systems which deliver healthcare, such as referral systems, appointment systems and arrangements for continuity of care
  - the manner in which that care is delivered, such as communication with staff, and issues of dignity and respect
  - the environment in which they are treated, such as cleanliness and safety

The annual health check in 2006/2007

In the first year of the annual health check, we focused much of our activity on ensuring that basic, core standards were being met. In the second year, we will continue with this approach but we will increase our focus on whether NHS organisations are driving improvement in the commissioning and delivery of healthcare.

As in 2005/2006, we will assess organisations in a range of ways. Firstly, we will assess whether they are getting the basic standards of care right. We assess how they are performing on:

- core standards *(core standards assessment)*
- long standing targets set by Government *(existing national targets)*
- effective management of resources, including finance *(use of resources)*

Secondly we assess whether improvements are being sought. We do this by assessing their performance on:

- newer targets set by Government *(new national targets)*
- developmental standards *(developmental standards assessment)*

Finally, we will also assess performance on specific topics or services. This work may focus on the pathways of care which patients follow across providers – such as from a patient's first contact with their GP through to completion of their treatment, including hospital and aftercare. If relevant, both health and social care organisations are included and these studies are carried out jointly with other organisations, including other regulators. They may include assessment in relation to core standards as well as on performance beyond this basic level.

These reviews could also look at specific diseases or types of healthcare and their handling, such as on heart failure and mental health. At present some of these reviews also assess value for money as well as quality of care.

We also need to follow up topics of national concern, for example, where one of our investigations into a serious service failure has identified an issue that may be more widespread than just one trust. Given the range covered in this work programme, our assessment methods are flexible in design. We do this through:

- a range of specific services or topics *(programme of service reviews and national studies)*

More detailed guidance on each of these is published on our website (www.healthcarecommission.org.uk/annualhealthcheck). Further guidance is also planned (see appendix B).

Key features and changes

Core standards

- There will be no draft declaration process this year.

- We will further develop our methods of surveillance and local intervention to give greater assurance that organisations are meeting basic standards of care (see page 14).

National targets

- We anticipate that there will be minor changes to the indicators on the existing national targets. More information is available on our website at www.healthcarecommission.org.uk/annualhealthcheck.

- We also anticipate that there will be minor changes to the indicators on the new national targets. These will be published on our website shortly, following approval from the Secretary of State for Health.

Use of resources

- Our assessment will continue to be derived mainly from information supplied by the Audit Commission and Monitor.

- We will work with the Audit Commission, Monitor and others to agree and publish comparative indicators on productivity.

- We will develop a programme of work to extend our assessment of value for money

Our programme of service reviews and national studies

- Our programme of service reviews and national studies includes those reviews previously called improvement reviews and the acute hospital portfolio. It also includes national reviews for which we may only collect information on a subset of organisations. A number of these reviews and studies will provide comparative information on services.

- In 2006/2007, this programme will include the following major services or topics: maternity, diabetes, substance misuse, adult acute inpatient mental health, race equality, learning disabilities, complaints handling and healthcare associated infection.

- Results of our review on heart failure services carried out in 2005/2006 will also be published during 2006/2007.

- Results from our service reviews and national studies will feed into our assurance process for assessing performance in relation to standards. They will not feed directly into the overall rating for 2006/2007 (see page 13).

Developmental standards

- Developmental standards outline improvements that the Government expects all trusts to aspire to in order to improve the quality of care and treatment provided. The standards are set out in appendix A. This is a new part of the annual health check.

- In 2006/2007, we will focus our assessment in three of the seven areas or domains set out in the Department of Health's standards

(see appendix A). These are safety, clinical and cost effectiveness, and public health.

- In 2006/2007, the annual health check will assess performance in 'shadow' form for particular sectors of trusts on selected areas of the developmental standards. This means that assessment of performance against developmental standards will not feed into the overall annual rating in 2006/2007. However we do expect it to form part of the rating from 2007/2008.

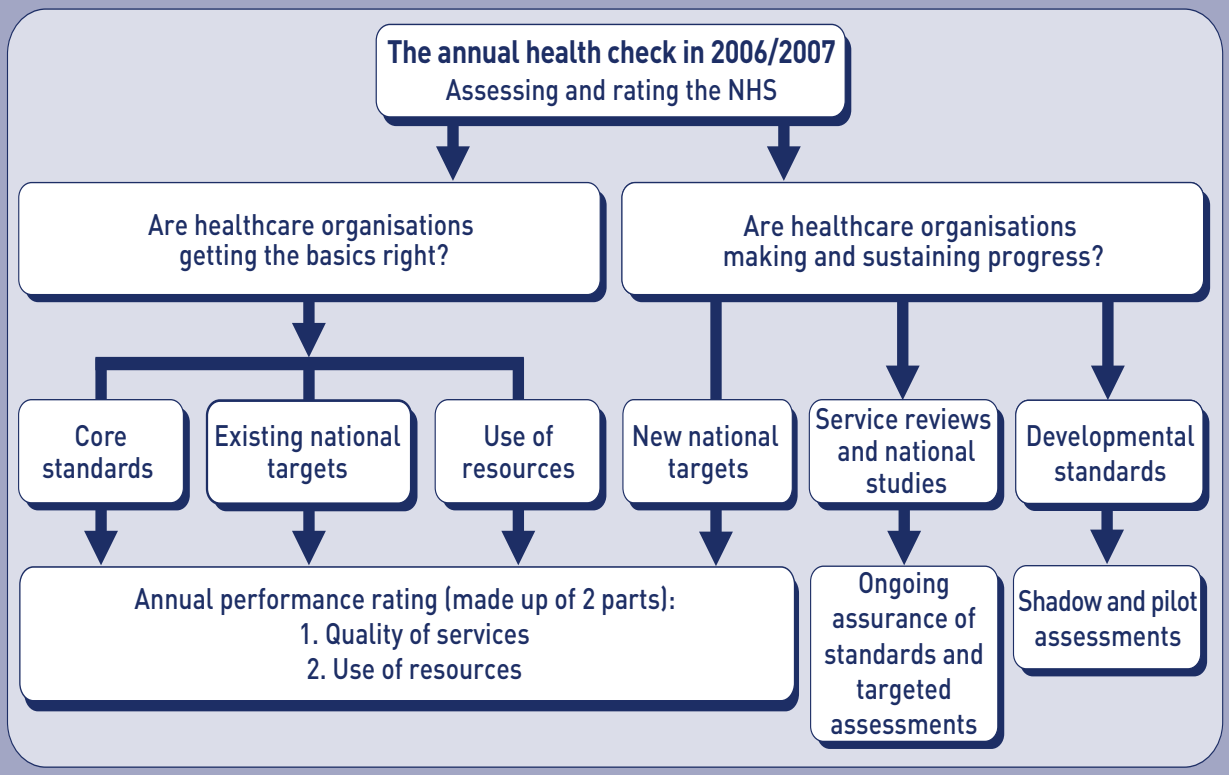
- Over the three year cycle 2006/2007 to 2008/2009, we expect to cover all seven domains within the developmental standards framework. The precise work will be influenced by the review of standards by the Department of Health and the lessons we learn from the 'shadow' assessment year.

Commissioning

- During 2006/2007, we will work with the Department of Health, the NHS, the Commission for Social Care Inspection and other partners to determine our approach for the future in this important area of performance (see page 26).

Presentation of information

- We will develop and enhance our methods of analysing, bringing together and publishing relevant information on performance to better inform patients, the public and the NHS.



Calculating an annual performance rating

The performance rating of each organisation is a very important part of the annual health check, and we will present it prominently on our website.

As in 2005/2006, the rating will focus the attention of the NHS on ensuring that basic standards of care are met. It will continue to consist of two parts: quality of services and use of resources.

The key change is that in 2006/2007, the quality of services part will be derived from our assessment of performance in relation to core standards and our assessment on existing and new national targets only. It will not directly include the results from our programme of service reviews and national studies.

In 2005/2006, most of our service reviews did feed directly into the annual rating. We believe that there is room to simplify the rating as the feedback we have received suggests that many people find it too complicated. As a result of this feedback, and due to the fact that there will be fewer service reviews in 2006/2007, we have decided not to include the results of the reviews directly in the calculation of the annual performance rating.

However, where service reviews identify concerns that core standards are not being met, we will use that information as part of the assurance of performance in relation to core standards. We will also encourage trusts to make maximum use of this comparative information as an aid to driving improvement in healthcare.

The information from our programme of service reviews will also meet another need. Feedback from patients and the public has highlighted the lack of comparative information on how patients are treated by the overall healthcare system. Many of our service reviews track the pathways of care that patients follow for treatment. They also provide the comparative information on services, which the public tell us they want. So we will focus on delivering this information in the most useful way, to enable patients and the public to look at summary scores on services and the accompanying detailed information about their local organisations.

Assurance of core standards

In 2005/2006, we pioneered a new approach to quality assurance in the NHS by implementing a risk-based self assessment process. We asked every trust to make a public declaration on whether they were meeting core standards. Following the declaration by trusts, we identified about 10% of trusts for a follow up visit selected on a risk basis through our analysis of the information we already hold on every organisation. In addition, we selected a further 10% of trusts randomly for follow up visits. The aim of the follow up visits is to provide additional assurance to the public that standards are being met and that potential problems are identified and can be rectified.

In our consultation document, we emphasised how important it is that our assessments are risk based and responsive. This approach is in line with the work of many other regulators and the recommendations of the Better Regulation Executive, which works across Government to reduce and remove unnecessary regulation for the public, private and voluntary sectors. In practice this has implications for the way we carry out our work and the range and types of interaction that we have with healthcare providers, commissioners and other key stakeholders.

We aim to have a system that provides assurance that NHS organisations maintain standards throughout the year and that problems in the commissioning and delivery of healthcare are identified rapidly and tackled effectively. To support this, we will further develop our use of existing information to identify, and then to focus our resources and activity, on the areas which need it most.

The annual health check emphasises the responsibility of local trusts to ensure that they are meeting the standards. We believe that through a blend of national and local intelligence, we can provide an effective check on compliance with core standards, which will support the early identification of failing performance and help drive actions to improve the delivery of healthcare.

In 2006/2007, we will further develop our system to provide assurance by:

- using information from other bodies more extensively to cross check declarations by trusts on their compliance with core standards. For example, for the first time we will use the findings from the inspections of youth offending teams as part of our surveillance of PCTs

- developing the ways that we use information into a more timely process of surveillance of trusts. This will mean that our risk assessments against standards will be updated with new information obtained throughout the year. This information will inform, and be informed by, our local engagement with individual trusts. As part

of our relationship with trusts, we will explore on an ongoing basis how well a trust is performing in relation to core standards

- including information from all our assessments in our surveillance function so that we have a more comprehensive picture and ongoing assurance on performance across all NHS organisations. This will enable us to identify risk more comprehensively and effectively

- developing our ability to analyse groups of key indicators of clinical quality, such as deaths or unplanned readmissions for treatment following particular operations, that may identify areas of relative strength or weakness within an organisation. Our aim will be to identify potential outliers in performance, so we can alert the trusts concerned and enable them to consider any follow up action in a timely way

- developing our approach of analysing key indicators of leadership and organisational capability, such as partnership working, performance management and decision making, that underlie a trust's ability to deliver consistently on national standards If we identify major problem areas, on an exception basis we will engage further with individual trusts

- developing our system to take account of the forthcoming Code of Practice on prevention and control of healthcare associated infection, due to be published in October 2006

All these processes may lead to some selective engagement with individual trusts. In some cases we may choose to report on this in a more formal sense, for example through the formal notification process described below.

Working with trusts

In 2006/2007, we will be more proactive in addressing issues in relation to standards through ongoing surveillance of performance. Our regional staff will use quantitative and qualitative information and other intelligence available to them, including intelligence from our local work and from Concordat partners, during the year to:

- highlight areas of risk

- identify where action is already being taken to address risks

- identify areas of good practice

We will formally notify individual trusts where such findings have an impact on any of our assessments of performance during 2006/2007 and, where appropriate, we will work closely with strategic health authorities and Monitor to follow up such notifications. We anticipate that the two scenarios that would lead to such a notification being issued to trusts during the course of the year are likely to be:

- a small number of cases in which our local assessment managers will have clear information that a significant lapse has been identified which relates to one or more core standards. In such cases, our regional office will issue a letter informing the trust that such a significant lapse must be declared in their 2006/2007 declaration of compliance with core standards

- cases where our local assessment managers have information that identifies risks to a trust's compliance with particular core standards. In such cases, our regional office will formally notify the trust of such risks or concerns. The notification will include details of the perceived risk to compliance and any impact on the likelihood of future inspection

Assessing performance in relation to developmental standards

The developmental standards outline a framework for improvement in NHS trusts that is broader than the requirements set out in the core standards (see appendix A). The standards are designed to stretch the performance of even the best performing trusts.

In this area, we will assess trusts' performance on a four point scale from 'limited' to 'excellent' developmental progress. We expect trusts to declare increasingly improved levels of performance to reflect continuous improvement in the services they provide or commission for patients.

In assessing trusts' performance in relation to developmental standards, we plan to use an approach similar to that already used to assess performance in relation to core standards. This will include a process where trusts declare their progress in relation to the developmental standards that incorporates comments from third parties. Our consultation found that while there was broad support for this approach, there were three main issues raised. Firstly, that we should pilot our approach in the form of a 'shadow' assessment in 2006/2007. Secondly, that we should keep the burden of assessment as low as possible for trusts, particularly as many are reconfiguring in 2006/2007. And thirdly, that the assessment framework provides trusts with the opportunity to identify local priorities for improvement.

The third point was made by some respondents who said that trusts, particularly foundation trusts, should not be subject to national assessment on progress in relation to developmental standards. As the regulator, we are clear that it is appropriate for us to assess all NHS organisations on the developmental standards. The standards themselves are those which patients would expect trusts to meet and on which patients want independent comparative information. For example, the developmental standard on safety sets out that healthcare organisations should continuously review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to patients, staff and others. However, we have listened to the underlying concern on the identification of local priorities and have built that into our plans.

Developing our approach

In 2006/2007, we will assess performance for particular sectors of trusts on selected areas of the developmental standards using a process similar to that used for core standards (see table 1). We will pilot our approach in two ways. Firstly, we will undertake this assessment in shadow form. Therefore, we will not include the results of the assessment within the aggregated quality of services component of the annual rating. However, we will use these results when designing our approach for the future.

Table 1: What we will assess in 2006/2007

Domain	Part of the standard being assessed	Healthcare sector assessed in shadow form	Small scale pilot studies undertaken
Safety	**Developmental standard: D1** Healthcare organisations continuously and systematically review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to patients, staff and others, particularly when patients move from the care of one organisation to another	Acute trusts	Mental health trusts Primary care trusts Ambulance trusts
Clinical and cost effectiveness	**Developmental standard: D2, part (a)** Patients receive effective treatment and care that conform to nationally agreed best practice, particularly as defined in national service frameworks, NICE guidelines, national plans and agreed national guidance on service delivery	Acute trusts Mental health services	Primary care trusts Ambulance trusts
Public health	**Developmental standard: D13, parts (a) and (b)** Healthcare organisations: (a) identify and act upon significant public health problems and health inequalities issues, with primary care trusts taking the leading role (b) implement effective programmes to improve health and reduce health inequalities	Primary care trusts	Acute trusts Mental health trusts Ambulance trusts

1. In assessing performance against D2 (a) we will take account of the extent to which care also reflects the needs and preferences of individual patients.
2. Care trusts will be assessed as PCTs or as mental health trusts depending on the services provided.

Secondly, we will shape our assessments for healthcare sectors not subject to a shadow assessment in the first year (see table 1) by undertaking small scale pilot studies within these sectors on a voluntary basis.

In order to keep the amount of assessment to a minimum in the first year, we will further tailor our assessments in two ways. We will assess performance within three domains as opposed to the four outlined in our consultation document: safety, clinical and cost effectiveness, and public health. We have removed patient focus from this list. However, we have highlighted issues of patient and public involvement within the three domains that we will review.

We chose the three domains and, within those, the relevant standard or part of the standard that we believe are very close to being basic standards that patients and the public would expect organisations to be meeting. In the safety domain, we will assess the full developmental standard within that domain. That standard covers continuous review on all aspects of activities directly affecting patient safety. In the clinical and cost effectiveness domain, we have chosen to focus on whether organisations are conforming to best practice, which includes the practice outlined in a number of the long standing national service frameworks. In the public health domain, we have chosen to focus on the parts of the standard for PCTs that set out that they should identify and take action on the health needs and inequality issues of their local population. Again this is a long standing responsibility of these organisations. For more information, see appendix D.

Issues of safety are of the highest importance to patients. So in addition to the shadow assessment of acute trusts, and the small scale pilot studies for PCTs and mental health trusts, we will do further work on the specific safety issues in the ambulance service. Following a small scale pilot study to develop the criteria for assessment, we will test this tailored approach with all ambulance trusts. The results will inform the framework for the full assessment in 2007/2008.

Local priorities for improvement

While we will assess trusts' performance as described above, we will also invite trusts to advise us of their highest priorities for local improvement on the standards we are assessing, how they believe they are progressing in relation to them and the information they are using locally to assure themselves of progress. We will publish these comments as part of the declaration trusts make and use this information, where appropriate, to help inform our work in future years and in identifying best practice in measuring what matters to patients and clinicians.

Involvement of patient and public groups

During 2006/2007, we will work with patient and public groups to prepare them for commenting on trusts' progress on the developmental standards as part of the declaration process in April 2007. We also plan to involve them in the small scale pilot studies that we carry out. In this way, their views will help shape the process of assessment in future years.

Future direction

Over the three year cycle, 2006/2007 to 2008/2009, we expect to cover all seven domains within the developmental standards framework. The precise work will be influenced by the results of the review of standards by the Department of Health and the lessons we learn from this 'shadow' assessment year.

Developmental standards will not feed into the annual rating in 2006/2007, however we would expect it to form part of the rating from 2007/2008.

Our programme of service reviews and national studies

In 2006/2007 we will put in place a more streamlined programme of work to include our service reviews and national studies.

Our service reviews refer to the work formerly called improvement reviews and the acute hospital portfolio. Our national studies refer to the small number of studies we carry out each year in response to critical national issues. A significant part of this programme will be our work on value for money.

Bringing the reviews and studies into one programme of work will ensure that we have greater consistency of approach, including methodologies.

Service reviews

Trusts have reported their involvement in service reviews during 2005/2006 as a positive process, providing valuable opportunities for an in depth look at specific areas and outcomes, and offering clear guidance on areas where there is room for improvement. We also received a positive response to service reviews as part of our consultation (see page 8).

Patients have also asked us for information that reflects the way that they experience healthcare. The service reviews do this through an in depth targeted assessment of performance. Often these reviews assess how healthcare is delivered across and between organisations and provide an assessment of, or insight into, the experience of patients, as well as value for money. The planned Government reforms to health and social care will increase the importance of the assessment of these pathways and the effectiveness of commissioning of services, as new ways of delivering care and advice to patients are developed. This information will provide powerful information to patients, public and professionals to support both improvement in services and informed decision making by patients and the public.

Over the next 12 months, we will carry out five service reviews similar in style to the former improvement reviews or acute hospital portfolio studies. They will focus on key patient groups, such as those with long term conditions, or where there is a track record of poor service quality and health status.

We are focusing on those areas where there is greatest scope for improvement either because large numbers of people are affected or the opportunity for health gain is significant. The five reviews are:

- adult acute inpatient mental health
- diabetes
- maternity services
- race equality
- substance misuse

Service review of adult acute inpatient mental health

At any time, one in six adults has a mental health disorder. Mental health trusts scored badly in the previous system of assessment, star ratings, and the number of complaints by patients in this area is higher than in others.

There is also evidence that significant inequalities exist in access to, and availability of, treatment between people from different ethnic groups. In addition, it appears that insufficient attention is being given to meeting basic human rights to privacy and dignity. This area of service provision has a limited level of coverage though targets and other measures in the annual health check.

Service review of diabetes

Effective support for people to self care is a cornerstone of the *National Service Framework for Diabetes* (NSF). The prevalence of diagnosed diabetes is 4% and rising, it affects millions of people and accounts for a high proportion of NHS spend.

The diabetes review is timed to make maximum use of the National Diabetes Patient Survey, commissioned by us. This survey is primarily about how people are supported in their self care, but will also look at some aspects of inpatient experience.

Service review of maternity services

About one in 10 requests to the Healthcare Commission for investigation of particular trusts are related to maternity services. This is a service for a healthy population of some 1.2 million mothers and infants, where there are clear areas of widespread concern.

We have undertaken investigations of potential serious issues into maternity services at three separate trusts. We found worrying similarities in the problems identified, suggesting the need for a national review of these services. The main issues identified are poor staffing practices and staff shortages.

Service review of race equality

We will undertake this review jointly with the Commission for Racial Equality. The aim is to assess how well healthcare organisations are meeting statutory obligations, including systematically addressing the health needs of patients and carers from black and minority ethnic groups.

Service review of substance misuse

There are approximately 180,000 people in substance misuse treatment nationally, and the national studies undertaken by the Audit Commission in 2002 and 2004 demonstrated opportunities for improvement. Substance misuse is an area with clear links to social deprivation, and one in which there has been significant financial investment.

Substance misuse is being reviewed for a second year as part of a three year agreement with the National Treatment

Agency to review in depth a number of aspects of delivery of substance misuse services.

Our programme for the future

We will develop a programme of service reviews for the future. This will include a review of emergency care services in 2007/2008, with development work starting in early autumn 2006.

We will use this programme to underpin improvement through:

- the publication of comparative information about performance from these reviews. Results will be published as they become available
- as part of our surveillance techniques, from each review we will seek to identify a small set of indicators, derived from routinely available data, that are the key indicators of quality of service in order to track improvement in future years
- analysing performance in relation to these indicators to target further review activity and improvement planning
- working with others who have a role in improvement and performance management to help them use our findings in their work

National studies

In 2006/2007, as in earlier years, we will carry out a small number of national studies. These studies must be timely, flexible and responsive to critical national issues, including those arising from our investigations into possible serious service failures. As such their methodologies and the approach used will vary. Some will analyse and report on all organisations, while others will focus on a sample of trusts or only report on findings at a regional or national level.

In 2006/2007, we will complete or undertake the following national studies:

- an audit of services to people with learning disabilities
- an audit of the handling of complaints
- a national study of healthcare associated infection

We will also continue with our existing work to assess children's services with our partner regulators and other bodies. Where appropriate, findings from this work will feed into our assurance processes on core standards (see page 14). The summary of the rationale for each of these studies is set out below:

Audit of services to people with learning disabilities

We recently undertook a joint investigation with the Commission for Social Care Inspection, into services for people with learning disabilities at Cornwall Partnership NHS Trust. The investigation identified a number of concerns that require follow up at a national level. Alongside this, our recent enforcement activity within the independent healthcare sector, as well as feedback from our own consultation on our three year learning disability strategy, indicates an urgent requirement for this piece of work.

Audit of the handling of complaints

In August 2004, the Commission took over the responsibility for the second stage (or independent review) of NHS complaints. Since then, there has been an unprecedented rise in the number of complaints being received, an estimated 9,000 per year in contrast to about 3,500 when the NHS handled the second stage review. This suggests that handling of complaints within trusts is not as effective as it should be.

Patients and carers want easy and effective access to on the spot help when they have a complaint or concern, so we need to ensure that there are adequate mechanisms in place. The audit will look at all NHS trusts to assess the local handling of complaints.

National study of healthcare associated infection

This study forms the second part of the Commission's response to a request from the Chief Medical Officer to carry out a review of hospital cleanliness and infection control.

The first part was the audit of hospital cleanliness carried out in the summer of 2005. The aim of the national study is to add to the evidence base of what constitutes best practice in infection prevention and control.

Value for money

Assessing value for money is an increasingly important part of our programme of reviews and national studies, and one that we will strengthen in future years. It is also one way in which we assess an organisation's effective use of resources.

Use of resources

Our assessment of an organisation's use of resources is based on the work of other regulators – Monitor for foundation trusts and the Audit Commission for non-foundation trusts. In addition to the summary scores on use of resources, the Audit Commission provides a top level assessment of a trust's management arrangements for achieving value for money.

Our assessment of foundation trusts uses the work undertaken by Monitor to produce the annual financial risk ratings of each foundation trust as part of its annual

assessment. This assessment is based on the financial regime under which foundation trusts operate and therefore differs from the non-foundation trust assessment.

The Department of Health and the NHS Institute for Innovation & Improvement have recently announced a number of measures of productivity that will be published on a quarterly basis for every trust. The Audit Commission is proposing to use a selection of these indicators as background information when they assess non-foundation trusts. We will work with Monitor and the Audit Commission to provide the appropriate contextual information from these or similar data, in support of our assessment of use of resources.

Value for money and our programme of reviews

In 2006/2007, our in depth review of maternity services will assess whether an organisation is achieving value for money as well as quality for this service. It will assess whether there are effective management processes in place. This will be carried out for all relevant trusts, including foundation trusts.

From 2007/2008, where appropriate we will include an assessment of value for money as well as reviewing the quality of services in all our service reviews and national studies.

As part of this programme, during the year we will analyse our data to see if there are areas which would benefit from an in depth study of quality and value for money. We will also carry out further research this year into the feasibility of linking outcomes of care to levels of expenditure (see page 26).

Our assessment of commissioners and commissioning

It is crucial that we develop our assessments of commissioners and the outcome of commissioning, as this is a main feature of the Government's programme to reform the healthcare system.

In 2006/2007, we will concentrate on the key activities of PCTs to commission services effectively to meet the health needs of their population. This will include the following:

- our assessment of PCTs compliance with the core standards in their statutory capacity as commissioners of healthcare. As part of our assessment of performance in relation to core standards, we will continue to refer to the arrangements PCTs have in place with their independent contractors and other commissioned services.

- our assessment of PCTs' performance on the public health developmental standard which covers the identification of, and action taken to address, significant health problems and inequality issues. We will pay particular attention to their commissioning arrangements and assess their programmes of work to improve the health and wellbeing of their local population and to tackle health inequalities

- our assessment of the progress of PCTs and providers in delivering the new national targets, which are mainly concerned with improving the health of the population

- building on the recent exercise initiated by the Department of Health on 'Fitness for Purpose' of PCTs. This will focus on mapping the non financial elements of the Fitness for Purpose diagnostic to the relevant Standards for Better Health, including assessing the progress of PCTs on how they involve patients and the public

- working with the Department of Health, the NHS, the Commission for Social Care Inspection and other partners to determine our precise approach for the future

Specific elements that will be in our future programme of work include:

- the development of a future programme of service reviews and national studies. The results from these will be used to assess how commissioners of care are contributing to improvements in services, better value for money and ultimately improvement in the health of their population

- working with the Department of Health on the development of a framework to introduce programme budgeting across the NHS. In the future, it will increasingly be possible to examine resources and outcomes for broad patient groups. We will undertake exploratory work on the feasibility of routine assessments of outcomes across all types of provider, linked to levels of expenditure. In 2006/2007, it will involve research on feasibility and discussions with the relevant experts, patient and public representatives and the NHS. We will work with other bodies to explore ways of developing the necessary systems and methods to deliver this important improvement in our ability to assess performance in the NHS

Providing information to support decision making

We believe that the assessment of performance, and the information provided by the process, will promote improvement in the commissioning and delivery of healthcare and support patients, the public and NHS staff to make informed decisions.

We will publish the results of all our work, including detailed information from our assessments, on our website. This will enable healthcare organisations to compare their performance and identify areas for improvement.

In our consultation, we asked what questions the annual health check should attempt to answer in 2006/2007. Most respondents believed that the questions we set out in that document were broadly correct, but that we needed to refine the detail of the questions and describe how information from our assessments would fit under those headings.

We have held further discussions with representatives of patients and the public and worked with them to refine a set of questions that we should seek to answer when we publish our first annual ratings under this system in October 2006. We have developed six questions. They are:

- how long will I wait?
- how safe and clean is it?
- how good is the care I will receive?
- will I be treated with dignity and respect?
- does the organisation help me stay healthy?
- how well is the organisation managed?

The aim is to present a more rounded and understandable presentation of performance information for an organisation. Information from each of the components that make up the annual health check will be presented together under these questions. Information not presented under these questions will be available elsewhere on the website.

We will publish the precise questions we will use for presenting results from the annual health check for 2006/2007 later this year, but our expectation is that they will be broadly similar to those used in 2005/2006.

In order to answer the questions effectively, we will include, for example, the results of the performance rating, a summary score on how well an organisation is performing in the specific service reviews we undertake, and selected comparative indicators of performance from, for example, the service reviews or performance in relation to Government targets. We will also publish our shadow assessment of progress to meet the developmental standards and additional contextual information.

Appendix C lists the main assessments for each type of organisation that we will publish as part of the annual health check. Examples of some of our thoughts on presentation are contained in appendix E. We will work with representatives of

patients and the public, as well as the NHS, to further design these reports. We would also welcome feedback on the example report (see page 45) or other thoughts that individuals or organisations would find helpful.

Our overall approach is to update information as often as possible, to provide the latest available snapshot of performance. However, on our website we will also maintain what our assessment was at the time we published the final annual rating for a specific performance year. The performance rating will be presented prominently on our website and in our publications, including as part of the answer we give to each of the six questions listed.

Working in partnership

We are committed to reducing the burden of inspection on the health service, to make more effective use of others' findings and to work in partnership with other regulatory and assessment bodies. Respondents to our consultation welcomed this commitment, with some requesting that more work be done.

We are a signatory of the Concordat, which is a voluntary agreement between bodies that regulate, audit, inspect or review elements of health and healthcare in England to work together to streamline activities. The signatories to the Concordat have agreed that their findings should be used more extensively and work is underway to identify what further information is appropriate for our purposes, in addition to the information and findings of others that we already use in our assessments. Such information will form part of our assurance process (see page 14) as well as in our programme of service reviews and national studies (see page 21). We will also investigate whether we can use information from non-Concordat bodies in a similar way.

For example, in our consultation document, we mentioned work with the Cancer Peer Review. We intend to use key outputs from the reviews as part of our assurance process and as supporting evidence on our assessment of performance in relation to relevant developmental standards in 2006/2007.

We will also explore with Concordat partners whether and how the scope of the use of resources component could be expanded to include additional information and judgements from partners in 2007/2008 and beyond.

As part of a longer term development, we will work with the Commission for Social Care Inspection, the Mental Health Act Commission and others to develop joint assessments across health and social care. In the future, this will help us to assess whether services across health and social care are commissioned and delivered effectively to improve outcomes of care.

Appendices

Appendix A: Standards and targets[1]

Core and developmental standards

First Domain - Safety

Domain Outcome
Patient safety is enhanced by the use of health care processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.

Core standard

C1 Healthcare organisations protect patients through systems that a) identify and learn from all patient safety incidents and other reportable incidents, and make improvements in practice based on local and national experience and information derived from the analysis of incidents; and b) ensure that patient safety notices, alerts and other communications concerning patient safety which require action are acted upon within required time-scales.

C2 Healthcare organisations protect children by following national child protection guidance within their own activities and in their dealings with other.

C3 Healthcare organisations protect patients by following NICE Interventional Procedures guidance.

C4 Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that a) the risk of health care acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year-on-year reductions in MRSA; b) all risks associated with the acquisition and use of medical devices are minimised; c) all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed; d) medicines are handled safely and securely; and e) the prevention, segregation, handling, transport and disposal of waste is properly managed so as to minimise the risks to the health and safety of staff, patients, the public and the safety of the environment.

Developmental standard

D1 Healthcare organisations continuously and systematically review and improve all aspects of their activities that directly affect patient safety and apply best practice in assessing and managing risks to patients, staff and others, particularly when patients move from the care of one organisation to another.

Second Domain – Clinical and Cost Effectiveness

Domain Outcome
Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes

Core standards

C5 Healthcare organisations ensure that a) they conform to NICE technology appraisals and, where it is available, take into account nationally agreed guidance when planning and delivering treatment and care; b) clinical care and treatment are carried out under supervision and leadership; c) clinicians continuously update skills and techniques relevant to their clinical work; and d) clinicians participate in regular clinical audit and reviews of clinical services.

C6 Healthcare organisations cooperate with each other and social care to ensure that patients' individual needs are properly managed and met.

Developmental standard

D2 Patients receive effective treatment and care that: a) conform to nationally agreed best practice, particularly as defined in National Service Frameworks, NICE guidance, national plans and agreed national guidance on service delivery; b) take into account their individual requirements and meet their physical, cultural, spiritual and psychological needs and preferences; c) are well co-ordinated to provide a seamless service across all that need to be involved, especially social care; and d) is delivered by health care professionals who make clinical decisions based on evidence-based practice.

Third Domain – Governance

Domain Outcome

Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation.

Core standards

C7 Healthcare organisations a) apply the principles of sound clinical and corporate governance; b) actively support all employees to promote openness, honesty, probity, accountability, and the economic, efficient and effective use of resources; c) undertake systematic risk assessment and risk management; d) ensure financial management achieves economy, effectiveness, efficiency, probity and accountability in the use of resources; e) challenge discrimination, promote equality and respect human rights; and f) meet the existing performance requirements set out in the annex.

C8 Healthcare organisations support their staff through a) having access to processes which permit them to raise, in confidence and without prejudicing their position, concerns over any aspect of service delivery, treatment or management that they consider to have a detrimental effect on patient care or on the delivery of services; and b) organisational and personal development programmes which recognise the contribution and value of staff, and address, where appropriate, under-representation of minority groups.

C9 Healthcare organisations have a systematic and planned approach to the management of records to ensure that, from the moment a record is created until its ultimate disposal, the organisation maintains information so that it serves the purpose it was collected for and disposes of the information appropriately when no longer required.

C10 Healthcare organisations a) undertake all appropriate employment checks and ensure that all employed or contracted professionally qualified staff are registered with the appropriate bodies; and b) require that all employed professionals abide by relevant published codes of professional practice.

C11 Healthcare organisations ensure that staff concerned with all aspects of the provision of health care a) are appropriately recruited, trained and qualified for the work they undertake; b) participate in mandatory training programmes; and c) participate in further professional and occupational development commensurate with their work throughout their working lives.

C12 Healthcare organisations which either lead or participate in research have systems in place to ensure that the principles and requirements of the research governance framework are consistently applied.

Developmental standard

D3 Integrated governance arrangements representing best practice are in place in all healthcare organisations and across all health communities and clinical networks.

D4 Healthcare organisations work together to a) ensure that the principles of clinical governance are underpinning the work of every clinical team and every clinical service; b) implement a cycle of continuous quality improvement; and c) ensure effective clinical and managerial leadership and accountability.

D5 Healthcare organisations work together and with social care to meet the changing health needs of their population by a) having an appropriately constituted workforce with appropriate skill mix across the community; and b) ensuring the continuous improvement of services through better ways of working.

D6 Healthcare organisations use effective and integrated information technology and information systems which support and enhance the quality and safety of patient care, choice and service planning.

D7 Healthcare organisations work to enhance patient care by adopting best practice in human resources management and continuously improving staff satisfaction.

Fourth Domain - Patient Focus

Domain Outcome

Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other (especially social care) whose services impact on patient well-being.

Core standards

C13 Healthcare organisations have systems in place to ensure that a) staff treat patients, their relatives and carers with dignity and respect; b) appropriate consent is obtained when required for all contacts with patients and for the use of any patient confidential information; and c) staff treat patient information confidentially, except where authorised by legislation to the contrary.

C14 Healthcare organisations have systems in place to ensure that patients, their relatives and carers a) have suitable and accessible information about, and clear access to, procedures to register formal complaints and feedback on the quality of services; b) are not discriminated against when complaints are made; and c) are assured that organisations act appropriately on any concerns and, where appropriate, make changes to ensure improvements in service delivery.

C15 Where food is provided, healthcare organisations have systems in place to ensure that a) patients are provided with a choice and that it is prepared safely and provides a balanced diet; and b) patients' individual nutritional, personal and clinical dietary requirements are met, including any necessary help with feeding and access to food 24 hours a day.

C16 Healthcare organisations make information available to patients and the public on their services, provide patients with suitable and accessible information on the care and treatment they receive and, where appropriate, inform patients on what to expect during treatment, care and after-care.

Developmental standard

D8 Healthcare organisations continuously improve the patient experience, based on the feedback of patients, carers and relatives.

D9 Patients, service users and, where appropriate, carers receive timely and suitable information, when they need and want it, on treatment, care, services, prevention and health promotion and are a) encouraged to express their preferences; and b) supported to make choices and shared decisions about their own health care.

D10 Patients and service users, particularly those with long-term conditions, are helped to contribute to planning of their care and are provided with opportunities and resources to develop competence in self-care.

Fifth Domain - Accessible and Responsive Care

Domain Outcome

Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway.

Core standards

C17 The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services.

C18 Healthcare organisations enable all members of the population to access services equally and offer choice in access to services and treatment equitably. access to services and treatment equitably.

C19 Healthcare organisations ensure that patients with emergency health needs are able to access care promptly and within nationally agreed timescales, and all patients are able to access services within national expectations on access to services.

Developmental standard

D11 Healthcare organisations plan and deliver health care which a) reflects the views and health needs of the population served and which is based on nationally agreed evidence or best practice; b) maximises patient choice; c) ensures access (including equality of access) to services through a range of providers and routes of access; and d) uses locally agreed guidance, guidelines or protocols for admission, referral and discharge that accord with the latest national expectations on access to services.

Sixth Domain - Care Environment and Amenities

Domain Outcome

Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.

Core standards

C20 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being a) a safe and secure environment which protects patients, staff, visitors and their property, and the physical assets of the organisation; and b) supportive of patient privacy and confidentiality.

C21 Healthcare services are provided in environments which promote effective care and optimise health outcomes by being well designed and well maintained with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

Developmental standard

D12 Healthcare is provided in well-designed environments that a) promote patient and staff well-being, and meet patients' needs and preferences, and staff concerns; and b) are appropriate for the effective and safe delivery of treatment, care or a specific function, including the effective control of health care associated infections.

Seventh Domain - Public Health

Domain Outcome

Programmes and services are designed and delivered in collaboration with all relevant and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.

Core standards

C22 Healthcare organisations promote, protect and demonstrably improve the health of the community served, and narrow health inequalities by a) co-operating with each other and with local authorities and other organisations; b) ensuring that the local Director of Public Health's Annual Report informs their policies and practices; and c) making an appropriate and effective contribution to local partnership arrangements including Local Strategic Partnerships and Crime and Disorder Reduction Partnerships.

C23 Healthcare organisations have systematic and managed disease prevention and health promotion programmes which meet the requirements of the National Service Frameworks and national plans with particular regard to reducing obesity through action on nutrition and exercise, smoking, substance misuse and sexually transmitted infections.

C24 Healthcare organisations protect the public by having a planned, prepared and, where possible, practiced response to incidents and emergency situations which could affect the provision of normal services.

Developmental standard

D13 Healthcare organisations a) identify and act upon significant public health problems and health inequality issues, with primary care trusts taking the leading role;
b) implement effective programmes to improve health and reduce health inequalities, conforming to nationally agreed best practice, particularly as defined in
NICE guidance and agreed national guidance on public health; c) protect their populations from identified current and new hazards
to health; and d) take fully into account current and emerging policies and knowledge on public health issues in the development of their public health programmes, health promotion and prevention services for the public, and the commissioning and provision of services.

Existing national targets

Commitments due to be achieved before March 2005:

- reduce to four hours the maximum wait in A&E from arrival to admission, transfer or discharge
- guaranteed access to a primary care professional within 24 hours and to a primary care doctor within 48 hours
- all ambulance trusts to respond to 75% of category A calls within 8 minutes
- all ambulance trusts to respond to 95% of category A calls within 14 (urban)/19(rural) minutes
- all ambulance trusts to respond to 95% of category B calls within 14 (urban)/19(rural) minutes
- maintain a two-week maximum wait from urgent GP referral to first outpatient appointment for all urgent suspected cancer referrals
- maintain a maximum two-week wait standard for rapid access chest pain clinics
- 3 month maximum wait for revascularisation by March 2005
- from April 2002 all patients who have operations cancelled for non-clinical reasons to be offered another binding date within 28 days or fund the patient's treatment at the time and hospital of the patient's choice

Commitments due to be achieved after March 2005:

- improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to crisis services by 2005, and a comprehensive child and adolescent mental health service by 2006.
- ensure that by the end of 2005 every hospital appointment will be booked for the convenience of the patient, making it easier for patients and their GPs to choose the hospital and consultant that best meets their needs. By December 2005, patients will be able to choose from at least four to five different health care providers for planned hospital care, paid for by the NHS
- ensure a maximum waiting time of one month from diagnosis to treatment for all cancers by December 2005
- achieve a maximum waiting time of two months from urgent referral to treatment for all cancers by December 2005
- 800,000 smokers from all groups successfully quitting at the 4-week stage by 2006
- in primary care, update practice-based registers so that patients with coronary heart disease and diabetes continue to receive appropriate advice and treatment in line with NSF standards and, by March 2006, ensure practice-based registers and systematic treatment regimes, including appropriate advice on diet, physical activity and smoking, also cover the majority of patients at high risk of coronary heart disease, particularly those with hypertension, diabetes and a BMI greater than 30
- a minimum of 80% of people with diabetes to be offered screening for the early detection (and treatment if needed) of diabetic retinopathy by 2006, and 100% by 2007
- achieve a maximum wait of 3 months for an outpatient appointment by December 2005
- achieve a maximum wait of 6 months for inpatients by December 2005
- deliver a ten percentage point increase per year in the proportion of people suffering from a heart attack who receive thrombolysis within 60 minutes of calling for professional help
- delayed transfers of care to reduce to a minimal level by 2006

New national targets

Priority 1: Improve the health of the population

- by 2010 increase life expectancy at birth in England to 78.6 years for men and to 82.5 years for women

- substantially reduce mortality rates by 2010 (from the Our Healthier Nation baseline, 1995-1997):
  - from heart disease and stroke and related diseases by at least 40% in people under 75, with a 40% reduction in the inequalities gap between the fifth of areas with the worst health and deprivation indicators and the population as a whole
  - from cancer by at least 20% in people under 75, with a reduction in the inequalities gap of at least 6% between the fifth of areas with the worst health and deprivation indicators and the population as a whole
  - from suicide and undetermined injury by at least 20%

- reduce health inequalities by 10% by 2010 (from a 1997-99 baseline) as measured by infant mortality and life expectancy at birth

- Tackle the underlying determinants of ill health and health inequalities by:
  - reducing adult smoking rates (from 26% in 2002) to 21% or less by 2010, with a reduction in prevalence among routine and manual groups1 (from 31% in 2002) to 26% or less
  - halting the year-on-year rise in obesity among children under 11 by 2010 (from the 2002-04 baseline) in the context of a broader strategy to tackle obesity in the population as a whole. (Joint target with the Department for Education and Skills and the Department of Culture, Media and Sport)
  - reducing the under 18 conception rate by 50% by 2010 (from the 1998 baseline), as part of a broader strategy to improve sexual health (Joint target with the Department for Education and Skills)

Priority 2: Supporting people with long-term conditions

- to improve health outcomes for people with long term conditions by offering a personalised care plan for vulnerable people most at risk; and to reduce emergency bed days by 5% by 2008 (from the expected 2003/04 baseline), through improved care in primary care and community settings for people with long-term conditions

Priority 3: Access to services

- to ensure that by 2008 no one waits more than 18 weeks from GP referral to hospital treatment

- increase the participation of problem drug users in drug treatment programmes by 100% by 2008 (from a 1998 baseline); and increase year on year the proportion of users successfully sustaining or completing treatment programmes

Priority 4: Patient/user experience

- secure sustained national improvements in NHS patient experience by 2008, ensuring that individuals are fully involved in decisions about their health care, including choice of provider, as measured by independently validated surveys. The experiences of black and minority ethnic groups will be specifically monitored as part of these surveys

- improve the quality of life and independence of vulnerable older people by supporting them to live in their own homes where possible by:
  - increasing the proportion of older people being supported to live in their own home by 1% annually in 2007 and 2008
  - increasing by 2008 the proportion of those supported intensively to live at home to 34% of the total of those being supported at home or in residential care

- achieve year on year reductions in MRSA levels, expanding to cover other health care associated infections as data from mandatory surveillance becomes available

- halve the MRSA bacteraemia infection rate by March 2008

Appendix B: Provisional timetable of detailed guidance

Core standards

In April 2005, we published the document *Criteria for assessing core standards* for our 2005/2006 assessment. We have undertaken a limited review of these criteria for use in the 2006/2007 assessment of core standards, with a particular focus on updating elements to reflect new guidance or requirements that have come into effect. An updated criteria document will soon be published on our website (www.healthcarecommission.org.uk/annualhealthcheck). We are also preparing a document that outlines all our guidance on the assessment process for core and developmental standards.

As outlined earlier, we will not be making significant changes to the process for assessing performance in relation to core standards. We ask that boards of NHS trusts complete a declaration in April 2007 on the extent to which their organisation has met the core standards for the period April 1st, 2006 to March 31st, 2007.

We encourage the boards of new organisations to take early action to establish the risks in relation to their compliance with the core standards. Where an organisation has undergone a merger during 2006/2007, we require the successor organisation to reflect the extent to which standards were in place for the full year in the declaration it makes in April 2007. This should consider the extent to which standards were in place for their predecessor organisations during the first period of 2006/2007. We recognise that this may present some logistical difficulties for ambulance trusts and primary care trusts that are undergoing merger during 2006/2007. Further guidance will follow shortly.

Existing national targets

In June 2006, we published the indicators, and their detailed specifications, for the assessment of performance in relation to the existing national targets for 2006/2007 (these are still subject to approval from the Secretary of State for Health). They are available on our website at www.healthcarecommission.org.uk/annualhealthcheck. Later this year, we will begin to publish information on the thresholds for achievement of the existing national targets.

Use of resources

The principal guidance on use of resources is due to be published in November by our colleagues at the Audit Commission (www.audit-commission.gov.uk). We will issue further detailed and specific guidance shortly after. For foundation trusts, we will continue to use Monitor's financial risk ratings (www.monitor-nhsft.gov.uk).

New national targets

In September, we expect to publish the indicators and their detailed specifications for the assessment of performance in relation to new national targets for 2006/2007. They will be available on our website (www.healthcarecommission.org.uk/annualhealthcheck).

Developmental standards

We will publish guidance for trusts on the criteria and assurance statements for assessing performance in relation to developmental standards as soon as possible. Further guidance on how on how the assessment will be conducted will be published later this year (see appendix D).

Our programme of service reviews and national studies

We plan to issue detailed guidance specific to individual service reviews and studies throughout the year. The guidance will be scheduled to coincide with the timing of each review.

Calculation of the rating

We expect to publish detailed guidance on the calculation of the rating later this year.

Appendix C: The annual health check across sectors

The table below sets out the assessments that will be carried out on each type of organisation in 2006/2007. It excludes national studies and the pilot studies for developmental standards.

Table 2: The annual health check across sectors

Sector	Calculated annual performance rating	Other assessment results forming part of the annual health check
Primary care trusts	Use of resources Core standards Existing national targets New national targets	Developmental standards – public health Review – diabetes Review – substance misuse Review – race equality
Acute trusts	Use of resources Core standards Existing national targets New national targets	Developmental standards – safety Developmental standards – clinical and cost effectiveness Review – maternity Review – race equality
Mental health trusts	Use of resources Core standards Existing national targets New national targets	Developmental standards – clinical and cost effectiveness Review – adult acute inpatient mental health Review – race equality Review – substance misuse
Ambulance trusts	Use of resources Core standards Existing national targets New national targets	Review – race equality
Learning disability trusts	Use of resources Core standards	Review – race equality
Health Protection Agency	Core standards	

Notes:

1. PCTs that provide mental health services will also be assessed on the relevant assessments for mental health.
2. The table does not include our national studies. In particular, we will carry out a national review of services for people with learning disabilities. The information from this review will feed into our assurance processes that standards are being met.

Appendix D: The process for assessing developmental standards

In undertaking our assessment of performance in relation to developmental standards, we will use an approach similar to that already employed to assess performance with regard to the core standards. Following the response from our consultation, *Developing the annual health check in 2006/2007*, we have refined this approach (see figure 2).
In the autumn, we will publish detailed guidance about the process for assessing an organisation's progress in relation to the developmental standards.

Prior to completing a self assessment of their progress, we will provide organisations with a toolkit. This toolkit will identify a package of information that we anticipate they will find useful in declaring their progress and will include:

- comparative data that organisations should take into account when making their declarations of performance
- other information sources which they may find useful in assessing their progress
- the criteria that organisations should use when declaring their progress. However, in order to provide additional guidance as soon as possible, these will be published on our website as soon as they are available

In April 2007, we will require organisations to assess their performance in relation to the three domains: safety, clinical and cost effectiveness, and public health. In doing so healthcare organisations should:

- consider the information contained in the information toolkit and declare their progress in the light of it
- include comments from local partners (patient and public involvement forums, overview and scrutiny committees and either the appropriate strategic health authority or, for foundation trusts, their board of governors)

Figure 2: The process for assessing developmental standards

- include details of their highest priorities for improvement and the indicators they will use to monitor their progress in addressing them. In doing so, priorities for improving services in relation to the developmental standards should be limited to priorities within the domains assessed in this first year. We will publish these comments as part of the declaration process, and take this information into account, where appropriate, when designing our assessments in future years and identifying better metrics for assessing progress

Publishing results and follow up discussions

We will publish the results of the assessments undertaken as soon as possible following the completion of the self assessment. The results of the assessment will include both the declaration and the information toolkit that relates to it.

At any point following the publication of these results, we may wish to speak to an organisation about their performance in relation to the developmental standards. In particular, we may wish to do this where there is an apparent discrepancy between the picture of performance highlighted by the comparative information and that stated by a trust's declaration.

In 2006/2007, part of the focus in these discussions will be on how developmental progress will be most accurately assessed. However, where a discussion reveals that a declaration is materially misleading, we will qualify that declaration.

Our approach within the three domains being assessed

Public health domain

In this domain we will focus on PCTs' arrangements for commissioning. We will also assess their programmes of work to improve the health and wellbeing of the local population and tackle health inequalities.

As a result of assessing PCTs within the public health domain, and in light of the reconfiguration of many of these organisations in 2006/2007, we will not assess the performance of PCTs in relation to the clinical and cost effectiveness and safety domains except where PCTs provide mental health services (see below).

Clinical and cost effectiveness domain

In this domain we will assess acute trusts and mental health services providers on their implementation of nationally agreed best practice, taking into account the needs and preferences of individual patients. In 2006/2007, we will concentrate our assessment on four clinical areas with well established service frameworks: cancer, stroke, coronary heart disease and mental health.

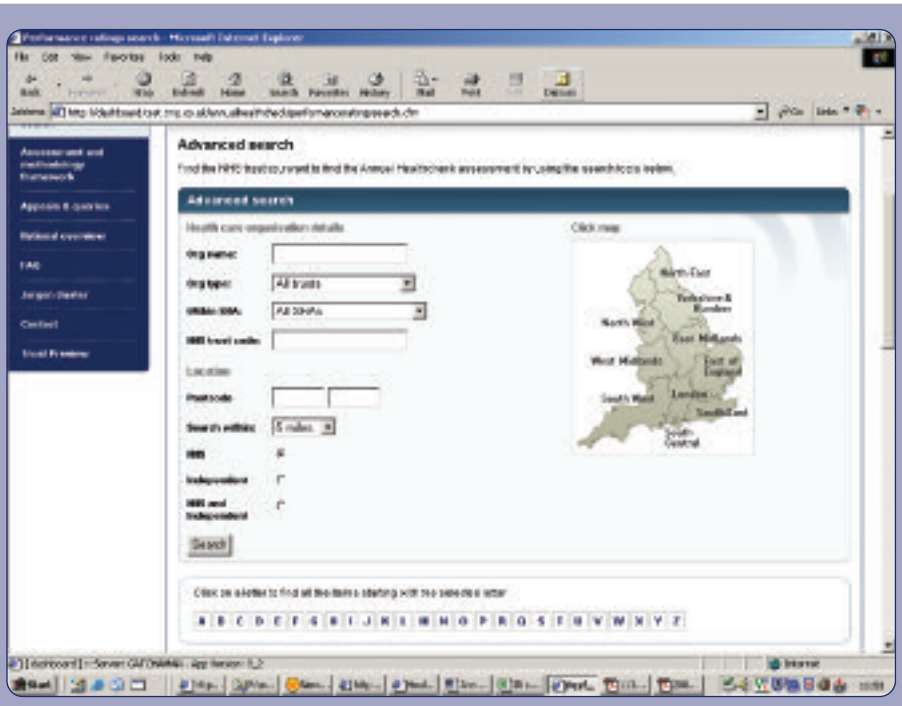
Safety domain

In 2006/2007, we will focus our assessment on the performance of acute trusts. However, as safety is an important issue across the NHS, we will also undertake pilot studies of our approach within mental health, primary care and ambulance trusts.

Appendix E: Our website

One of our strategic goals is to provide authoritative, independent, relevant and accessible information about what is going on in healthcare and the opportunities for improvement. The information we collect and use in the annual health check is a key part of achieving this goal.

The website will allow users to search by postcode or the name of the healthcare organisation. It will also provide information that links to the patient questions (see page 27). In the longer term, we will develop the site to include information about performance in the independent sector.



We have developed an area of our website for the annual health check, which will enable the public to find information on the performance of their local healthcare organisations. The site will provide the overall rating, and will allow users to access the assessments that make up the annual health check, including the detailed information that we use to assess performance.

Over time, we will begin to update the site to provide access to the latest information we hold on the performance of healthcare organisations, as well as retaining the information on the annual rating.

Summary of results

On our website, we will also provide an automatically generated summary of results for each trust (see page 45). This summary will be particularly useful for executive and non-executive members of the board as a starting point to explore the strengths and weaknesses of the organisation's performance in the annual health check. Other groups, including overview and scrutiny committees and patient and public involvement forums, may also find the summary useful for monitoring the way local healthcare services are planned and run.

Annual health check 2006/2007
Summary of results: example report
St Somewhere Trust

This document provides a summary report for St Somewhere Trust, based on information used to derive the annual rating and other key information that we hold.

Description of the trust

St Somewhere Trust is located in the centre of Nowhere city. It provides a wide range of services to a diverse population. The local population is older than the national average and there are major pockets of deprivation in the city. The population in this area tend to have higher death rates of coronary heart disease and stroke compared to England as a whole. This will influence the workload at the trust.

Annual rating

The annual rating is derived from an assessment of performance in relation to use of resources, core standards, and existing and new national targets.

The trust is highly effective at managing its financial and other resources. It received a score of **Good** as part of the annual health check rating we calculated.

On our overall assessment of quality of services, the trust scored **Fair**. It met all the basic standards that the Government expects hospitals to meet and it met all the core national targets it was set by Government.

What the trust should do to improve further

To build on its success, the trust should:

- take action to reduce the incidence of MRSA to 12 cases in 2007/2008 as set out in its plan with the strategic health authority

Further information on the trust is presented under the following headings:

- how long will I wait?
- how safe and clean is it?
- how good is the care I will receive?
- will I be treated with dignity and respect?
- does the organisation help me stay healthy?
- how well is the organisation managed?

This analysis indicates:

Safety

The trust met all of the core standards on safety set by government.

The trust does not appear to be on track to reduce the incidence of MRSA to 12 cases in 2007/2008 as it set out in its plan with the strategic health authority. It needs to take action urgently to address this problem.

The report will then display further information on the other areas of the annual health check. It will also display performance in graphical format.

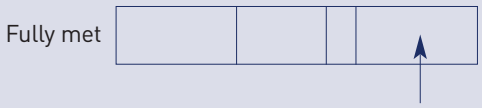
Safety

Patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients

Core standards to protect patients and keep them safe:

National picture

Patient safety incidents are identified and reported; investigated and analysed for root causes; and learned from



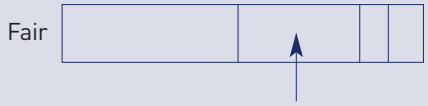
Healthcare organisations protect children by following national child protection guidance within their own activities and in their dealings with other organisations

Risks of healthcare acquired infections are reduced; through the application of high standards of hand hygiene and good clinical practice; and with environments well maintained with good standards of cleanliness

Developmental standards – the healthcare organisation:

Enhances safety through applying best practice in assessing and managing risks to patients, staff and others

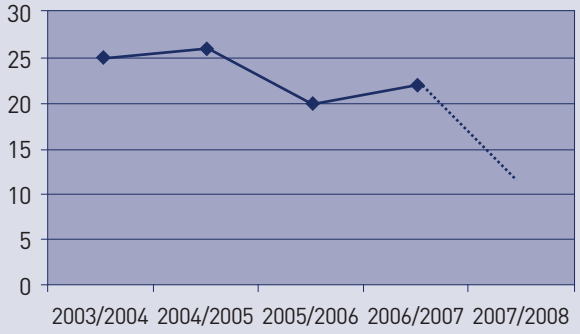
Enhances safety through applying best practice in managing risks to patients when they move from the care of one organisation to another



Consults and systematically reviews and improves healthcare processes, working practices and systemic activities that directly affect the safety of patients, staff and others

New national targets measure each trust's performance in reducing MRSA in accordance with the annual plan agreed with the strategic health authority.

MRSA – new national target



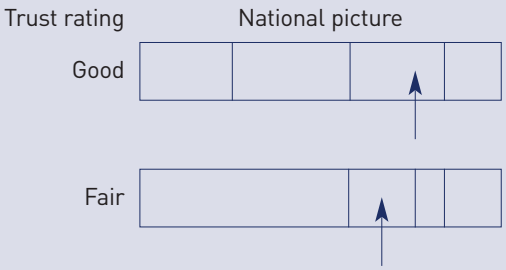
The Health Protection Agency reported an outbreak of C.difficile – 19 cases have been reported. We are currently investigating this outbreak.

Summary on safety indicators we measured: While the trust has met the basic standards for safety, improvement is required in some areas. Urgent action is required to meet their targets for MRSA.

Value for money

The trust provides value for money, using public money efficiently and effectively

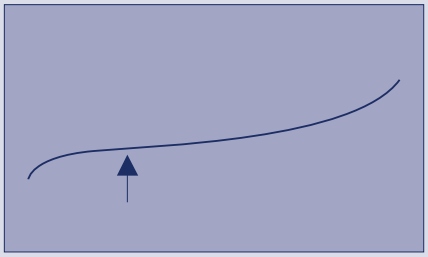
The use of resources score is derived from information provided by the Audit Commission.



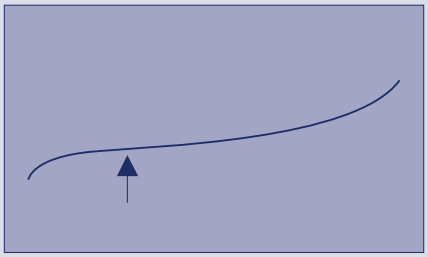
We carried out an in depth value for money study on maternity services, which included information from a national survey of recent mothers.

The NHS Institute for Innovation and Improvement publishes information about efficiency, four times a year:

Percentage of a basket of 25 operations performed as day surgery – the trust carries out a lower than average percentage of these operations as day surgery.

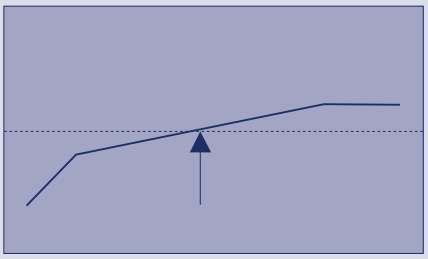


Contracted full time equivalent staff lost to sickness – the trust had lower than average staff absence due to sickness.

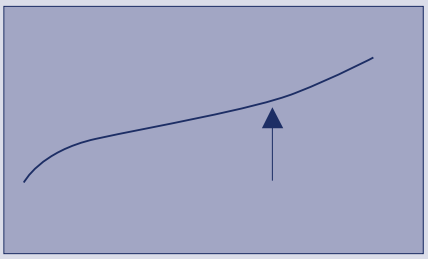


Value for money in practice - maternity study

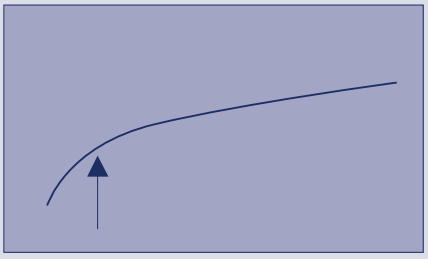
Efficiency and workload of staff – the trust has an average number of midwives and doctors compared to the number of births at the trust.



Patient experience – a survey of recent mothers at the trust indicates they felt they had sufficient information and were properly prepared for the birth.



Clinical activity – there is a lower than average rate of caesarean sections at the trust (age adjusted).



Summary on value for money indicators we measured: the trust has been rated as 'Good' for use of resources and 'Fair' in the maternity study. The trust has generally performed well across the range of value for money indicators.

This information is available in other formats and languages on request. Please telephone 0845 601 3012.

ENGLISH

આ માહિતી વિનંતી કરવાથી અન્ય રૂપે અને ભાષાઓમાં મળી શકે છે. મહેરબાની કરી ટેલિફોન નંબર 0845 601 3012 પર ફોન કરો.

GUJARATI

ਇਹ ਜਾਣਕਾਰੀ ਬੈਨਤੀ ਕਰਨ 'ਤੇ ਹੋਰਨਾਂ ਰੂਪ 'ਚ ਅਤੇ ਜ਼ਬਾਨਾਂ 'ਚ ਮਿਲ ਸਕਦੀ ਹੈ। ਕ੍ਰਿਪਾ ਕਰਕੇ ਟੈਲਿਫ਼ੋਨ ਨੰਬਰ 0845 601 3012 'ਤੇ ਫ਼ੋਨ ਕਰੋ।

PUNJABI

यह जानकारी बिनती करने पर अन्य रूप में और भाषाओं में मिल सकती है। कृपया टैलिफ़ोन नम्बर 0845 601 3012 पर फ़ोन करें।

HINDI

Akhbaartan waxaa lagu helaa iyadoo siyaabo iyo luqado kale ku qoran haddii la codsado. Fadlan soo wac lambarka telefoon ee ah 0845 601 3012.

SOMALI

Οι παρούσες πληροφορίες διατίθενται και σε άλλες μορφές ή γλώσσες εάν ζητηθεί. Τηλεφωνήστε στο 0845 601 3012

GREEK

المعلومات متاحة أيضاً لدى طلبها بعدد من الأشكال واللغات الأخرى.
الرجاء الإتصال بهاتف رقم 0845 601 3012.

ARABIC

یہ معلومات درخواست کرنے پر دوسرے فارمیٹ یعنی شکلوں میں بھی دستیاب کی جاسکتی ہے۔
برائے مہربانی فون کیجئے 0845 601 3012

URDU

如有需要，本信息还有其他格式和语言的版本。
请致电 **0845 601 3012**。

CHINESE-SIMPLIFIED

如有需要，本信息還有其他格式和語言的版本。
請致電 **0845 601 3012**。

CHINESE-TRADITIONAL

অনুরোধ করলে এই তথ্যগুলি অন্য ভাষা ও আকৃতিতে পাওয়া যাবে।
অনুগ্রহ করে এই নাম্বারে ফোন করুন 0845 601 3012

BENGALI

Arzu edildiği takdirde bu bilgi değişik formatlarda ve dillerde verilebilir.
Lütfen 0845 601 3012 numaralı telefonu arayınız.

TURKISH

Tin tức này có bằng những hình thức và ngôn ngữ khác theo yêu cầu.
Hãy gọi phôn số 0845 601 3012

VIETNAMESE

È possibile richiedere le presenti informazioni su altri supporti o in altre lingue. A tal fine, telefonare allo 0845 6013012.

ITALIAN

Informacje te są dostępne na życzenie w innych formatach i językach.
Prosimy zadzwonić pod numer 0845 601 3012

POLISH

Healthcare Commission

Finsbury Tower
103-105 Bunhill Row
London
EC1Y 8TG

Maid Marion House
56 Hounds Gate
Nottingham
NG1 6BE

Dominions House
Lime Kiln Close
Stoke Gifford
Bristol
BS34 8SR

Kernel House
Killingbeck Drive
Killingbeck
Leeds
LS14 6UF

5th Floor
Peter House
Oxford Street
Manchester
M1 5AX

1st Floor
1 Friarsgate
1011 Stratford Road
Solihull
B90 4AG

Telephone 020 7448 9200
Facsimile 020 7448 9222
Helpline 0845 601 3012

E-mail feedback@healthcarecommission.org.uk
Website www.healthcarecommission.org.uk

This publication is printed on paper made
from a minimum of 75% recycled fibre

ISBN 1-84562-114-X

9 781845 621148