Inspecting Informing Improving

Healthcare Commission

The annual health check 2007/2008

Assessing and rating the NHS

June 2007

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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 care 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, which is responsible for the NHS and independent healthcare in Wales.

What we do

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.

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Foreword

The purpose of healthcare regulation is to encourage improvement in the safety and quality of healthcare and in the experience of these services for patients; to identify any unacceptable risks before serious failings occur and to ensure that action is taken. For the last three years, the Healthcare Commission has fulfilled this role both for the NHS and independent healthcare organisations in England. The annual health check, which we introduced in 2005, is an important part of this. It assesses whether general standards, in areas such as safety and clinical effectiveness, are being met on behalf of patients.

It is an important principle of healthcare regulation that while it must safeguard patients' interests, it must also be as light touch as possible. We aim to do this by making intelligent use of information to target our interventions to where there is cause for concern. Our interventions will be robust when standards are slipping. But when organisations have consistently demonstrated good performance, we will rely on information and local intelligence rather than formal inspection to ensure standards are improved.

In the NHS, care is provided by or purchased (commissioned) on behalf of patients by NHS trusts. The boards that manage these trusts are responsible for ensuring that the care they deliver meets the Government's standards. The annual health check recognises this, in that we ask boards to make a declaration about the performance of their trusts against the standards.

We also invite groups of patients and the public, through patient forums and local government, to give us feedback on how their local trust is doing. We look at this feedback and then use a wide range of available information, including the surveys of the opinions of patients which we commission each year, to cross-check their declarations. Finally, we follow this up by undertaking a limited number of local inspections both at random and where our checks lead us to believe there is the greatest risk that a trust is not meeting the required standard of care.

We have been developing and improving our system over the last two years, and each year we have consulted with the public about our proposals. There were some clear themes in what people told us this year. They have asked us to:

- be more focused in our approach, ensuring our assessment systems reflect different types of healthcare
- take the views of patients more into account in our assessments
- concentrate on the outcomes of care and treatment for patients rather than just the processes whereby care is delivered
- use the results of other regulators wherever possible in arriving at our assessments
- reduce the overall costs of regulation
- make our information available promptly

We hope that our design for the annual health check in 2007/2008 reflects this feedback. Our assessments will focus on the key issues – on safety, quality, public health and inequalities, and value for money.

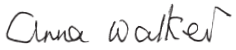
We already use the views of patients and the public to cross-check trusts' declarations about their performance. Our regional staff all over England also receive feedback throughout the year from patients and the public, and in 2007/2008 we will use this information to satisfy ourselves about trusts' performance throughout the year.

We will continue to improve our methods for analysing, bringing together and publishing the information that we gather from our various assessments. We want to publish information in ways that are really accessible for patients, and will allow them to look at performance in areas which we know are important to them such as safety and quality, and for particular services, such as heart failure. We have established a consultative panel of patients, public and healthcare professionals to feed back on how we present our information, to help us make it more accessible. We will also aim to make our information available more promptly.

In our consultation, stakeholders asked us to do more to tailor our approach to different types of trusts according to their characteristics. There was strong support for our efforts to improve the assessment of sectors such as mental health and ambulance trusts. For the annual health check in 2007/2008, we will develop our approach by providing more sector-specific guidance.

There are many challenges ahead, especially given the changes planned by the Government in the areas of health and social care and in regulation. In particular, the Government has signalled its intention to create a single regulatory body for health and social care by merging the Healthcare Commission with the Commission for Social Care Inspection and the Mental Health Act Commission. We will be working closely with these other regulators as we make our plans for the future. We will also continue to work with healthcare professionals and other partners and listen to patients and the public to ensure that what we do focuses on the things that really matter to them.

Professor Sir Ian Kennedy
Chairman



Anna Walker CB
Chief Executive

The annual health check in 2007/2008

Introduction

We introduced the annual health check – our new system for assessing healthcare organisations in the NHS – in 2005. It assesses, on behalf of patients, whether the Government's standards are being met in areas such as safety and the quality of the experiences of patients. It is now in its third year and over the last two years we have been seeking both to improve and develop it. We have had to take into account changes in the way health and social care services are delivered, new statutory duties and any identified gaps. We have also carried out both internal and external evaluations and consulted widely with stakeholders and the public.

The external evaluation of our assessment of core standards which we carried out after the first year of the annual health check found that, in general, trusts thought the new system of assessment was beneficial. The new system encouraged trusts to identify where improvements were needed in the quality of their services or in their internal processes of assurance or accountability. There was a need, however, for greater clarity on the levels of performance required to meet standards and concerns about the costs it imposed on NHS trusts. Trusts also made suggestions about how we could improve our processes, some of which we took into account in the 2006/2007 annual health check[1].

Before finalising our plans for the 2007/2008 annual health check as set out in this document, we have, once more, carried out a consultation exercise. We received 147 submissions from members of the public, voluntary groups, the Department of Health, the NHS Confederation, the Commission for Social Care Inspection (CSCI) and other regulators and partner bodies. We also organised six consultation events with patients, the public and NHS trusts to discuss our proposals. A full analysis of the consultation feedback can be found on our website[2].

Inevitably there are tensions and trade-offs in balancing this feedback with our statutory responsibilities and with what can be achieved in 2007/2008. Most respondents, however, felt that the annual health check provides an assessment of issues that matter most to patients and the public, particularly safety. This document sets out the key themes emerging from this consultation and how they have influenced our plans.

1. The external evaluation is due to publish in early July.
2. *Analysis of the consultation responses received for 'Developing the annual health check in 2007/2008: Have your say'* is on www.healthcarecommission.org.uk

Key themes from our consultation

Maintaining stability	There was a good deal of support for our efforts to maintain stability in our assessments. One of our main aims in designing this year's annual health check was to keep the number of changes to a minimum. Not only does this make it easier for trusts in preparing for their assessment, but also for us to track progress over time and to see improvements in the care being delivered. It is our statutory responsibility to assess NHS organisations, taking into account the framework of standards and targets set by the Government[3], and to provide a rating. This makes up a major part of the annual health check, and remains largely the same, providing considerable stability. We do, of course, have to take account of our new statutory responsibilities – so this year, for example, we have included the new ionising radiation regulations in our assessments (which apply to radiation protection of people undergoing exposure to radiation for medical reasons).
Trust board responsibilities	We were asked to emphasise that it is the responsibility of the trust board to comply with the Government's standards. Our role is to provide criteria that set out how we will assess this compliance, as part of our annual health check. We agree with this approach. Our system has at its heart the trust board's declaration of compliance with core standards. As we continue to develop our system, we will ensure that the respective responsibilities of the trust board and the Healthcare Commission in assuring standards of care remain clear.
Spotlight on the main issues	We were told that we should be more focused in our assessments. We agree that we should focus our assessments on the things that really matter to patients. We will, of course, continue to assess trusts on all seven domains of the Government's standards, but this year our focus will be on the main issues and on whether the trust is meeting the objective of the standards.

3. *Standards for better health* (Department of Health 2004, updated 2006)

Key themes from our consultation (continued)

Reducing the overall burden of regulation

Some respondents told us that regulation still imposes too big a cost on trusts. We understand the frustration that trusts feel when asked to provide assessments that appear similar for different regulators. We will endeavour, wherever possible, to use the results of assessments by other regulators to satisfy our own requirements. For example, we already use results from the Patient Environment Action Teams (the teams that inspect hospitals for cleanliness and other matters) in our assessment of quality. We will also work with other regulators to reduce the level of overlap.

Several respondents also asked us to use the NHS Litigation Authority's risk assessments in our assessments of safety. We have already begun discussions with the authority to eliminate any overlaps. We would stress, however, that core standards are fundamentally concerned with outcomes, not processes. Overlaps will therefore only be at levels two and three of the assessments, which deal with outcomes. We will provide further guidelines on these issues as our discussion progresses.

In trying to reduce the costs of regulation, we have also been considering how we can simplify our processes. We will rationalise and reduce the number of criteria for assessment of compliance with the standards. We will also reduce wherever possible the lines of enquiry that our local inspection staff use when they visit trusts. There will also be no separate declaration this year on progress against the developmental standards. We will use the learning from the shadow assessment of developmental standards in 2006/2007 to develop a small set of benchmark indicators for trust boards.

In our consultation document, we proposed to develop a set of human resource indicators which could feed into the rating for use of resources. In light of these responses however, we have decided not to proceed with this. The key argument from our perspective was that our assessment system should be more concerned with outputs and outcomes than inputs. We will, however, continue to feed the results of the NHS staff surveys into our assessment process.

We have reduced the number of service reviews that we carry out. In 2007/2008 there will only be two. We have also reduced the number of special data collections for assessing targets.

Key themes from our consultation (continued)

Safety will remain paramount	Some respondents told us that including our new statutory responsibilities, such as the assessment of compliance with the hygiene code, within the annual health check represented an unnecessarily increased burden on trusts. We disagree. Ensuring patient safety is part of our core function as a regulator and we are required by statute to regulate compliance with the hygiene code. Moreover, this is what patients tell us is important to them and, in general, there was strong support for our proposals on safety.
Taking into account the views of patients and the outcomes of the care delivered	A clear message from the consultation exercise was that we should listen to the views of patients and take these into account when we assess. Wherever possible, we should also use measures of the outcomes of care, rather than only the processes whereby care is delivered. We agree, and recognise that ensuring that services are designed around patients is central to effective healthcare. We already take the views of patients and the public into account when making our assessments. We use them to cross-check the self-assessments made by trusts. In the 2007/2008 annual health check we will receive feedback from the Patient and Public Involvement Forums and use the results of the patient survey programme. We recognise, though, that we can do more. Over the coming months, we will be ensuring that the views of patients and the public can be fed into our assessments throughout the year rather than just at the year end. This will then feed into the ongoing assessments that we make to flag up concerns about care to trusts as these arise.

Key themes from our consultation (continued)

Tailoring our assessments to different types of trusts

There was strong support for our proposal to improve the assessment for particular sectors of healthcare such as mental health and ambulance trusts. For the 2007/2008 annual health check, we will publish separate sets of criteria for assessment which are specific to each type of trust.

We recognise, though, that this does not go far enough. Over the coming months, we will work with trusts and other stakeholders to develop more rounded assessments for ambulance and mental health trusts. We are also planning to adapt the patient and staff surveys that we commission to be more applicable to mental health and ambulance trusts.

Listening to patients and the public: We will be ensuring that their views are fed into our assessments throughout the year, as well as influencing trusts' annual ratings.

At a glance: the annual health check in 2007/2008

Annual performance rating

We will continue to award NHS trusts a rating that consists of two elements: quality of services and use of resources. As in 2006/2007, the quality of services element will be derived from our assessment of performance on standards and on targets. The use of resources element will be derived from assessments carried out by the Audit Commission (for non-foundation trusts) and Monitor (for foundation trusts).

Table 1: Main features and changes

	What remains the same as in 2006/2007	What will change
Core standards	All trusts will be required to make a declaration of compliance with the core standards. All trusts will be required to submit a statement of compliance regarding the hygiene code covering the whole assessment year.	The criteria that we publish will be rationalised and, where possible, reduced. Trusts will not be required to make a declaration of their progress against developmental standards. We will issue a small set of benchmark indicators to trusts to show their position relative to similar trusts in the domains of safety, quality and public health. We expect that trust boards will use this information and local data when reviewing their performance and considering their compliance with the core standards. The indicators will be derived from existing national data and from the information in the toolkits that we issued to trusts as part of the shadow assessment of developmental standards for 2006/2007. We will focus on those indicators that trusts have told us they have found most useful and that provide information on the outcomes required by the three domains. Trusts will also be invited to comment on these indicators. We will incorporate new statutory requirements relating to ionising radiation in the criteria for assessing performance in relation to safety.

Table 1: Main features and changes (continued)

	What remains the same as in 2006/2007	What will change
Ongoing assurance of standards	We will continue to use the information that we hold to flag and follow up on areas of potential concern during the year.	We will enhance our methods, to provide: • additional focus on our statutory duties on safety • monitoring of performance relating to specific topics and services • follow-up to previous service reviews using selected indicators
Existing national targets	Provider and commissioner organisations will continue to be assessed against Government targets. A number of shared indicators will again be included to encourage whole health economy working.	Minor changes only. We will begin to publish information on our website quarterly for acute and specialist trusts on those targets on waiting times for which published data are available.
New national targets	As above.	We will include an assessment of the reporting of the local targets for *Clostridium difficile* infections. This is likely to be based on data quality. We are seeking to increase the number of indicators used to measure progress for mental health trusts (subject to approval by the Secretary of State).
Use of resources	As in previous years, we will use the results of the auditor's local evaluation (ALE) provided by the Audit Commission and the assessment for foundation trusts provided by Monitor.	As in previous years, amendments to the assessment of the use of financial resources will be in line with any changes to the financial regime or changes to best practice. We will consult on any changes to this assessment with Monitor and the Audit Commission.

Assessments giving a broader picture of performance

Our annual ratings are of organisations. How individual services perform is of particular interest to patients. We therefore have a programme of reviews and studies designed to put a spotlight on important areas of concern to patients and the public. The assessments do not feed directly into the calculation of an organisation's rating. Scored results of service reviews, however, which are based on robust indicators, will be published on our website for each relevant organisation, allowing patients and the public to compare the results for each trust. Targeted reviews are based on an analysis of national data relative to a topic or service, followed by risk-based visits to trusts.

The national studies will also not score individual organisations but will be more general assessments of commissioning and service provision. Where service and topic 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.

Spotlight on services: We will carry out two service reviews – one looking at substance misuse services and one assessing urgent and emergency care.

Service reviews

We will carry out two service reviews:

- urgent and emergency care (how this is handled locally by all relevant NHS trusts, including a review of value for money)
- substance misuse (focusing on residential services and inpatient detoxification and rehabilitation)

Targeted reviews

We will carry out two reviews based on national data with risk-based follow-up visits:

- mental health services for older people
- race equality

National studies

We will carry out four national studies, which will focus on quality of services and value for money:

- modernisation of the NHS (a joint study with the Audit Commission)
- adult mental health services
- child and adolescent mental health services
- *Are we choosing health?* – a retrospective study of the impact of Government public health policies including the White Paper (a joint study with the Audit Commission)

The important areas – by theme

Patients and the public have identified four areas as the most important aspects of healthcare:

- safety
- quality of, and access to, services
- reducing inequalities in health and promoting health and wellbeing
- trusts' use of resources, and whether they offer value for money

Safety

We will:

- provide a small set of benchmark indicators for trusts to use in assessing their performance on safety issues (acute and mental health trusts only)
- maintain our focus on safety within the assessment of performance in relation to core standards by including an assessment of safety in every inspection visit
- assess adherence to the hygiene code. This includes monitoring infection rates and other information on performance and following up where there is cause for concern. We are also carrying out a significant programme of unannounced inspection visits from June 2007, both at random and where we consider there to be a risk of non-compliance with the code
- assess progress on the national target to reduce MRSA and introduce an assessment for the new local targets on *Clostridium difficile*. This is likely to be based on data quality since we recognise that there are differences in the way these infections are reported and recorded by trusts
- assess progress with the implementation of our new statutory responsibilities on the management of controlled drugs, and the regulation of ionising radiation

Quality

We will:

- provide a small set of benchmark indicators for trusts to use in assessing their performance on clinical effectiveness (acute and mental health trusts only)
- continue to assess and report on performance in relation to core standards, including those covering clinical effectiveness, accessible and responsive care, and patient focus
- continue to assess and report on performance in relation to targets which measure access to services
- carry out two service reviews, one on urgent and emergency care and one on substance misuse (see appendix C)
- carry out risk-based visits at trusts providing older people's mental health services
- carry out national studies (see appendix C)

Ensuring patient safety: This is part of our core function as a regulator and we are required by statute to regulate compliance with the hygiene code. Moreover, this is what patients tell us is important to them and, in general, there was strong support for our proposals on safety.

Reducing inequalities in health and promoting health and wellbeing

We will:

- provide a small set of benchmark indicators for primary care trusts to use in assessing their performance
- strengthen our focus on assessing progress by healthcare organisations to meet the standards relevant to the equality agenda. We will carry out risk-based visits at trusts in relation to race equality issues
- continue to assess and report on progress by healthcare organisations to meet the Government's standards relevant to public health by an increased focus on:
  - how commissioning drives health improvement and reduces inequalities in health outcomes and access to healthcare
  - how provider trusts promote good health for their patients, staff and visitors by, for example, providing smoking cessation services, a smoke-free environment and opportunities for healthy eating
- continue to assess and report on progress by the NHS to meet the Government's targets which measure health improvement and the reduction of inequalities in health
- carry out a national study – *Are we choosing health?* – a retrospective study of the impact of Government public health policies including the White Paper (jointly with the Audit Commission)

Trusts' use of resources and whether they offer value for money

We will continue to assess value for money and financial health through:

- our assessment of the management of financial resources, working with the Audit Commission and Monitor
- our programme of service reviews and national studies (see appendix C)

The important areas – by type of trust and service

There was strong support in our consultation with our proposals that our assessments should be better tailored to the different types of trusts in the NHS.

The table below sets out not only how we are responding to this in 2007/2008, but also some developments underway that will improve our assessments for the future. Please note, not all trust types and services are included in the table. For a full list of annual health check components and trust types, please see appendix A.

Table 2: Tailoring our assessments

	What we are doing for the 2007/2008 annual health check	What we are developing for the future
Mental health trusts	We will publish separate criteria on standards for mental health trusts. We will be seeking to increase the number of indicators used to measure progress on the new national targets for 2007/2008 (subject to the approval of the Secretary of State). We will provide a small set of benchmark indicators for trusts to use, alongside local data, when considering their performance on safety and clinical effectiveness.	During 2007/2008, we will work with patients, providers and stakeholders to develop a rounded set of process and outcome benchmark indicators that will help improve our assessments of the services trusts provide for 2008/2009.
Ambulance trusts	We will publish separate criteria on standards for ambulance trusts. We will carry out a review of urgent and emergency care. While this assesses services provided by trusts, some ambulance services will be included in this assessment.	We will work with trusts, patient groups, providers and other stakeholders and learn from the experience of our 2007/2008 urgent and emergency care review to develop a more rounded assessment of performance for ambulance trusts. Our aim is to include clinical measures of performance.

Table 2: Tailoring our assessments (continued)

	What we are doing for the 2007/2008 annual health check	What we are developing for the future
Organisations offering services to patients with learning disabilities	Following the audit of organisations that provide care for patients with learning disabilities in 2006/2007, (due to finish in September 2007), we will be seeking to develop some scored indicators to use immediately as part of the 2007/2008 annual health check.	The indicators identified in the learning disabilities audit may feed directly into the rating for these trusts in 2008/2009.
Children's services	We will carry out a national study on children and adolescent mental health. We will continue to assess children's services with our partner regulators and other bodies through our work on joint area reviews and our reports on youth offending teams. Information from this work will be used to assess risk as part of our ongoing assurance of standards. We will publish a small set of scored indicators (developed for the improvement review for the 2005/2006 annual health check) as a check on progress.	We hope to develop better alignment between the joint area reviews, our reports on youth offending teams and our main assessments. We will also work closely with trusts and other stakeholders to improve our assessments of children's services across all types of trust through developing indicators for areas where improvement is most urgently needed.
Commissioning	In 2007/2008, we will continue to carry out a single assessment of primary care trusts, covering both their provider and their commissioner roles. We will provide a small set of benchmark indicators for trusts to use, alongside local data, when considering their performance on the public health domain.	In their consultation document, *The future regulation of health and adult social care in England* (November 2006), the Department of Health proposed that the new regulator for health and social care should assess the effectiveness of commissioning for the purpose of public accountability. In light of this, we will work with the Department of Health, CSCI, the Audit Commission and other stakeholders to develop an approach for assessment in 2008/2009.

Quality of services: We recognise that the primary interest of patients and the public is the quality of healthcare services. Healthcare organisations also find it helpful to have their services assessed, so they can identify the potential for improvement in the services they provide or commission.

The annual health check process in 2007/2008

The annual health check in 2007/2008 will apply to:

- acute (including foundation) trusts
- ambulance trusts
- mental health (including foundation) trusts
- learning disability and care trusts
- primary care trusts (both as providers and commissioners of care)
- the Health Protection Agency
- NHS Direct
- NHS Blood and Transplant

Overall assessment of organisations

We measure the performance of healthcare organisations in England within a framework of national standards and targets, both existing and new, set by the Government (see www.dh.gov.uk). Within this framework, we rate healthcare organisations both as providers and commissioners of care.

We have a statutory duty to publish an annual rating of performance for each healthcare organisation. We do this by scoring and then aggregating the results from our assessments of the Department of Health's standards, and of both sets of targets, into a summary score called 'quality of services'. A score on the use of resources, derived from work done by the Audit Commission for non-foundation trusts and Monitor for foundation trusts, forms the second part of the rating and is presented separately. Figure 1 sets out the framework for the assessment.

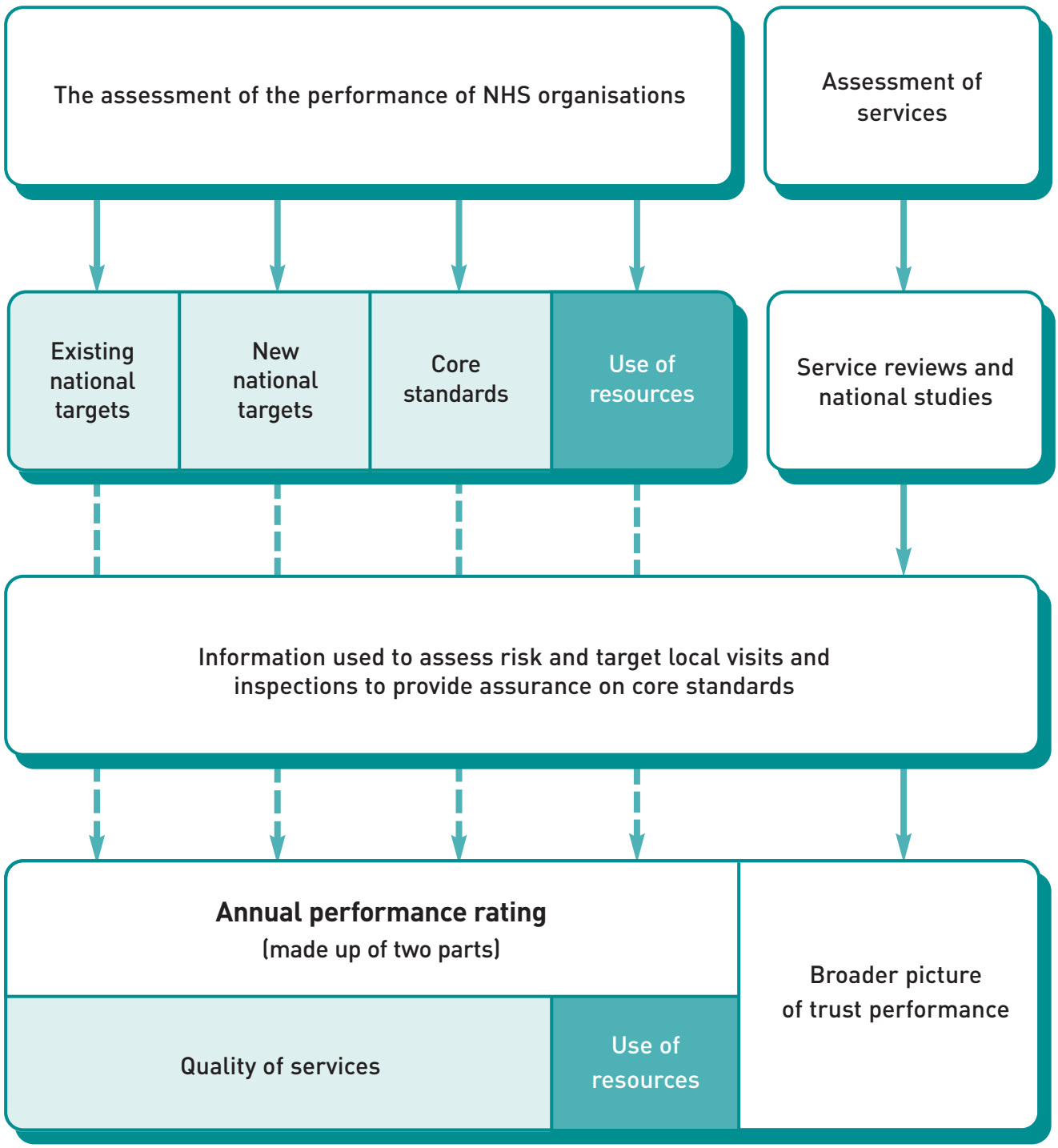
Assessment against core standards

Trust boards are responsible for ensuring that the care delivered by their trusts complies with the standards laid down by the Government. In April 2008, trust boards will, as previously, be required to declare the extent to which they comply with the core standards. We will not, this year, require trusts to declare their progress against developmental standards.

Criteria for assessing core standards

By the end of the summer, we will publish a set of criteria for the 2007/2008 assessment of core standards. In our consultation exercise, some stakeholders told us that the overall cost of regulation on trusts needs to be reduced. In response, we will rationalise and, where possible, reduce the number of criteria that trusts have to consider. In doing so, we will concentrate on the intent of the standards rather than prescribing how they should be met. We will, however, publish separate sets of criteria for each type of trust. This is also a response to our consultation, which urged us to make the assessment more sector-specific.

Figure 1: The annual health check 2007/2008: framework of assessment



Information for trust boards

We will issue information to trusts on a small set of benchmark indicators to show their position relative to similar trusts on aspects of safety, quality and public health. Our expectation is that this information will be useful to trust boards, along with data that is available locally to them, when reviewing their performance and when considering their compliance with the core standards. We will issue this information for the following domains and trusts:

- safety – acute trusts, mental health trusts
- clinical effectiveness – acute trusts, mental health trusts
- public health – primary care trusts

The information will be derived from data that is nationally available, and will draw on the content of the information toolkits that we issued to trusts as part of the shadow assessment of developmental standards for 2006/2007. We will refine the information from the toolkits, working closely with trusts to identify those indicators that they have found most useful and that provide information on the outcomes required by the three domains. For example, on safety we will seek to include indicators relating to the seven steps to safety from the National Patient Safety Association.

We will invite trusts to comment on this information alongside their declarations.

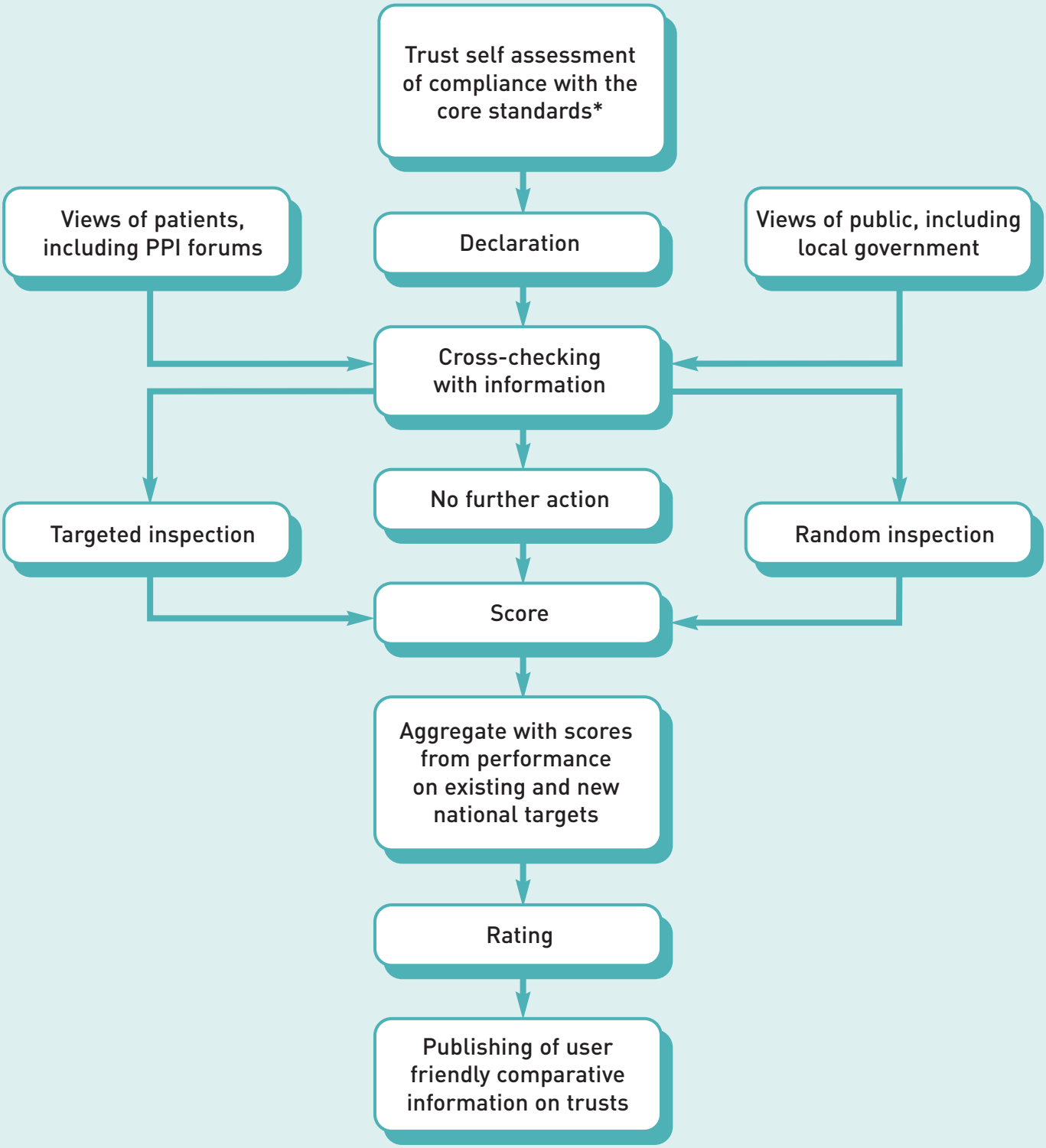
Declaration and inspection

We will cross-check declarations made by trusts against publicly available information that we hold, including the sets of indicators we will issue to trust boards (described above). This information will include the views of patients, including Patient and Public Involvement (PPI) forums[4], and of the public, including local government. An important part of this is the information from our comprehensive programme of patient and staff surveys (described more fully in appendix B). We are developing this programme this year to be more sector specific and to provide a more comprehensive picture of performance.

As a result of our cross-checking, and taking into account the comments trusts have made on the set of benchmarking indicators, we will identify some trusts for an inspection. These trusts are those that we consider to be most at risk of not having met the core standards. Another group of trusts, identified at random, will also be selected for an inspection. Since we consider safety to be such an important part of our assessment, we will include a check on aspects of safety in every inspection visit, regardless of the reason that a particular trust has been selected.

4. PPI forums will cease to exist in March 2008. They are due to be replaced by Local Involvement Networks (LINks), subject to Parliamentary approval.

Figure 2: The declaration and inspection process



*Informed by the small set of benchmark indicators supplied by the Healthcare Commission

Ongoing assurance on standards

We have described our approach to the annual rating of healthcare organisations based on self assessment by trusts, cross-checked by the information we hold. Our aim, though, is to have a system that holds the boards of healthcare organisations to account for meeting expected standards of care throughout the year, and that can enable problems in the commissioning and delivery of healthcare to be identified rapidly and tackled effectively.

To do this, we will make the most of the information we hold and will keep it up to date as more recent data or new sources become available. We will also ensure that the views of patients and the public are fed in, through our local representatives, so that this valuable feedback on performance does not only influence the ratings that trusts are given at the end of the year but will also have an impact throughout the year.

Other sources of data that we will use include:

- existing national data sets
- our Concordat partners (such as the Audit Commission and Royal Colleges, with whom we have a formal agreement to share information) and other national agencies
- local engagement with trusts and patient groups by our regional teams
- findings of any inspection or follow-up activity
- data we collect ourselves

We will use this information to provide ongoing assurance on standards and, in particular, safety. Where necessary, we will discuss areas of concern with trusts.

Our statutory duties on safety

An important aspect of the 2007/2008 annual health check assessment on core standards is considering performance in relation to the hygiene code, controlled drugs and ionising radiation. We will analyse information specific to each of these three areas, incorporating information from standards where appropriate.

The information we have will not lead to definitive judgements on performance, but will act as triggers for more detailed follow-up in selected organisations. This may include inspections similar to those currently being undertaken in respect of the hygiene code.

In 2006/2007, we developed a range of follow-up actions that we may take in areas of possible concern. In some instances we may seek clarification and further information. In others we may feel it appropriate to formally notify individual trusts where such findings may affect any of our assessments of performance. Wherever possible, such notification will alert trusts to potential problems before these need to be reflected in the annual performance rating. Where appropriate, we will work closely with strategic health authorities and Monitor to follow up such notifications.

Assessment against existing and new national targets

We will continue to assess both provider and commissioner organisations against national targets by using indicators developed in consultation with stakeholders. The way indicators are constructed has evolved to take into account improvements in data quality and coverage or in response to the impact of specific clinical services developments, for example, the increasing use of primary angioplasty in preference to thrombolysis.

In response to service requests, we have published, for the first time as part of the annual health check, detailed guidance on most of the performance indicators before the year to which they apply. We have also worked closely with Monitor to ensure that there is consistency in how we measure performance against targets.

The new national targets will, for the first time, include an assessment relating to the local targets for *Clostridium difficile* infections. These are likely to be based on data quality.

Assessment of use of resources

As in previous years, and so as to keep the overall cost of regulation to a minimum, we will be using the assessments on the use of financial resources made by the Audit Commission for non-foundation trusts and by Monitor for foundation trusts. Trusts will be notified of any changes to these assessments by Monitor and the Audit Commission later in the year.

Assessment of services and topics

We recognise that the primary interest of patients and the public is in the quality of healthcare services. Healthcare organisations also find it helpful to have assessments of services so that they can identify the potential for improvement in the services they provide or commission.

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. Services or topics are selected because they are important areas that affect a large group of patients or because a specific need for improvement has been identified.

We undertake these assessments of topics and services in different ways. The method used depends on a number of factors, including:

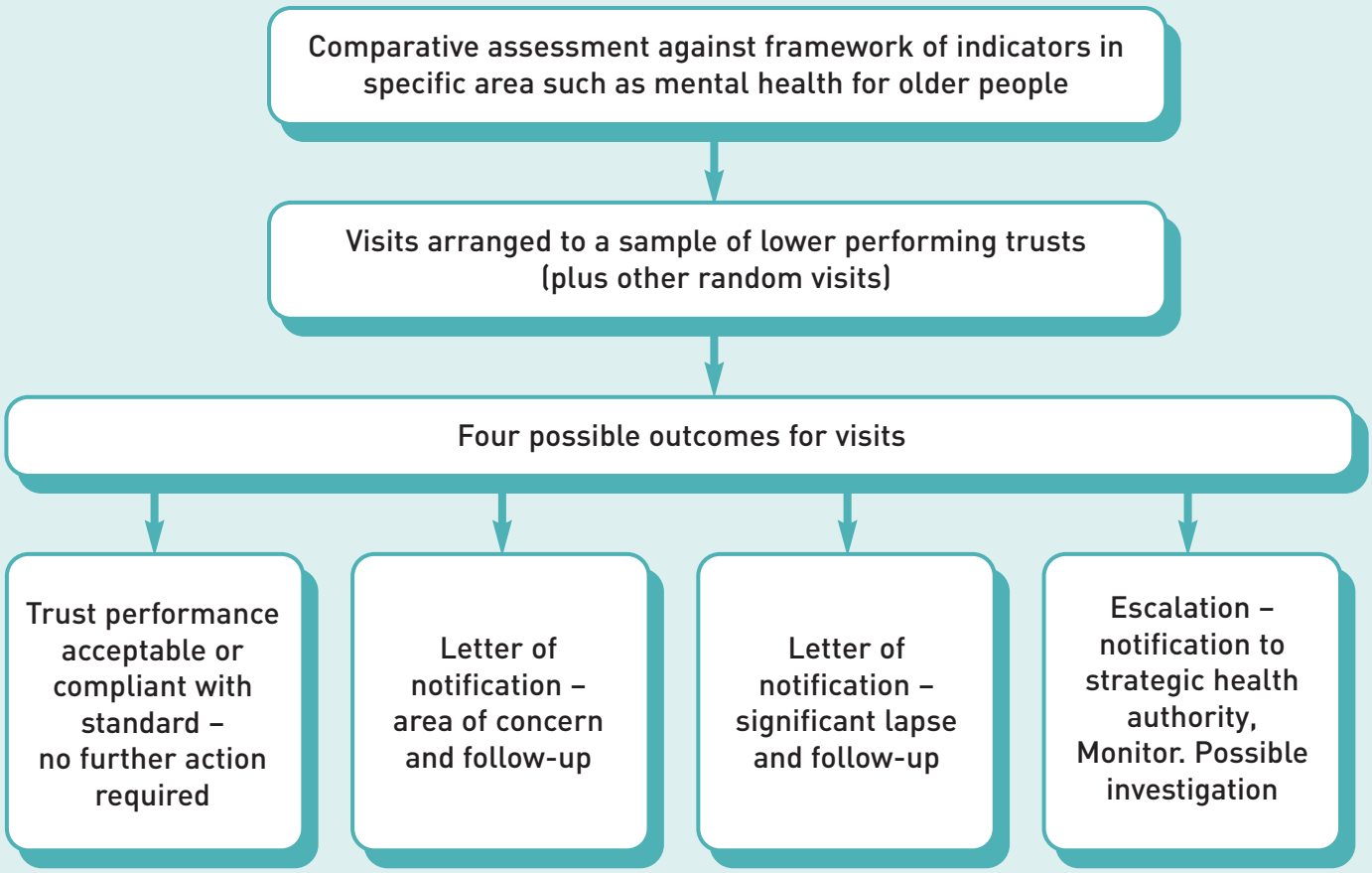
- the extent to which there are national issues about performance
- the quality of existing or readily available information for use in assessments
- the need for local visits to test assurance and the quality of services

We may carry out a service review. This involves working closely with patients, stakeholders and professionals to identify a set of indicators that will measure performance. Information for some of the indicators may be directly collected from trusts. We then use these indicators to give relevant trusts a scored assessment. Where the performance of a trust is found to be weak, it will be asked to submit a plan on how it is going to make the necessary improvements. In 2007/2008, we are carrying out two service reviews:

- urgent and emergency care
- substance misuse

A second approach starts from the analysis of nationally available data. We analyse groups of indicators relevant to a specific topic or service, and seek to identify areas of relative strength and of weakness within an organisation. Following the analysis we will visit a sample of trusts that appear, on the basis of the indicators, to be the poorest performers. The purpose of the visits is to check performance and there are four possible outcomes. See the following figure.

Figure 3: How we assess services and topics



Where we identify concerns or significant lapses, we will also follow up with those trusts to ensure suitable actions are being planned and taken.

During 2007/2008, we will apply this approach to the following topics:

- mental health services for older people
- race equality (some data for this will be collected directly from trusts)

We will also pilot an assessment of services along a pathway of care for patients who have had a stroke. As part of this, we will investigate whether we can build in the use of patient reported outcome measures (PROMS).

Follow-up to our programme of service reviews

For the 2007/2008 annual health check, we also intend to monitor performance relating to the topics and services considered by our service reviews in the 2005/2006 annual health check. These were:

- tobacco control
- children in hospital
- substance misuse
- management of medicines
- management of admissions
- specialist adult community mental health services
- diagnostic services

This follow-up will focus on a small number of indicators depending on the suitability of the topic and covering those aspects of performance where improvement would most benefit patients or add value for money.

We will publish the indicators, both to show where improvement has occurred and to help healthcare organisations identify where further improvement is needed.

Publishing the information from our assessments

In publishing the results of the annual health check for 2006/2007, we will build on our approach in publishing comparative information on our website alongside the rating, to report on the progress being made by organisations. We intend to feature service level information more prominently, bringing together results from our service reviews, patient surveys and from collaborative work with others including clinical audit data where possible. In giving prominence to comparative information at both organisational and service level, we plan to enhance significantly the functionality of our website for users. Comparative indicators will be made available where appropriate and relevant.

We have been learning from the experiences of users of our website and are planning to make improvements that will make access easier for patients, the public and healthcare professionals. We are aware that users want to be able to access the information they want 'within a few clicks'. We plan to give greater visibility to patient survey information, which we know patients and the public are particularly interested in, and allow progress over time to be tracked, to give an increased focus on improvement.

The reports we provide to trust boards will also be improved in part to move the focus away from just the rating to the annual health check as a whole. We are also planning to produce a report on each trust for patients and the public.

We are testing our website and other publications with a consultative panel of members of the public, patients and healthcare professionals, to get their feedback and tailor our approach to releasing information.

Appendix A: The annual health check across sectors

Sector	Assessments used directly to calculate the annual performance rating	Assessments used to provide a broader picture of performance
Primary care trusts (PCTs)	• Core standards • Use of resources • Existing national targets • New national targets	Service reviews: • Urgent and emergency care • Substance misuse
Acute trusts	• Core standards • Use of resources • Existing national targets • New national targets	The urgent and emergency care review assesses services within PCTs so will include some services provided by acute trusts.
Mental health trusts	• Core standards • Use of resources • Existing national targets • New national targets	Service review: • Substance misuse
Ambulance trusts	• Core standards • Use of resources • Existing national targets • New national targets	The urgent and emergency care review assesses services within PCTs so will include assessments of some services provided by ambulance trusts.
Learning disability trusts	• Core standards • Use of resources	
Health Protection Agency	• Core standards	
NHS Direct	• Core standards	
NHS Blood and Transplant	• Core standards	

Notes:
- The table does not include the indicators from our programme of service reviews conducted in previous years or our programme of targeted reviews
- PCTs that provide specialist mental health services will also be assessed on the relevant assessment for mental health trusts

Appendix B: The programme of surveys of NHS staff and patients

Surveys of the experiences of patients are an important part of our work programme. Obtaining feedback from patients and taking account of their views and priorities is vital for bringing about improvements in the quality of care, and keeping the patient at the centre of health services. In 2007/2008, the survey programme will include the following:

- people who use primary care services
- women who have recently given birth
- adult inpatients recently discharged from acute or specialist hospitals
- people who use community mental health services

We will also conduct the annual survey of NHS staff. The survey provides individual employers in the NHS, policy makers and national regulators with information about the attitudes and experiences of staff in the NHS. This information is used to assess the performance of NHS organisations as employers, and to monitor the implementation of national policies designed to improve the working lives of staff and, ultimately, provide better care for patients. In 2007/2008, we plan to combine a core set of questions for all staff with questions specific to each of the four main work settings: ambulance, acute hospital, mental health and primary care.

We will also develop and pilot patient surveys in several new areas. For example, we are currently examining the feasibility of surveying people who use ambulances in emergency situations. If that study is successful, we will run a pilot survey and may implement the main survey towards the end of 2007/2008. Other surveys to be piloted in 2007/2008 for possible roll-out in 2008/2009 include a survey of attendees at emergency departments and a survey of people with long term neurological conditions.

How the findings contribute to the annual health check

What patients and staff tell us through these surveys contributes to our system of ongoing assurance of performance in relation to core standards. Each survey will contribute to one or more of our priority areas, but focus particularly on safety, quality of care and access to services. The results from the surveys of patients' experiences also form part of our assessment of performance in relation to Government targets.

We give the trusts detailed results from each survey. We also publish benchmark reports enabling the results to be compared between organisations and over time, and a national summary of findings.

Appendix C: Our programme of reviews for specific services and topics

We have several different approaches to carrying out reviews for specific services and topics. Service reviews and studies provide detailed probes into areas not covered in the annual performance rating. They are also instrumental in bringing about improvement. When surveyed recently, 90% of acute trust chief executives said that the benefits of the reviews to the trust were at least as great as the costs of collecting the data.

Our findings are not used to calculate the annual performance rating, but service reviews may be scored independently and the results of all reviews and studies are published. Detailed information from reviews and studies is also used to assess risk as part of our ongoing assurance of standards.

Service reviews

We will undertake two service reviews in 2007/2008: urgent and emergency care, and substance misuse. They cover areas where the opportunity for improvement is significant, and will cover every healthcare organisation that provides relevant services.

Urgent and emergency care

This review will look at primary care services (in hours and out of hours), ambulance services, accident and emergency services, minor injury units and walk-in centres and the use of NHS Direct. It will produce an assessment of the quality and value for money of these services across each primary care trust area, as well as tools and information to help identify how local services need to improve.

Substance misuse

We will carry out jointly, with the National Treatment Agency, a review of services provided in a residential setting and for inpatient detoxification and rehabilitation. The review will also consider how treatments are tailored in accordance with various factors that could influence their efficacy (including the type of drug, gender, ethnic background, disability and sexuality).

Targeted reviews

We will also be carrying out two reviews based on national data alone, followed up by risk-based visits where our information suggests there may be a problem with performance. For the 2007/2008 annual health check, we will be carrying out this type of review for:

- race equality (there will be some bespoke data collection for this topic)
- mental health services for older people

National studies

National studies are timely, flexible and responsive to critical national issues. As such, their methodologies and the approach used will vary. In 2007/2008, we will complete or undertake four national studies, working with the Audit Commission, the Mental Health Act Commission and the Commission for Social Care Inspection as appropriate. The first three studies will concentrate on performance within a small number of health economies and seek to identify messages of national relevance. The fourth study will concentrate on national information. The studies are as follows.

Modernisation of the NHS ('Invest to improve')

The implementation of Government reforms of health and social care are impacting on various aspects of the work of NHS trusts. This study will examine whether the reforms are proceeding at the same pace across the country and what impact they are having on healthcare services.

Child and adolescent mental health services

Spending on child and adolescent mental health services (CAMHS) varies across the country. It is uncertain whether this indicates that extra spending above the average is unnecessary, or whether spending below the average results in a poorer quality of service. The study will assess the factors leading to high and low spending in this area, and the impact these differences have on the welfare of those who require CAMHS.

Adult mental health services

There is considerable variation in the amount spent, per head of population, on mental health services for adults. There is very little information on why such variation should exist and what the implications are for those who need mental health services. This study will identify and examine the main reasons for this variation and will recommend steps to enable commissioners and service providers to have a clearer understanding of how resources are being used.

Are we choosing health?

NHS trusts have a key role in helping to improve the health of communities and prevent disease. The Government's White Paper *Choosing health*, published in November 2004, set out a programme of action for the NHS to achieve this. Priorities within the White Paper include tackling inequalities in health and reducing the numbers of people who smoke. Working with the Audit Commission, we will evaluate the implementation and impact of this key paper within the broader policy environment.

We will publish all these findings on our website as they become available during the year.

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

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