



Corporate plan 2006/2007

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ISBN: 1-845621-07-7

Corporate plan 2006/2007

September 2006



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Introduction

Since the publication of our *Strategic plan 2005/2008* last year we have made significant progress in achieving our aim of promoting improvements in the quality of health and healthcare in England and Wales. This corporate plan describes how we will continue to do so in 2006/2007 and beyond.

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 to continually improve their services and the way in which they work.

Our responsibilities in England include:

- awarding annual ratings of performance to NHS organisations
- carrying out reviews and investigations of healthcare
- coordinating reviews and assessments carried out by other bodies
- registering and inspecting providers of independent healthcare
- reviewing second stage complaints about the NHS
- reporting annually to Parliament and the National Assembly for Wales on the state of healthcare in England and Wales

We are also required to pay particular attention to:

- the rights and welfare of children
- access to and availability, quality and effectiveness of healthcare
- the availability and quality of information about healthcare
- the value for money of healthcare, including the economy and efficiency of services


In our *Strategic plan 2005/2008*, we set out six strategic goals outlining what we aim to achieve by 2008. These continue in 2006/2007 and in our *Annual report 2005/2006* we provided an update on our activities over the last financial year and what achievements we have made against our strategic goals.

Our current strategic goals for 2005/2008 are:

1. To promote better and safer experiences of health and healthcare for patients and the public using fair and credible systems for assessing and rating performance across the NHS and independent sector.
2. To safeguard the public by acting swiftly and appropriately on complaints, concerns and significant failings in the provision of healthcare.
3. To provide authoritative, independent, relevant and accessible information about what is going on in healthcare and the opportunities for improvement.
4. To use our assessments and other activities to promote action to reduce inequalities in the provision of healthcare to people and to improve their experiences, and their access to services through greater respect for human rights and diversity.
5. To take a lead in coordinating and improving the impact and value for money of assessments and regulation of healthcare services.
6. To support our people in creating an efficient, flexible and highly skilled organisation delivering world class assessments and regulation.



Our strategic direction in 2006/2007

Our strategic direction in 2006/2007

The Healthcare Commission (the Commission) came into operation in 2004. During 2005 the Commission focused on establishing itself as an effective regulator, embedding its new programme of work using a wide range of approaches to assess healthcare and developing a new regional structure.

We launched a radical new approach to assessing the performance of NHS organisations. The annual health check will provide patients and the public with a comprehensive and new picture of what is happening in health and healthcare in England. It takes a 'risk-based' and proportionate approach and ensures that the concerns of patients are heard. The results of the first year of the annual health check will be published in October this year.

Following Government changes to regulations in April 2006 we responded with new systems for the assessment of the independent healthcare sector, including using information about risks to patients to target our inspections and decide on their frequency. On April 1st 2006, new Private and Voluntary Healthcare (England) (Amendment) Regulations 2006 came into force, replacing annual inspections with a requirement that the Commission undertake at least one inspection of each establishment or agency every five years. This allows us to pursue a more targeted approach making our interventions directly proportionate to risk. We are making significant progress towards aligning our work across the NHS and providers of independent healthcare.

The Concordat is an agreement between organisations that regulate, audit, inspect or review elements of health and social care in England. It aims to streamline regulation and improve its cost-effectiveness. We are taking a leading role in coordinating the assessment and regulation of health and social care services through the Concordat.

What we plan to do

The Department of Health's 2006 white paper *Our health, our care, our say: A new direction for community services*, confirmed the department's intention to merge the Commission, the Commission for Social Care Inspection (CSCI) and the Mental Health Act Commission (MHAC) as part of an ongoing wider review of regulation. We anticipate that the conclusions of this review will be published in the autumn of 2006 and that they will clarify the differing responsibilities of these bodies in England and Wales. We will continue to work closely with the CSCI and MHAC throughout 2006/2007.

In keeping with the changing health and social care environment we are adapting and developing our approaches. In planning our programme of work, we must take in to account the current direction of reform in health and social care in England, and in particular the white paper, which provides guidance on what our role should be.

The Department of Health's white paper:

- **Places a growing imperative on us to work together with other assessment bodies, in particular with CSCI.** We are already working to provide more integrated assessments of the performance of health and social care services in meeting the needs of service users.
- **Suggests that there will be more varied provision of healthcare, in which public services may be provided by the NHS, private companies or voluntary organisations.** We are aligning our assessments across these organisations so that patients will receive equivalent assurances of standards, wherever they are treated.
- **Calls for a greater focus on the quality of commissioning.** Our annual health check will reflect the increasing importance of commissioning. We are already working with the Department of Health to develop models for the assessment of commissioning and we will continue to work closely with CSCI as we develop our approach.
- **Places greater emphasis on services delivered at primary care and community level (such as general practices and community services) and the shift towards doing more work in primary care settings.** We need to develop methods of assessment for this setting, and gather information to carry out such assessments efficiently. The increasing range and number of providers of


healthcare will bring new challenges to the continuous assessment of quality in healthcare.

A more flexible system of assessment, building on our work in assessing pathways of care, will become increasingly important. Assessing pathways of care mean looking at the quality of healthcare delivered by several organisations, following the patient's journey from their first contact with the health service through to the completion of their treatment.

Through all of our work we are addressing the demands for more and a better quality of information. We want to ensure that the information from our assessments is presented in a way that supports patients and users in making decisions on their healthcare. In 2006/2007 we will work to ensure the Healthcare Commission is recognised as an authoritative source of information for patients and the public, commissioners and providers of healthcare.



Our programme of work for 2006/2007

Our programme of work for 2006/2007

Our aims

In the following pages, we set out what we plan to do in our third year. We are determined to make a real difference to the delivery of healthcare and to promote continuous improvement for the benefit of patients and the public. To do this we will be focusing on three key areas in 2006/2007. These are:

1. Ensuring that the basics are in place
2. Assessing and encouraging improvement
3. Making information more accessible

Achieving our aims

There are five key ways in which we will achieve our goals. These are:

- the annual health check and other assessments of the NHS
- regulation of the independent healthcare sector and alignment with the NHS
- investigations of serious service failure
- handling of second stage NHS complaints
- providing useful information based on our assessments

The table on page 13 shows what we want to achieve with each of these five areas. We will measure our success and report back on how we are doing at the end of the year.

What we aim to achieve

The annual health check and other assessments of the NHS

The activities associated with the annual health check provide a rounded assessment of performance, including whether core standards are being met (for example on the safety and clinical effectiveness of care).

The annual health check measures what matters to patients and the public and can be shown to encourage improvement by assessing core and developmental standards, progress against targets, use of resources and through reviews of particular services and national studies.

The annual health check is delivered in a proportionate, cost effective way so that the benefits merit the costs.

Regulation of the independent healthcare sector and alignment with the NHS

Patients and public are assured that standards are met in registered services.

Our approach to assessment is responsive and proportionate to risk and providers.

Our approach to assessments of the independent healthcare sector is broadly aligned with those of the NHS.

Investigations of serious service failure

We deal effectively with all concerns about safety and our investigations can be shown to promote improvement.

Handling of second stage NHS Complaints

We handle and resolve effectively up to 9,600 complaints during the year, encourage trusts to improve complaints handling at a local level and increasingly take note of and apply the lessons learned from complaints.

Providing useful information based on our assessments

Patients and the public are getting significant information about the performance of healthcare organisations and local services across the NHS and independent healthcare sector. The information reflects their needs and experiences, and helps them to make informed decisions about health and healthcare.

Providing our information to clinicians, managers and the Government prompts further improvements in healthcare.

The way we work

Our success in meeting our goals depends on the approach we take:

- working locally to embed improvement
- engaging with patients and the public
- engaging with clinicians
- ensuring an explicit focus on inequalities, human rights and diversity in assessments
- working with others to make audit, inspection and regulation efficient and proportionate
- evaluating the impact and value for money of our work
- developing our approach to regulation and assessment and preparing for the future
- building on our expertise in measuring what matters and developing our approach to continuous surveillance so as to protect patients
- communicating with others and promoting understanding of our work

To enable us to do our work well, we will:

- develop and support our staff to deliver our programme
- strengthen our basic systems and infrastructure
- support the analysis and use of information

The annual health check and other assessments of the NHS

The annual health check measures the performance of NHS organisations within a framework of national targets and standards published by the Government in *National standards, local action*. There are 24 core standards (referring to basic standards of care that patients can expect to receive) and 13 developmental standards for NHS organisations. These standards were introduced in 2004 and cover seven domains: safety; care, environment and amenities; clinical and cost effectiveness; governance; patient focus; accessible and responsive care and public health.

In October 2006 we will publish our first annual assessment of NHS healthcare organisations and primary care trusts using the new annual health check, covering the financial year 2005/2006. The annual health check draws on the results of our assessment that organisations are 'getting the basics right' and 'making and sustaining progress'. 'Getting the basics right' reflects areas where trusts should already be achieving compliance: achieving core standards, meeting existing national targets and in the use of resources. 'Making and sustaining progress' considers areas for development relating to standards (through our programme of service reviews) and the new national targets. We will produce ratings for each NHS trust on two elements of performance – quality of care and use of resources.

In March 2006 we published a consultation on *Developing the annual health check in 2006/2007* to capture people's views on our proposed approach to the annual health check in 2006/2007. For 2006/2007 we propose that the annual health check emphasises the further promotion of improvements in health and healthcare through the developmental standards set by Government, which are designed to drive up the quality of care that patients receive. The consultation closed in June and we will publish our formal response setting out our plans for the annual health check in 2006/2007 in September.

Programme of service reviews and national studies of healthcare

We carry out a programme of service reviews and national studies in areas of health and healthcare that we consider a priority. The emphasis is usually on services that are provided to particular groups of patients by a range of different organisations, for example people with learning disabilities. We work increasingly closely with other regulators including the CSCI, the Audit Commission and the National Audit Office in order to align our work on service reviews and national studies. Working together we have a valuable opportunity to promote improvement in the healthcare system across priority areas of health and social care.

Appendices A and B give more detail on our proposed programme of reviews and national studies for 2006/2007. *The Health and social*

care review and studies programme was published in April 2006 jointly with the Audit Commission, CSCI and the National Audit Office. Our programme includes:

- **Service reviews and national studies.** Last year we implemented a programme of improvement reviews and reviews in the acute hospital portfolio. We are building on this approach for 2006/2007 in developing our programme of service reviews and national studies. Service reviews assess the progress made by healthcare organisations in ensuring continuous improvement in a small number of priority areas of healthcare each year and we will build into this an assessment of value for money.
- **National surveys of NHS staff and patients.** These are important both for local improvement and to feed into assessments of performance in meeting standards in the annual health check.
- **National clinical audit and projects that monitor outcomes for patients.** Clinical audit and the monitoring of outcomes for patients are vital parts of the cycle of continuous improvement in providing healthcare. We use the findings in our assessments and to engage further with clinicians to ensure that we are really measuring what matters to them and to patients.

New areas of work in the NHS for 2006/2007

In October 2005 we appointed a team of experts to meet our new statutory responsibilities for regulating controlled drugs. The team is working with partner organisations to strengthen the current systems for managing controlled drugs and to minimise the risks to patients. It is expected that the regulations underpinning these responsibilities will be agreed in autumn 2006.

From April 2007, as part of the annual health check for 2007/2008, we will be monitoring compliance with the hygiene code – a new, statutory code of practice, consolidating requirements for the prevention and control of healthcare associated infections into a single set of duties for NHS organisations. The code itself comes into force on October 1st 2006 and from that date the Commission will take account of the requirements of the code whenever this is necessary.

There is an intention to mirror these duties, as appropriate, into the minimum standards framework for independent healthcare and for social care. These consolidated requirements, to come into force on April 1st 2007 include:

- the assessment and management of risks to patients of healthcare associated infections
- the provision and maintenance of clean and suitable care environments
- the adoption of suitable clinical protocols

- the training and protection of healthcare staff

In late 2006, we plan to consult on our proposals for including the code as part of the annual health check assessment.

Regulation of the independent healthcare sector and alignment with the NHS

In 2005, we introduced a risk-based system for targeting our inspections of providers of independent healthcare. Since we introduced this approach, we have received feedback that was introduced feedback tells us that inspections were appropriately targeted in 85 to 89% of cases. In April 2006, in response to Government changes to regulations we introduced a new system for deciding the frequency of inspections according to risk.

In 2006 we assumed responsibility for setting levels of fees for the independent healthcare sector. The Government's policy states that by 2008, we should be recovering the full costs of registration and inspection from independent healthcare organisations. We have recently completed a consultation with interested parties on our proposed levels of fees for 2006/2007. Our scheme of fees is now being implemented following approval from Government ministers. We will keep the scheme under review and will consult again if we think we need to make changes.

We have made significant steps in aligning the way in which we assess performance in the

independent healthcare sector with our approach to the NHS. We are continuing to work with Government to achieve this aim and we will continue to improve the efficiency of our regulation in this area and ensure that it is risk-based and proportionate.

New areas of work in the independent healthcare sector for 2006/2007

In April 2006 we became responsible for regulating controlled drugs in the independent health sector as well as the NHS. From 2007 we will also be monitoring compliance with the hygiene code.

We are carrying out a review of the quality of care provided by independent sector treatment centres (ISTCs) to NHS patients, under contracts between the ISTCs and the Department of Health. This review was requested by the Chief Medical Officer following the Health Select Committee's inquiry into ISTCs.

Investigations of serious service failure

Through investigations and interventions we will follow up allegations and concerns about serious failures in the provision of healthcare, and disseminate lessons learned from investigations throughout the NHS. This year, we will also strengthen our approach to ensuring that appropriate action is taken in response to any serious failings in the independent healthcare sector. We aim to

encourage improvements widely across healthcare organisations.

We have developed a wide range of interventions to use in response to concerns about serious failures in services. This enables us to ensure that our actions are proportionate and appropriate to the particular situation being considered. Our primary concern is to ensure the safety of patients. We will continue to act swiftly and decisively where we have reason to think that safety may be at risk.

Handling of second stage NHS complaints

We will enhance our system for dealing with complaints that the NHS has failed to resolve at a local level. We expect to receive around 8,000 complaints in 2006/2007 in addition to a further 2,000 enquiries. We will improve the way we manage complaints to deal with them more quickly. We will also use our process of assessment to ensure that trusts handle complaints better at local level. We will also do more to apply what we have learned from complaints. Quick, effective local resolution is in the best interests of complainants. We will conduct an audit of how well complaints are handled locally and the results will feed in to our assessment of trusts' performance in 2006/2007.

Providing useful information based on our assessments

We produce findings, lessons learnt and information as a result of all our reviews, assessments, surveys, investigations and complaints. These are made available to the public on our website and in printed publications and we have a statutory duty to report annually to Parliament on the state of healthcare. We plan to do this in October 2006, when we will also publish the results of our annual health check. This will include information designed specifically for patients and the public based on our assessment findings.

We will build on this in 2006/2007 to ensure that the Healthcare Commission is recognised as an authoritative source of information for patients, the public and providers of healthcare. We are uniquely placed to provide information based on our assessments. The provision of accessible information is a priority for us. We are, working with others to create a comprehensive information resource. Harnessing the information gathered from our work and capitalising on our access to a wide range of other information sources we will develop effective new channels of communication.

The way we work

Engaging with patients, the public and clinicians

In 2006/2007 we will continue to make the interests of patients and the public the central focus of our work. We want their interests to be at the heart of the way health services are designed and delivered. We believe this is the way to achieve better health and healthcare for everyone. Patients' and the public's knowledge and will shape the way that assess and promote improvement in healthcare. We make special efforts to include those whose voices are least likely to be heard and who are often most likely to have a poor health status and difficulty in gaining access to good healthcare, such as people with learning disabilities or those whose first language is not English.

Our assessments need to be relevant to clinicians if they are to succeed in encouraging improvement. In 2006/2007 we will develop a national strategy for engaging clinicians in our work. We are reviewing how we obtain and use clinical advice from external or internal sources and how we engage clinicians of all professions in the broad range of our activities. We will engage in dialogue nationally in England and Wales with Royal Colleges, professional societies and our partners in the English and Welsh concordats, as well as more locally through the work of our regional and area staff.

Ensuring an explicit focus on inequalities, human rights and diversity in assessments

All aspects of our work have a strong focus on human rights, diversity and inequalities in health. We are looking at all our reviews and assessments to ensure they have a significant impact on inequalities in health, healthcare services and access to healthcare. In 2006/2007 our activities include:

- An audit of publications by trusts to check trusts' compliance under the Race Relations Amendment Act 2000. We will draw on this audit in the screening we do to check compliance with core standards which is aimed to raise levels of compliance with the act.
- Implementation of a system to assess the impact of our work on race equality. We are training all our senior staff to carry this out and once it has been successfully implemented we will then begin to assess the impact of our reviews and assessments on disability and gender equality.
- Ensuring that our surveys of patients and healthcare staff provide information about any differences in experience associated with disability. We will ensure that we are as inclusive as possible in our approach to this and our analysis of the information.
- Implementation of a disability equality scheme and preparation of a gender equality scheme. These will identify specific

actions that will embed equality and diversity in all our activities.

- Developing relationships with the Equality Commissions and development of a memorandum of understanding with the Commission for Racial Equality. Through this we will find better ways of highlighting trusts that are performing poorly in relation to discrimination.

Building on our expertise in measuring what matters and developing our approach to continuous surveillance

Through our assessments we aim to assure patients and the public that healthcare is safe and clinically effective. We are taking steps to measure what matters to patients, the public and clinicians in our assessments. We are working to identify what we can do to improve the way that we measure clinical effectiveness and outcomes of clinical practice for patients.

It is also important to us to increase the extent to which our assessments are responsive to risk. We want to ensure that problems in the commissioning and delivery of healthcare are identified rapidly and tackled effectively. When potential problems are identified it is important that we find the right response and this may lead us to make local contact with individual healthcare organisations.

Working with others to make audit, inspection and regulation efficient and proportionate

In 2006/2007, through the Concordat, we are developing systems to ensure that the findings of other regulators are incorporated into our processes of assessments. We are also working to ensure that there is better coordination between regulators in health and social care to make the system of regulation is as effective as possible in promoting improvements for patients and the public. We have launched a web-based scheduling tool on which signatories to the Concordat make public their visiting plans, showing which healthcare providers they plan to visit, for what purpose and on what date.

Increasingly, we are working with others to increasingly share collection of relevant data and plan our programmes together. We work closely with CSCI, the Audit Commission and the National Audit Office in planning and implementing our national reviews and studies. This enables us collectively to develop a view on the major risks and issues in health and social care, understand the challenges in supporting improvement and accountability in health and social care and work collaboratively on the development of future national studies.

An executive level joint partnership board has also been created between the Healthcare Commission, the CSCI and the MHAC to facilitate even closer joint working. The board manages strategic issues affecting our work together.

Evaluating the impact and value for money of our work

We are investigating the overall impact of our activities and analysing their costs and benefits, to evaluate whether we are promoting improvements in the quality of health and healthcare and if the benefits of doing so outweigh the costs. We have commissioned a review of regulation and quality and this will be published in the second half of 2006. We will publish the results of our evaluation of the 2005/2006 annual health check early in 2007, and will use the lessons from the evaluation in developing the next stages of our work.

Develop our approach to regulation and assessment and prepare for the future

During 2006/2007 we expect the Government to publish its views on the wider review of health and social care regulation and further details of its proposals for reform of the systems for providing healthcare. In addition, its legislative programme may include proposals for new primary legislation paving the way for the merger of the regulators of health and social care, new regulations and standards for independent healthcare, and new regulations for registering services in the independent sector.

We have a key role in working closely with the Department of Health so that these changes are incorporated effectively into the existing

regulatory systems and that they build on our experiences. In 2006/2007 we are advising and helping to shape this agenda of change. This relates to both the reforms in the healthcare sectors and the regulatory process, and our work with CSCI, MHAC and other bodies involved in assessment and review.

Our programme in Wales

The Commission has certain statutory responsibilities in Wales, which we discharge mainly through national clinical audits, national reviews of particular types of healthcare, and the annual *State of Healthcare* report. Healthcare Inspectorate Wales is responsible for inspecting and investigating NHS bodies and regulating the independent healthcare sector in Wales.

As a signatory to the Welsh concordat, we are working closely with other inspecting and auditing bodies in Wales to ensure that our roles and programmes are complementary and mutually reinforcing.

Our programme of service reviews has the potential to be applied in Wales, and we are reviewing this with our Welsh partners, taking into account the implications of the different organisational structures and the national standards relating to Wales. We have already agreed to share our methodologies and measures and to provide opportunities for shared learning. Welsh trusts are included in 12 of the national clinical audits and projects in monitoring outcomes for patients that are currently running and we are actively seeking to extend such participation.

Wales operates its own independent arrangements for handling complaints which have not been resolved locally, although the Healthcare Commission retains responsibility for such complaints made against special health authorities that have a remit in both

England and Wales.

Our powers of investigation relate only to England with three exceptions:

- cross border special health authorities
- where an English NHS body is providing services under contract in Wales
- where services are being provided in Wales on behalf of an English NHS body

However, where, in the course of our work, we become aware of concerns about potentially significant failures in services that relate to Wales, we will draw these to the attention of the Welsh Assembly Government or relevant Welsh partners.


The *State of Healthcare* report covers both England and Wales and will be available in Welsh. During 2006/2007 we will publish our Welsh Language Scheme. We will also take advantage of opportunities to make available other reports and publications that are relevant or of potential interest to Welsh audiences.

Other parts of Great Britain and Ireland

We shall maintain the arrangements established last year for regular exchange of views and approaches with our counterparts in other parts of the British Isles, including the Irish Republic. The Commission manages the secretariat for this five nations 'roundtable' jointly with Health Inspectorate Wales.



Resourcing our programme in 2006/2007

Resourcing our programme in 2006/2007

On the opposite page we have set out the budget for 2006/2007 against our strategic goals.

Funding

We currently derive our funding from two sources: Grant in Aid from the Department of Health, and fees charged to the independent healthcare sector. The Department of Health has advised that the Grant in Aid we will have available for operating expenditure in 2006/2007 is £68.8m. This incorporates £2.3m of planned savings to our budget, a part of a programme of savings of £6.6m in total by 2008 and will be achieved by becoming more efficient.

On April 1st 2006 we assumed responsibility for setting fee levels for the independent healthcare sector and in 2006/2007 we expect to collect £10.5m. We have recently completed a consultation with interested parties on our proposed fee levels for 2006/2007 and our scheme of fees for the independent healthcare sector is being implemented following approval from the Government.

Expenditure

Including income from Grant in Aid, capital funding and fees charged to the independent healthcare sector, we have set a total budget for 2006/2007 of £80.3m. Our planned expenditure in 2006/2007 is shown against our strategic goals in the table below. In 2006/2007 we also plan £4m capital expenditure awarded to us by the Department of Health.

Strategic goal	This will include our activities around:	2006/2007 budget
Promote a better experience of healthcare for patients and public	<ul style="list-style-type: none"> the annual health check and other assessments of the NHS regulation of the independent healthcare sector and alignment with the NHS engaging with patients and the public engaging with clinicians proportionate, cost effective way so that the benefits merit the costs 	£36.0m
Safeguard the public	<ul style="list-style-type: none"> investigations of serious services failure handling of second stage NHS complaints 	£11.8m
Provide authoritative, independent, relevant and accessible information	<ul style="list-style-type: none"> providing useful information based on our assessments 	£3.4m
Take a lead in coordinating and improving the impact and value for money of assessment and regulation	<ul style="list-style-type: none"> working with others to make audit, inspection and regulation efficient and proportionate developing our approach to regulation and assessment and preparing for the future evaluating the impact and value for money of our work 	£2.2m
Promote action to reduce inequalities in people's health and increase respect for human dignity	<ul style="list-style-type: none"> ensuring an explicit focus on inequalities, human rights and diversity in assessments 	£0.7m
Create an organisation delivering world class assessment and regulation	<ul style="list-style-type: none"> developing and supporting our staff to deliver our programme strengthening our basic systems and infrastructure delivering the systems and processes to support intelligent information 	£26.2m
Total		£80.3m
Income		(£10.5m)

Appendices



Appendix A: Achieving our aims in 2006/2007 – an overview

Annual health check and other assessments of the NHS

- There are seven domains under the **core standards**. They are: safety; care environment and amenities; clinical and cost effectiveness; governance; patient focus; accessible and responsive care and public health.
- **existing targets**
- **use of resources**
- We will begin to assess compliance with **developmental standards** (our plans are to be confirmed)
- **new national targets**
- **programme of service reviews and national studies** (refer to Appendix B)

Regulation of the independent healthcare sector and alignment with the NHS

- continuing registration, inspection and enforcement activities
- review of independent sector treatment centres

Investigations of serious service failure

- continuing investigations – complete five to eight formal investigations

Handling of second stage NHS complaints

- continuing handling of complaints – up to 9,600 complaints

Providing useful information based on our assessments

- *State of Healthcare* report
- **additional information:**
Taking advantage of the wide range of information that we hold and which meet the needs of patients, the public and other key audiences in healthcare

Appendix B: Reviews and studies

Children and maternity

- **Services for children in hospital** Improvement review
- **Joint area reviews** Joint study with Ofsted and others
- **Youth offending teams** Joint study
- **Safeguarding children** Statutory review
- **Maternity services** Service review
- **National antenatal and maternity user survey**
- **Local antenatal and maternity services user survey pilot**

Equality and diversity

- **Race equality** Service review
- **BME in mental health census**

Long term conditions and older people

- **Heart failure** Improvement review
- **Diabetes** Service review
- **Chronic obstructive pulmonary disease(COPD)** National report
- **Diabetes patient survey**

Mental health and substance misuse

- **Adult community mental health** Improvement review
- **Adult inpatient mental health** Service review
- **Community mental health services users 2006 survey**
- **Mental health inpatients pilot survey**
- **Substance misuse services** Service review

Public health
<ul style="list-style-type: none"> • Tobacco control Improvement review
<ul style="list-style-type: none"> • Local area review of public health Joint study
<ul style="list-style-type: none"> • Sexual health Guidance document

Safety
<ul style="list-style-type: none"> • MRSA and infection control in acute settings
<ul style="list-style-type: none"> • MRSA and infection control in other settings
<ul style="list-style-type: none"> • Cleanliness follow up audit

Value for money
<ul style="list-style-type: none"> • Admissions management Acute hospital portfolio
<ul style="list-style-type: none"> • Medicines management Acute hospital portfolio
<ul style="list-style-type: none"> • Diagnostics services Acute hospital portfolio
<ul style="list-style-type: none"> • Emergency care Service review
<ul style="list-style-type: none"> • Elective and emergency inpatients survey 2005
<ul style="list-style-type: none"> • Elective and emergency inpatients survey 2006
<ul style="list-style-type: none"> • Elective and emergency inpatients survey development programme

Other reviews, studies and surveys
<ul style="list-style-type: none"> • Learning disabilities user survey feasibility study
<ul style="list-style-type: none"> • Learning disabilities audit
<ul style="list-style-type: none"> • 2005 NHS staff survey supplementary reporting
<ul style="list-style-type: none"> • 2006 NHS staff survey
<ul style="list-style-type: none"> • Complaints audit

Appendix C: Programme for national clinical audits and projects that monitor outcomes for patients

Area	Topic
Older people	Contenance Stroke prevention – carotid endarterectomy Services for people who have fallen Stroke
Cancer	Cancer of the bowel Cancer of the lung Cancer of the head and neck Oesophago-gastric cancer
Heart	Myocardial infarction Cardiac patients' pathway and outcomes Adult cardiac interventions Adult cardiac surgery Heart rhythm management Cardiac ambulance services Heart failure Paediatric cardiac surgery and interventions for patients with congenital heart disease
Long term conditions	Diabetes
Mental health	Violence in mental health settings
Child/maternity	Neonatal intensive care

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

ISBN 1-845621-07-7



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