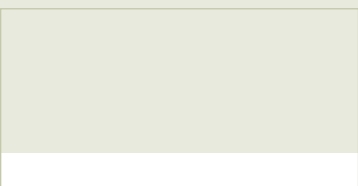
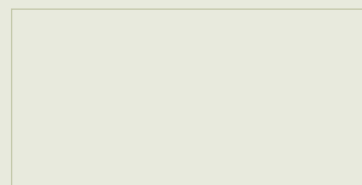
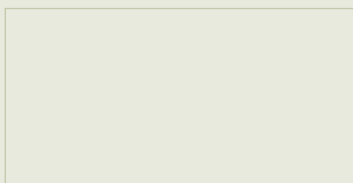
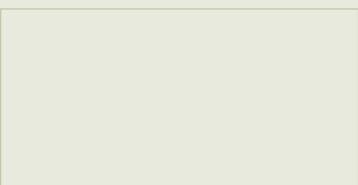
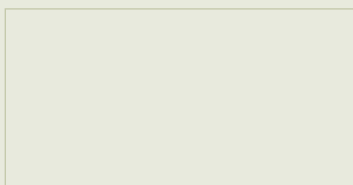
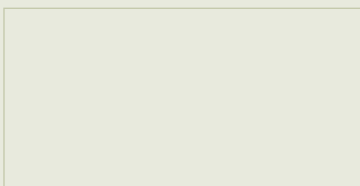
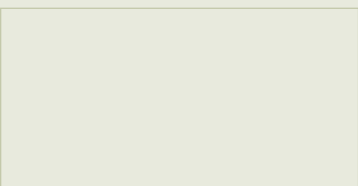
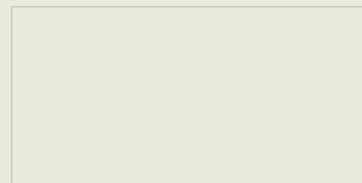
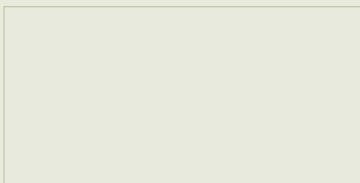
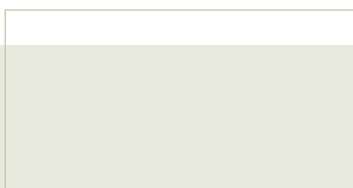


Corporate plan 2008/2009



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Introduction

The Healthcare Commission is the independent regulator of health and healthcare. We work to promote continuing improvement in the safety and quality of healthcare and public health in England and Wales and in the provision of information on the performance of health and healthcare services.

We assess and report on the performance of the National Health Service (NHS) through the annual health check, and register, assess and report on the performance of independent healthcare organisations to ensure that they are providing a high standard of care, and to encourage healthcare providers to continually improve their services and the way in which they work.

The context in which we operate

The people who use healthcare services are at the centre of our work. We provide independent assurance to the public and to Government on standards of health and healthcare, and so our work is a key influence on the standards of safety and quality and on patients' experiences of care.

It is important that our programme is consistent with the reforms to health and social care policy and best practice in regulation. This enables us to make the most effective contribution possible to promoting continual improvement in the provision of care to patients and the provision of information on the performance of services.

This year, we must reflect the Government's increasing emphasis on local decisions on delivery and improving services, driven by the priorities of patients and society, who will be given a stronger voice in their care. The NHS Operating Framework for 2008/2009 sets out national priorities, recognising the strong focus on local decision-making and accountability, and our work must reflect this. In our planning, we have also taken account of the emphasis in Lord Darzi's interim report of the NHS Next Stage Review*. This emphasises care that is safe, personal, effective and fair, and the review focuses on pathways of care as experienced by patients. In our goals for 2008/2009, we recognise the need to promote improvement in areas of poor performance, including (but not limited to) a very strong and robust approach in ensuring compliance with the hygiene code.

Transition to a new regulator

Usually, this corporate plan would set out what we want to achieve and intend to do over the period to 2010/2011. However, the Government has introduced a health and social care bill to create a new regulator of health and adult social care from 2009. The new organisation, the Care Quality Commission, will take on regulatory responsibility for both health and adult social care, as well as the functions of the Mental Health Act Commission.

We have therefore set out in the following pages our specific plans to March 2009 in the context of the vision for the new regulator. It includes the roles of the new regulator in registering and assessing providers of healthcare in the NHS as well as the

* Professor Lord Darzi, *Our NHS, Our future, NHS Next stage review interim report* (October 2007)

independent sector, in assessing commissioners and in promoting the efficiency and effectiveness of regulation. We have set ourselves a challenging programme of work in order to focus on what really matters to patients and the public. We expect that the Care Quality Commission will continue the modern, risk-based, information-driven approach to regulation that we have been pioneering since our creation four years ago, focusing on the key areas that we have identified. In particular, responsibility for the annual health check of the NHS for 2008/2009 will move to the Care Quality Commission. The new commission will be responsible for delivering and publishing the results for 2008/2009 in October 2009.

The functions of the new regulator will differ somewhat from the current functions of the three existing Commissions, although the changes are expected to build on current approaches to regulation and assessment. It is therefore important that we contribute to the new regulatory regime as appropriate, drawing on our experience of healthcare regulation that is information-led and risk-based, to ensure that it continues to promote improvements in care for patients and the provision of information on the performance of services. However, our first priority is the delivery of our statutory functions through the programme of work set out in this plan for 2008/2009.

This plan

Over the next year, we will hold healthcare organisations to account to ensure that there is effective compliance with all core standards by March 2009. Core standards provide assurance to patients on areas of real importance such as safety and clinical quality. We will adopt a stronger focus on following up non-compliance and ensuring that action is taken. Where this is not happening in the NHS, we will work with strategic health authorities (SHAs) and Monitor to ensure that it does. We will be focusing particularly on the need for significant improvement in all NHS organisations that are rated “weak” in the annual health check.

We will also continue to work to ensure that our assessments better reflect a concern for what is important in different areas of health and healthcare – measuring the right things – and have a stronger focus on the views of patients and the public and on the outcomes being achieved for them locally. We will adopt a more robust overall assessment of performance in relation to safety and clinical quality and will be delivering a significant programme of visits to NHS acute trusts, looking specifically at compliance with the hygiene code on infection prevention and control. We will deliver some in-depth assessment in significant areas of risk which are not being addressed, and we will take appropriate enforcement action where there are concerns that patients are at risk.

Like all public bodies, we must continually improve the efficiency with which we operate. We have become more experienced since our creation, refining and reinforcing our assessments for different sectors, focusing on the greatest risks to patients and the public, and on matters that are of concern to Government. This will continue and be further improved in 2008/2009.

We have achieved significant reductions in our budget through being more efficient over the last three years. We saved £11 million between 2005/2006 and 2007/2008 – while making significant investment in systems to support our information-led approach to assessment. We also took on additional functions, at the request of the Government, in key areas of health and healthcare such as monitoring compliance with the hygiene code, regulating controlled drugs, regulating ionising radiation, and activities relating to regulating children's healthcare. Following this, between 2007/2008 and 2008/2009, we have made further reductions in real terms of £6.2 million.

This has required us to make further significant changes in our organisation, following an in-depth analysis of the way in which we work and our costs. As a result, we are focusing our in-depth assessment work on areas of particular risk and have streamlined our approach to carrying this out, ensuring that, where possible, we use our existing information assets rather than asking for new data to be collected. We have re-organised some of our teams to enable more efficient working. We are improving our methods so that we are better at spotting potential problems in individual healthcare organisations, before they become major incidents that incur expensive investigation activity – basically, preventing problems from becoming more serious.

A number of staff redundancies have been made and we are working to support our staff through these and any further changes that need to be made with the creation of the new regulator of health and adult social care in 2009/2010.

What we aim to achieve in 2008/2009

Our statutory duties

Our main statutory duties in England are to:

- Assess the management, provision and quality of NHS healthcare and public health services.
- Review the performance of each NHS trust and award an annual performance rating – the NHS annual health check.
- Regulate the independent healthcare sector through registration, annual inspection, monitoring complaints and enforcement.
- Publish information about the state of healthcare.
- Consider complaints about NHS organisations that the organisations themselves have not resolved.
- Promote the coordination of reviews and assessments carried out by ourselves and others.
- Carry out investigations of serious failures in the provision of healthcare.

In carrying out our duties, we are required to pay particular attention to:

- Access to healthcare, its availability, quality and effectiveness.
- The economy and efficiency of healthcare provision.
- The availability and quality of information provided to the public about healthcare.
- The need to safeguard and promote the rights and welfare of children and the effectiveness of measures taken to do so.

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.

Our strategic goals

It is important to us that both patients and the public in general can tell us what is important to them. We use their views to inform how we carry out our statutory duties and inform our assessments of how responsive health services are to their needs. The acceptance by, and involvement of, clinicians in regulation is also crucial to ensure that regulation focuses on the right issues and has their support.

Since our establishment four years ago, we have been working on a set of issues that patients, the public, clinicians and other healthcare staff have told us are important. We will continue to work on these in 2008/2009.

Working alongside clinicians and other healthcare staff, the Government, patients and the public, we aim to:

- Promote a better experience of health and healthcare for patients and the public.
- Safeguard the public.
- Provide authoritative, independent, relevant and accessible information.
- Take a lead in coordinating and improving the impact and value for money of assessment and regulation.
- Promote action to reduce inequalities in people's health and increase respect for human dignity.
- Create an organisation delivering world-class assessment and regulation.

The achievement of our goals is driven by a set of core activities that enable us to convert our aspirations into actions. The following section sets out the key activities that will deliver our strategic goals, and sets out the measures that we will use to look at how we are doing.

What we will do in 2008/2009 – our key activities and measuring our success

We have identified seven key activities, which we intend to perform in order to achieve our six strategic goals for 2008/2009, shown here.

We will measure how we are doing as we deliver our programme of work, monitoring our progress in meeting key milestones, and in fully carrying out the activities set out in our programme.

Our strategic goals and key activities

Strategic goals
Promote a better experience of health and healthcare for patients and the public
Safeguard the public
Provide authoritative, independent, relevant and accessible information
Take a lead in coordinating and improving the impact and value for money of assessment and regulation
Promote action to reduce inequalities in people's health and increase respect for human dignity
Create an organisation delivering world-class assessment and regulation

Key activities: what we intend to do
1. Ensure that the views of patients, the public, clinicians and other healthcare staff influence our priorities and help identify risks for assessment and our programme of work.
2. Ensure that our work is focused on the right priorities in promoting improvement for patients and reflects best practice in regulation, that we can demonstrate impact and cost-effectiveness, and that the development of regulation builds on our experience.
3. Assess and monitor compliance by healthcare organisations with standards and national priorities.
4. Carry out in-depth reviews and studies of topics of concern where there are risks to patients and the public across the health and healthcare system.
5. Respond to concerns about the safety of patients in individual organisations.
6. Communicate the results of assessment and regulation.
7. Support and improve our organisation and work with others to achieve a smooth transition to the new regulator.

We will also look at the measurable changes that we want to see in the health and healthcare sector as a result of our work, set out in the following table.

It is the healthcare staff working locally who deliver improved services to patients, but we intend that our activities – working with clinicians and other healthcare staff, patients and the public, those who commission services and the Government – will help promote the following changes.

Key activity	Measurable changes that we want to see as a result of our work
<p>1. Ensure that the views of patients, the public, clinicians and other healthcare staff influence our priorities and help identify risks for assessment and our programme of work</p>	<ul style="list-style-type: none"> • Groups representing patients recognise the importance of patients' experiences in regulation and assessment and are empowered/encouraged to contribute more. • In the annual health check, compliance by the NHS with core standard C17: <i>"the views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving health care services"</i> is maintained or improved. • Clinical quality measures have stronger weighting in our assessments. • Patients and the public are better informed about clinical quality for the services on which we provide benchmarking information. • Royal colleges and other clinical bodies and societies develop schemes of accreditation that inform or are complementary to our assessments. • Survey results show improved experiences for patients. • Survey results are used by trusts to target activity to improve patients' experiences.

Key activity	Measurable changes that we want to see as a result of our work
<p>2. Ensure that our work is focused on the right priorities in promoting improvement for patients and reflects best practice in regulation, that we can demonstrate impact and cost-effectiveness, and that the development of regulation builds on our experience</p>	<ul style="list-style-type: none"> • Better tailored assessments improve public accountability and contribute to improved performance by the NHS on the things that matter to patients and the public. • A credible assessment regime for primary care and commissioning. • Improved performance by the NHS and independent sector on equalities, diversity and human rights, and health and healthcare for children, people with mental health needs and learning difficulties, and older people, including: <ul style="list-style-type: none"> • progress against targets and indicators for health inequalities • improved performance on core standards relating to safeguarding children, promoting equalities and respect for human rights, treating patients with dignity and respect, and ensuring equal access for all. • Regulation continues to promote improvements in health, in the safety, quality and dignity of care, and the information available on performance. • Stakeholders consider that we are delivering an effective, credible regulatory regime for the NHS and independent healthcare. • Regulated organisations, represented by the Concordat Providers Group, have a positive perception that regulation is better coordinated and streamlined. • Our stakeholders support us in collecting the information we need to regulate effectively. • We have had a positive impact on the new legislation, regulations and development of the functions of the new regulator, on the basis of our experience of what works in improving outcomes for patients.

Key activity	Measurable changes that we want to see as a result of our work
<p>3. Assess and monitor compliance by healthcare organisations with standards and national priorities</p>	<ul style="list-style-type: none"> • Fewer NHS organisations are rated “weak” year-on-year. • Where NHS organisations were rated “fair”, more become “good” or “excellent” year-on-year. • All non-compliance with standards is pursued either by us, the strategic health authority (SHA) or Monitor. • Improvement and success by healthcare organisations is recognised and celebrated. • The Comprehensive Area Assessment adequately reflects healthcare and public health and promotes improved outcomes for local populations. • More independent healthcare organisations are compliant with standards year-on-year. • We demonstrate more effective targeting of our inspection resources on independent healthcare and NHS organisations with the highest risks. • We are recognised as experts in measurement. • Information is available that enables us to regulate better across the NHS and independent sector.
<p>4. Carry out in-depth reviews and studies of topics of concern where there are risks to patients and the public across the health and healthcare system</p>	<ul style="list-style-type: none"> • A reduction in the rate of healthcare acquired infection. • Previous reviews that we follow up in 2008/2009 (services for children in hospital, medicines management in the acute sector and community mental health) show improved performance in benchmarked information. • Reviews and studies are considered to have added value. • Improved level of compliance with core and national minimum standards relating to safety. • Improved local sharing of information between all agencies involved in the use of controlled drugs. • Improved sharing of information and action on issues arising from Ionising Radiation (Medical Exposure) Regulations 2000.

Key activity	Measurable changes that we want to see as a result of our work
<p>5. Respond to concerns about the safety of patients in individual organisations</p>	<ul style="list-style-type: none"> • Improved performance by organisations that were the subject of an investigation. • Early intervention and improvement in cases of non-compliance with standards. • No serious issues emerge that we have the capability and capacity to spot. • Improved quality of our complaints handling. • Improved compliance by the NHS with core standard C14 relating to complaints handling, and with recommendations made by the Healthcare Commission.
<p>6. Communicate the results of assessment and regulation</p>	<ul style="list-style-type: none"> • We maintain a positive profile in the media. • The results of our assessments are accessible, relevant and useful, measured through feedback to us, statistics about use of our website, and consultative panels. • We have given an effective report on key aspects of health and healthcare, and we identify key challenges facing both the NHS and independent providers.
<p>7. Support and improve our organisation and work with others to achieve a smooth transition to the new regulator</p>	<ul style="list-style-type: none"> • We have utilised our budget effectively and supported our staff to deliver the programme of work for 2008/2009. • The staff survey reports that staff feel informed and empowered in the transition. • There are effective IT systems and support in place to support staff. • There are effective arrangements in place for transition from 2008/2009 to the new regulator's programme of work. • The transition is smooth for patients, the public and those that we regulate.

Our programme of work

We have established ourselves as a modern regulator and have developed an approach that meets the principles of 'good regulation' established by Government. This approach is at the cutting edge in its use of data and is seen as a world leader, maximising the impact of regulation while minimising its costs.

The assessments that we make are based on the systematic analysis of information (including the views of patients), supplemented by targeted visits and inspections appropriate to the level of risk. This means that it is a 'light touch' assessment that focuses on identifying poor performance where our engagement can have an optimal impact.

The following pages set out the programme of work, followed by information on how our resources will be deployed.

We capture additional information about milestones, and who is delivering our key activities in our internal plans.

1. Ensure that the views of patients, the public, clinicians and other healthcare staff influence our priorities and help identify risks for assessment and our programme of work.

Engaging with patients and the public

It is important to us to understand what patients and the public think about their healthcare services, and what they consider to be the priorities for our work. Patients want to know that the views they give us will make a difference to our work and will count in our assessments. There are four main functions that are central to our role as regulator, namely:

- Getting advice from patients and the public to guide and shape the processes of regulation.
- Gathering intelligence from people's experiences of services and their views, in order to feed into assessments and ratings of healthcare organisations and services.
- Regulating involvement – assessing how well healthcare organisations engage patients and the public in their decisions and activities.
- Providing information to help patients, clinicians and others to make decisions about health services and the treatment of individual patients.

We will continue our work to carry out effective engagement with patients and the public and improve the use of their views in our assessments of healthcare through:

- Carrying out effective engagement with patients and the public through Local Involvement Networks (LINKs) and national patient groups, so that their views are heard and have an impact on assessments, and so that the Commission is able to identify and address key risks in healthcare.
- Ensuring that any significant concerns of patients are actively considered through the annual health check processes.
- Carrying out surveys of patients and using their results in our assessments of healthcare organisations and services. Surveys that are being published, or that start in 2008/2009, are set out in Appendix A.
- Piloting future surveys of patients.
- Carrying out, with the Mental Health Act Commission, the *Count me in* census of the ethnicity of inpatients in mental health and learning disability services.
- Measuring, through our assessment of the relevant standards in the annual health check, the extent to which healthcare organisations are more responsive to their patients.

Working with clinicians and other healthcare staff

We recognise the importance of involving clinicians in designing our assessments of health and healthcare and we consult with a wide range of clinicians and other healthcare staff. In 2008/2009 we will:

- Work with clinicians to achieve a robust assessment of the clinical quality of services, identifying clinicians' views on the safety and quality of healthcare that is provided by the organisations we assess.
- Develop a programme of work with the royal colleges and other clinical bodies to develop benchmark data on a range of services/conditions with a strong focus on safety and quality, and to ensure that we use a number of accreditation programmes from royal colleges or other relevant services as part of our assessment systems.
- Carry out the NHS staff survey.

2. Ensure that our work is focused on the right priorities in promoting improvement for patients and reflects best practice in regulation, that we can demonstrate impact and cost-effectiveness, and that the development of regulation builds on our experience.

Ensuring that our work provides robust regulation and assessment of the key priorities

We aim to promote improvement by having a robust assessment of the provision and commissioning of healthcare. This needs to be appropriate for different healthcare sectors such as mental health, public health, primary care or ambulance trusts, and for specific conditions and client groups such as children, older people and people with learning difficulties across the healthcare sector. It is important that our work promotes a reduction in inequalities and promotes respect for human rights and diversity, through ensuring that we are both compliant with our specific duties, and deliver a better assessment of issues in equality, diversity and human rights in health and healthcare.

We look at these issues across all the activities in this plan, so that we meet our aims through our programme of work.

Working with others to make inspection and regulation more efficient and proportionate

By working jointly with other regulators we aim to make inspection and regulation more efficient and proportionate to support improvements most effectively. We will continue this work in 2008/2009 through the following initiatives:

- We are working locally with a range of regulatory organisations in the Health and Social Care Concordat to jointly develop mechanisms for reaching a common view of the risks across health and social care in particular localities.
- We have a number of areas of joint working with the Commission for Social Care Inspection (CSCI) and the Mental Health Act Commission (MHAC). This work is overseen by a Joint Partnership Board, chaired jointly by the Chief Inspector of CSCI and the chief executives of the Healthcare Commission and MHAC.
- In working with Monitor, we ensure that our respective approaches to assessment are clear and, as far as possible, do not overlap.
- We are working with a number of other bodies, including the Audit Commission, towards the development of the Comprehensive Area Assessment (CAA), which will look at the prospects for local areas and the quality of life for people living there, including looking at local inequalities in health.
- We are working with Ofsted towards greater sharing of information relating to regulation, registration and inspection of children's services, particularly where children are living away from home.

Contributing effectively to the new regulatory regime

It is important that our work is aligned with the future direction of health and healthcare and the functions of the new regulator of health and adult social care. We will be working with others in the development of the new legislation and regulations, to ensure that the findings of our work influence the general development of policy on health and healthcare.

3. Assess and monitor compliance of healthcare organisations with standards and national priorities.

We use information to assess and monitor the compliance of healthcare organisations with standards and national priorities, and we then carry out targeted inspections. An important aim of our system of assessment is that the boards that manage healthcare organisations, in the NHS and in the independent sector are clear on their responsibilities and accountabilities for safety and quality.

We inform patients and the public about the quality of their local NHS trust or independent healthcare organisations, and we take follow-up action where we find non-compliance or weak performance against standards and national priorities. By working with others in the system, such as strategic health authorities and Monitor, we ensure that poor performing organisations take action. We identify and highlight good practice and excellence where we find it, celebrating success so that the learning from good practice can be disseminated.

The annual health check of the NHS

In autumn 2008, we will publish the results of the 2007/2008 annual health check to inform patients and the public about the quality of local NHS trusts.

The annual health check sets out how NHS trusts have performed in the financial year 2007/2008 against all core standards, including their compliance with the hygiene code. We will publish details of the annual

health check on the performance of NHS trusts in the financial year 2008/2009. The results of this will be published by the new regulator of health and adult social care in the autumn of 2009.

We aim continuously to further improve our assessments of specific sectors such as mental health and ambulance trusts, as well as the assessment of the commissioning of services by primary care trusts.

Four themes are particularly important in our assessments – health and wellbeing, clinical effectiveness, safety, and patient focus and access.

In 2008/2009 we will:

- Follow up reasons for non-compliance with standards to facilitate improvement in organisations previously rated “weak” or “fair”.
- Celebrate improvement and success by healthcare organisations.
- Carry out exploratory work on producing GP practice-level comparative information using available data.
- Carry out a review of clinical governance for defence medical services.
- Look at the commissioning of prison healthcare services.
- Carry out assessments against standards for NHS Direct, the National Blood and Transplant Service and the National Treatment Agency.

Further to this, in developing the annual health check for 2008/2009 we will:

- Provide separate scores on the performance of provider and commissioning functions of PCTs.
- Develop improved sets of indicators giving a more rounded measurement of performance in relation to national priorities set out in the NHS Operating Framework, replacing national targets.
- Develop small sets of benchmark indicators for the NHS.
- Contribute to the Comprehensive Area Assessment.
- Draw together a set of benchmarks for children’s health and healthcare services.

Registration and assessment against national minimum standards in the independent sector

We are in the process of updating the methods and tools used to assess the performance of independent healthcare organisations to be streamlined and targeted on the greatest risks to patients. We carry out a local assessment of risk to target our inspection activity and are looking at the way we do this to enhance national consistency and spread best practice.

For new independent healthcare establishments that are seeking registration, we will introduce changes from April 2008 to improve the process. Another key area of development in 2008/2009 is the work we are doing to improve the flow of data relating to the independent sector. We would like to reach a position that allows greater comparison of performance between the independent sector and the NHS.

In 2008/2009 we will follow up the reasons for non-compliance with national minimum standards to seek visible improvement in the level of compliance of registered independent healthcare organisations.

4. Carry out in-depth reviews and studies of topics of concern where there are risks to patients and the public across the health and healthcare system.

We carry out in-depth reviews and studies in order to promote improvement in the safety and experience of patients and in the clinical quality of key services where there are particular risks to patients and the public. Unlike our work on investigations, our reviews and studies look across the health and healthcare system at the performance of a number of organisations, often looking at how organisations work together locally.

The purpose is to reinforce the assessment of standards and national priorities by focusing on particular topics where concerns emerge. Where any service or topic review identifies concerns that standards are not being met, we will use that information as part of the assessment of performance in relation to our ongoing assurance of standards.

A programme of reviews, follow-up and national studies

At the beginning of 2008/2009 we will complete our programme of reviews and studies that relate to the 2007/2008 performance year.

We have a programme of topics for 2008/2009, set out in our consultation of the NHS annual health check for 2008/2009 and in Appendix A. The programme has been constructed through a prioritisation exercise looking across areas

of concern, identifying what we have already looked at, and what is being looked at by our partners, to arrive at a set of priorities for review. In 2008/2009 we will also undertake four national studies, using existing information and engagement.

Work in relation to specific statutory regimes

Children and young people

We have a statutory duty to “pay particular attention to the need to safeguard and promote the rights and welfare of children and the effectiveness of measures taken to do so”. We will complete the programme of work on joint area reviews (with Ofsted and other bodies), which are increasingly targeted to assess services for the most vulnerable children and young people, and through our reports on youth offending teams.

We will be monitoring improvement against the findings of previous reviews, particularly those of maternity services and services for children in hospital, and will continue our work of assessing the provision of care for adolescents with learning disabilities. We are developing a set of indicators for children’s health and healthcare services to ensure that we are measuring the health aspects of children’s services effectively through our assessments, and contributing to multi-agency work on children and adolescent mental health services, safeguarding and health services for children and young people in secure settings.

Safety

Patients and the public are, rightly, particularly concerned about safety. We are strengthening our assessment of safety by increasing the emphasis on a broader range of key risks to the safety of patients.

One of the key risks is infection. Hygiene within hospitals and whether trusts are taking adequate steps to prevent the spread of healthcare-associated infections is of particular concern. In addition to the two high profile investigations that we have recently carried out, we have been conducting risk-based unannounced inspections in local trusts to check compliance with key elements of the hygiene code where information suggests that there may be cause for concern. We have also carried out inspections in trusts where concerns about other standards have triggered a visit. In 2008/2009, we will consider the feasibility of extending the scope for this programme to other settings, including exploring possible joint work with CSCI to include care homes. The Government intends for the regulator to implement a new process of registering NHS organisations against the requirements of the hygiene code in 2009/2010.

Last year the Secretary of State for Health announced that the Healthcare Commission would commence an annual programme of inspections of every acute NHS trust in England to assess their arrangements for the prevention and control of healthcare acquired infections, commencing in April 2008. This is a significant programme and we will use an assessment of risk to prioritise the order of trusts that we will visit and to determine what is inspected during our visits.

Another key risk to safety, and one which we will review, is the management of medication over organisational boundaries. We will also look in-depth at incidents of falls, the implementation of safety alerts, and the management of medical devices. We will continue to carry out our statutory duties in relation to working with local networks looking at the management of controlled drugs, and in ionising radiation, conducting a programme of inspections based on risk.

5. Respond to concerns about the safety of patients in individual organisations.

We increasingly identify risks to the safety of patients in individual organisations through our information and assessment systems. In 2008/2009, our priority is to place increased emphasis, locally and nationally, on non-compliance with standards in the NHS and the independent sector in an effort to drive a high level of compliance with standards before March 2009.

Proportionate response to safety concerns of patients and taking urgent action where necessary

We will respond to concerns about the safety of patients in NHS organisations and the independent sector in a way that is proportionate to the concerns identified, including taking immediate action where needed.

We have the statutory power to review and investigate healthcare organisations where we believe that the safety of patients is at risk. Each year, we receive approximately 100 referrals to our investigations department, and while we make enquiries into each and every one of them and may make recommendations, only a handful each year prompts a full investigation.

Our teams will work to ensure that all safety concerns raised are followed up and that we respond earlier to problems that are identified. We will publish reports following our investigations and will follow up to ensure that improvement action is being taken. Twelve months after publishing our investigation reports, we publish a 'one year on' look at what improvement has been made.

Systematically identifying healthcare risks for intervention and investigation

We will be continuing our work to spot problems in individual organisations as early as possible. This includes examining statistical outliers – for example, services that have a higher than expected rate of mortality – as well as proactively identifying potential healthcare risks and engaging with healthcare organisations before a full investigation may be necessary.

Handling second stage complaints about the NHS

We aim to deal with complaints about the NHS that have not been resolved locally within a published service level agreement and to continually improve the quality of our complaints handling.

The Department of Health's consultation on a new process for dealing with complaints envisages that when complaints cannot be resolved by an NHS trust, they go straight to the Parliamentary and Health Service Ombudsman. The new regulator will continue to have a role in assessing the effectiveness of trusts' complaints handling systems.

While we support the intention of streamlining the system in line with the Department of Health's plans, we are of course examining how we continue to deliver an effective service for patients in the meantime and promote improved management of complaints locally by NHS trusts, which is in the best interests of patients. We will work with the Department of Health to ensure that there is a smooth transition to the new arrangements.

6. Communicate the results of assessment and regulation

Publishing the information that we collect is an important part of our work and it ensures public accountability for the performance of organisations we assess.

Reporting and disseminating the findings from all our work

We publish reports following all our assessments, reviews and studies, interventions and investigations. We aim to ensure that our work is increasingly useful in answering questions from patients and the public about the safety and quality of healthcare and is relevant and useful to all our audiences. We are carrying out work to improve our website so that the information published there is relevant, useful and user-friendly.

In 2008/2009, we are continuing our work to make the information from our assessments more accessible to help promote improvement, for example, through the development of the annual health check website and delivery of a suite of service level information on new pages of our website, providing integrated access to a range of information on services such as those for mental health, safety, children's healthcare and the independent healthcare sector. We will also publish information specific to certain services for the independent healthcare sector.

We will also continue to work with partners – for example, NHS Choices, medical charities such as Diabetes UK, and the BBC – to enable us to share our information as widely and effectively as possible.

Report on the state of healthcare in 2008

The Healthcare Commission must present a report on the provision of healthcare by or for NHS bodies to Parliament every year. The *State of Healthcare* report sets out key aspects of healthcare, identifies the challenges facing both the NHS and independent healthcare organisations, gives examples of good practice and comments on the key issues in healthcare.

7. Support and improve our organisation and work with others to achieve a smooth transition to the new regulator

Over the past four years we have developed an effective and efficient structure for our organisation including staff operating locally in four regions. Significant reductions in costs have been achieved.

Supporting our staff to deliver the programme of work for 2008/2009

Following an in-depth analysis of our working methods and costs during 2007/2008, we have implemented a range of improvements in the running of the Healthcare Commission, while continuing to focus on supporting our staff through the process of change, to achieve:

- A more streamlined organisational structure to improve the way that we work.
- An even tighter focus on our key priorities as described in this plan.
- Increased efficiency in our management structure.
- A consolidation of our investment in information and information technology.
- Savings in costs from integrated working with the Commission for Social Care Inspection, including shared services.

We have made a significant investment in systems to support our information-led approach to assessment and regulation, including a customer relationship management system and a new way of

retrieving and accessing our data and documents so that our staff have access to the information they need.

We will continue to support our staff to deliver the programme of work that we have set, including providing training and development, to ensure that they maintain a good understanding of changes in the NHS, independent healthcare sector and in social care, and to maintain our reputation for treating our customers in a way that is professional, helpful and courteous.

Managing our resources efficiently to ensure smooth delivery of our programme of work

We have set out a picture of resources in 2008/2009 on page 24. We are funded by the Department of Health and by charging fees to independent healthcare organisations that we regulate. For this year, our operating budget will be £60 million excluding capital expenditure, which is the amount we require to carry out effective and independent regulation of healthcare in 2008/2009. Approximately £6.5 million of this will be obtained through charging fees to the independent healthcare sector and, subject to any changes to the regulation of non-surgical laser and intense pulsed light establishments, we estimate that a further £0.6 million could be collected in fees from the independent sector to cover fully our costs in this area. Our budget for 2008/2009 includes:

- £4 million from the Department of Health to enable us to visit every NHS acute trust in England to look at infection prevention and control.
- £11.6 million to fund the handling of second stage complaints about the NHS.

As explained in this plan, we will be carrying out work to support the transition to the new regulator of health and adult social care, and we expect this activity to be funded.

In 2008/2009, we will have approximately £4 million of capital funding, to support our work on a range of projects including the annual health check, service reviews and other publications, and completion of an online registration system for registration of independent healthcare organisations.

Sustainable development

We have an active energy reduction programme focused on reducing the usage of electricity in our offices. A reduction of around 20% in electricity usage has already been achieved. There is also a comprehensive recycling scheme in which paper, print cartridges and toners, cans bottles and plastics are recycled under contract with specialist recyclers.

Working with others on the transition to the new regulator of health and adult social care

We will work with the Department of Health and, when established, the new regulator of health and adult social care to prepare for the establishment of the new organisation. Above all, we aim to ensure that in the context of the

transition, we remain able to meet our statutory responsibility and deliver our agreed programme of work for 2008/2009.

We will deliver a programme of work to meet our obligations in relation to transition, so that the transition is as smooth as possible for those that we regulate and for our staff, and will ensure that our staff are supported throughout the transition. We are committed to working collaboratively with the Department of Health, the Commission for Social Care Inspection, the Mental Health Act Commission and the new regulator, to achieve these aims. We expect to have a lead role in preparing for the implementation of a new process of registration of NHS organisations against the requirements of the hygiene code in 2009/2010.

A key task will be to ensure that the knowledge we have about organisations, services and risks in relation to health and healthcare is structured and maintained in a way that we are confident that it is all passed comprehensively to the new regulator.

We have certain legal responsibilities in relation to handing over our functions by the end of March 2009 and in relation to formally closing our organisation. We must ensure, where appropriate, continuity of business in order to give the new regulator the best chance of success and so we will be very clear about our business and our costs in 2008/2009, to articulate the work that will need to be handed across to the new organisation.

Our resources

Our budget for the year 2008/2009 is shown here by key activity. The amounts shown exclude capital and transition costs.

The Healthcare Commission's 2008/2009 budget, by activity

Activity	2008/2009 budget £ million	2007/2008 budget £ million	2006/2007 budget £ million
Ensure that the views of patients, the public, clinicians and other healthcare staff influence our priorities and help identify risks for assessment and our programme of work.	4.3	4.5	5.0
Ensure that our work is focused on the right priorities in promoting improvement for patients and reflects best practice in regulation, that we can demonstrate impact and cost-effectiveness, and that the development of regulation builds on our experience.	2.4	2.2	4.4
Assess and monitor compliance of healthcare organisations with standards and national priorities.	14.3	17.9	18.4
Carry out in-depth reviews and studies of topics of particular concern where there are risks to patients and the public across the health and healthcare system. (In 2008/2009 this includes £4m for a programme of visits to NHS acute trusts looking at infection prevention and control).	9.8	6.5	6.8
Respond to concerns about the safety of patients in individual organisations.	3.3	2.8	2.1
Communicate the results of assessment and regulation.	3.5	4.7	4.3
Support and improve our organisation and work with others to achieve a smooth transition to the new regulator. (Includes £4.7m for accommodation)	16.3	18.6	22.5

The Healthcare Commission's 2008/2009 budget, by activity - continued

Activity	2008/2009 budget £ million	2007/2008 budget £ million	2006/2007 budget £ million
Capital charges	2.5	2.8	2.58
Subtotal	56.4	59.9	66.2
Handling of second stage NHS complaints	11.6	9.7	9.1
Clinical audit		5.4	5.1
Total	68.0	75.1	80.4

Appendix A: Programme of reviews, national studies and surveys

At the beginning of 2008/2009, we will complete our programme of reviews and studies that relate to the 2007/2008 year of performance, namely:

- Review of maternity services.
- Review of urgent and emergency care.
- Review of acute inpatient mental health services.
- Our third review of services for substance misuse, conducted jointly with the National Treatment Agency.
- Review of race equality.
- Review of older people's mental health.
- Studies of value for money in adult community mental health services and child and adolescent mental health services.
- *Is the treatment working?* a study of NHS modernisation, jointly with the Audit Commission.
- *Are we choosing health?* a study of public health, also jointly with the Audit Commission.
- Follow-up visits to organisations included in last year's audit of learning disabilities services to see what progress has been made in the past 12 months.

Our programme for 2008/2009 includes:

- The commissioning of services for people with learning difficulties, conducted jointly with the Commission for Social Care Inspection and the Mental Health Act Commission.
- Palliative and end-of-life care, working with the National Audit Office.
- Patient safety in the community-based management of medicines after discharge from hospital.
- Information governance.
- Follow-up work in relation to reviews that we have conducted in previous years, to assess whether improvement has been made. In 2008/2009 this will apply to the reviews of services for children in hospital, and medicines management (in the acute sector) and community mental health services.

We will also be conducting the following national studies in 2008/2009:

- Access to psychological therapies.
- Patient and public engagement by NHS trusts and independent healthcare organisations.
- Population health focusing on smoking and use of statins (cholesterol-lowering drugs).
- Disability equality.
- A follow-up audit of the schizophrenia guidelines issued by the National Institute for Health and Clinical Excellence (NICE).

Subject to ethical approval, we will conduct the following surveys in 2008/2009:

- Emergency department attendees.
- Category C ambulance service users.
- Adult acute inpatients.
- Mental health inpatients.
- Local health service.

We will also run the following pilot surveys in 2008/2009:

- People with long-term neurological conditions.
- People with learning disabilities.
- Outpatient clinic attendees.

We will also carry out, with the Mental Health Act Commission, the *Count me in* census of the ethnicity of inpatients in mental health and learning disability services.

Once again, we will carry out the national NHS staff survey.

Appendix B: Summary version of programme of work in relation to specific themes

This summarises our programme of work as set out in the rest of this document, highlighting the key items we will deliver in 2008/2009. Over the following pages, we show how this programme aligns to specific themes in health and healthcare.

<p>Assessment and monitoring of the compliance of healthcare organisations with standards and national priorities</p>	<p>Assess performance in the NHS against all core standards (including compliance with the hygiene code), indicators and use of resources. Produce annual health check ratings for all NHS trusts. Register and assess organisations in the independent sector against national minimum standards.</p> <ul style="list-style-type: none"> • Follow up reasons for non-compliance with standards so that there is improvement in organisations previously rated “weak” or “fair” or not compliant with national minimum standards. • Celebrate improvement and success. • Develop improved sets of indicators for giving a more rounded measurement of performance in relation to national priorities set out in the NHS Operating Framework, replacing national targets. • Separate scores of the performance of provider and commissioning functions of PCTs. • Carry out exploratory work on producing practice-level comparative information using available data. • Develop small sets of benchmark indicators for the NHS.
<p>In-depth reviews and studies of topics of concern where there are risks to patients and the public across the health and healthcare system</p>	<ul style="list-style-type: none"> • A programme of reviews and national studies and follow-up to previous reviews. • Programmes of inspections in relation to specific statutory regimes. • Programme of surveys.
<p>Response to concerns about the safety of patients in individual organisations</p>	<ul style="list-style-type: none"> • Response to concerns about the safety of patients in individual organisations in the NHS and independent sector in a way that is proportionate to the concerns identified and taking urgent action where needed – for example, through initial considerations, interventions and investigations. • Systematic identification and follow-up of outliers (for example, high mortality) leading potentially to interventions where necessary. • Handling second stage complaints about the NHS.

Communication of the results of assessment and regulation	<ul style="list-style-type: none"> • Reports on all our assessments, reviews and studies, interventions and investigations. • Report on our learning from the system of carrying out investigations and handling complaints. • Report on the state of healthcare in 2008. • Launch of pages on our website providing integrated information about healthcare services.
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Safety

Work on standards and national priorities	<ul style="list-style-type: none"> • Standards-based assessment of the NHS – across providers and commissioning. In 2008/2009: <ul style="list-style-type: none"> • including a stronger focus on outcomes and how organisations address major risks to safety • improving our core standards assessment in relation to the safe management of falls (on healthcare premises), the safe management of medical devices and the implementation of actions required in Safety Alert Bulletins. • Include indicators on safety in the indicator-based assessment of NHS acute, ambulance and mental health trusts, and continue to assess progress on meeting the national priorities for MRSA and <i>Clostridium difficile</i> infections. • A small set of benchmark indicators on safety in the NHS. • Registration and assessment against national minimum standards in the independent sector.
In-depth work on topics	<ul style="list-style-type: none"> • Programme of visits to all NHS acute trusts to look at healthcare acquired infection prevention and control. • Potential work on infection prevention and control and the hygiene code for other settings including the independent sector. • Assessment on the management of controlled drugs in the NHS. • Regulation of ionising radiation (IR(ME)R 2000) in the NHS and independent sector including a programme of risk-based and responsive inspection. • Review of the management of medicines in primary care in the NHS.

<p>Responding to concerns</p>	<ul style="list-style-type: none"> • Pulling together information on serious patient safety incidents or serious untoward incidents to target inspections and investigations better. • Systematic identification and follow-up of outliers (for example, high mortality) leading potentially to interventions where necessary. • Respond to concerns about the safety of patients in individual organisations in the NHS and independent sector in a way that is proportionate to the concerns identified and taking urgent action where needed – for example, through initial considerations, interventions and investigations.
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Children’s services

<p>Work on standards and national priorities</p>	<ul style="list-style-type: none"> • Standards-based assessment in the NHS. • Registration and assessment against national minimum standards in the independent sector. • Small set of indicators about the health of children in local areas – aligned to the Vital Signs framework.
<p>In-depth work on topics</p>	<ul style="list-style-type: none"> • Follow up our previous review of services for children in hospital in the NHS using a small set of scored indicators. • Programme of joint area reviews until December 2008. Working with others to consider how children’s health will be included in future assessment process, for example, in comprehensive area assessments. • Inspections of youth offending teams (YOTs). • Third joint chief inspector’s review on safeguarding children and young people. • National report of the 2007/2008 study of value for money in child and adolescent mental health services. • National report following the 2007/2008 review of maternity services.

Clinical quality

Work on standards and national priorities	<ul style="list-style-type: none"> • Standards-based assessment in the NHS. • Registration and assessment against national minimum standards in the independent sector. • Include a number of indicators of clinical quality in the set used for rating trusts. • Set of benchmarking indicators of clinical quality, focused on outcomes wherever possible.
In-depth work on topics	<ul style="list-style-type: none"> • Review of palliative and end-of-life care. • Review of the management of medicines in primary care in the NHS. • An update to our web pages providing information on heart surgery. • Follow-up audit of the NICE schizophrenia guidelines.

Reducing health inequalities and promoting wellbeing

Work on standards and national priorities	<ul style="list-style-type: none"> • Standards-based assessment in the NHS – public health standards. • Assessment of how commissioning drives health improvement and reduces inequalities in health outcomes and access to healthcare. • Publish information on comparative performance for each PCT, including all relevant indicators in the Vital Signs framework defined by Government.
In-depth work on topics	<ul style="list-style-type: none"> • Study of the population health focusing on smoking and the use of statins in the NHS. • National study of disability equality in healthcare. • National report following the 2007/2008 review of race equality in the NHS.

The experience of patients and the public – including access

<p>Work on standards and national priorities</p>	<ul style="list-style-type: none"> • Standards-based assessment in the NHS. • Engaging with, and gathering views from, LINKs and other national and local voluntary organisations and community-based patient-led organisations, making special efforts to reach marginalised groups. • Commentaries received from overview and scrutiny committees and foundation trusts’ boards of governors on the performance of NHS trusts. • Registration and assessment against national minimum standards in the independent sector. • Development of rated indicators for NHS trusts with learning disability services.
<p>In-depth work on topics</p>	<ul style="list-style-type: none"> • National programme of surveys of patients – surveys that are publishing or starting in 2008/2009 include emergency department attendees, category C ambulance service users, adult acute inpatients, mental health inpatients and local health services. • Pilot future surveys of patients including people with long-term neurological conditions, people with learning disabilities and outpatient clinic attendees. • <i>Count me in</i> census of the ethnicity of inpatients in mental health and learning disability services. • Review of palliative and end-of-life care in the NHS. • Review of commissioning of services for people with learning difficulties. • National report on access to psychological therapies. • Review of patient and public engagement by healthcare organisations across the NHS and independent sector.

Other priorities and cross-cutting

Work on standards and national priorities	<ul style="list-style-type: none"> • Look at the commissioning of prison healthcare services. • Assessments against standards for NHS Direct, the Blood and Transplant service and the National Treatment Agency • Contribute to the comprehensive area assessment
In-depth work on topics	<ul style="list-style-type: none"> • Information governance. • Following up previous service reviews using small sets of scored indicators. <ul style="list-style-type: none"> • medicines management (in the acute sector) • community mental health services. • Study of value for money in adult community mental health services. • National report following the 2007/2008 review of substance misuse services. • National report following the 2007/2008 review of urgent and emergency care. • National report following the 2007/2008 review of older people's mental health services. • National report following the 2007/2008 review of acute inpatient mental health services. • Launch of pages on our website providing information about mental health services • Independent healthcare services • Children's healthcare services • Review of clinical governance for MOD Medical services. • The NHS staff survey.

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