



National Clinical Assessment Service

# **NCAS Business Plan 2012 / 13**

**Version no. and status: v2.0 Final**

**Date of Release: 28<sup>th</sup> February 2012**

**Approved by: Management Team**

**Owner: Kevin Hunt**

## Table of contents

1. Introduction.....	3
2. Strategic Objectives .....	4
3. Business plan objectives.....	5
4. Areas of Assurance.....	10
5. Financial Plan 2012/13.....	13
6. Human Resource Plan 2012/13.....	14
7. Risk Analysis .....	14
8. Appendices .....	15

# 1. Introduction

The National Clinical Assessment Service (NCAS) is a national service bringing expertise to the resolution of concerns about professional practice in doctors, dentists and pharmacists (practitioners). NCAS provides a service to NHS England by statute and to the national health services in Northern Ireland, Scotland and Wales through service agreements under the relevant Acts of devolution. In addition, NCAS has formal agreements in place with the Isle of Man, Jersey, Guernsey, Surgeon General's Office, General Dental Council and Independent Health Care Advisory Service.

NCAS' remit is currently set out in the following legislation:-

- NHS England Directions to the National Patient Safety Agency (2005 amended 2009);
- The National Health Service (Performers Lists) Regulations 2004;
- National Health Service (Performers Lists) Directions 2010;
- The Medical Profession (Responsible Officers) Regulations 2010 stipulate that designated bodies have a duty to have regard to guidance given by the National Clinical Assessment Service division of the National Patient Safety Agency;
- The Health Professional Alert Notices Directions (2006) which directs SHAs to send alert notices about individual healthcare professionals to NCAS;
- Maintaining High Professional Standards in the NHS (2003, 2005) also directs the NHS to consider involving NCAS where performance concerns arise and orders the involvement of NCAS where organisations are considering formal exclusion of a doctor. NCAS involvement must also be sought following three exclusions of a practitioner.

This Business Plan has been produced to ensure NCAS is able to discharge its responsibilities as set out in its standing directions and the Arm's Length Body Review, as well as its responsibilities within the health and social care bill, and the Department of Health's Business Plan 2011-2015.

Liberating the NHS: Report of the arm's-length bodies review (ALB Review) was published on 26 July 2010. The decision in respect of NCAS was that NCAS would transfer out of the National Patient Safety Agency (NPSA), which was to be abolished, and that NCAS would become (at a date to be agreed with the Department of Health) a self funded service.

The Health and Social Care Bill 2011 includes a number of policy areas and cross cutting themes that are particularly relevant to NCAS in the discharge of its duties, these include:

- Greater local and national accountability for the quality of health care services
- Improved quality of care
- Choice and competition
- Streamlined ALB sector

## 2. Strategic Objectives

2012/13 represents a significant year for NCAS as the organisation continues to provide services as set out in its directions while completing a period of transition that will see NCAS move to a self funding business model. The main aspects of transition in 2012/13 and 2013/14 are:

- Exit from the National Patient Safety Agency (NPSA) – 1<sup>st</sup> April 2012
- Interim hosting by the National Institute for Health and Clinical Excellence (NICE) – 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013
- Exit from NICE into final legal form – 31<sup>st</sup> March 2013
- Development of self funding business model 1<sup>st</sup> April 2012 to 31<sup>st</sup> March 2013, for implementation in financial year 2013/14

NCAS has four strategic objectives for 2012/13, these are:

1. Maintain core services by ensuring casework is responsive, timely, proportionate, cost effective, and underpinned by robust and defensible methods.
2. Promote effective systems of professional governance through an external education programme and publication of analysis of casework experience.
3. Develop services by identifying and responding to the needs of existing and emergent stakeholders.
4. To develop staff to enable delivery of the new business model and service delivery.

These objectives will ensure that NCAS is both able to continue high quality core services while meeting the key aspects of the transition.

### 3. Business plan objectives

#### Strategic Objective One:

**Maintain core services by ensuring casework is responsive, timely, proportionate, cost effective, and underpinned by robust and defensible methods.**

No.	Objective	Output
1.1	Ensure a general and specialist advisory/case management service is provided for all NCAS referrers that is responsive, timely, proportionate and fit for purpose in all NCAS offices.	<ul style="list-style-type: none"> <li>• Manage all referrals, estimated 1000 new referrals and 300 re-opened cases.</li> <li>• Monitor exclusions and suspensions under the provisions of <i>Maintaining High Professional Standards</i>(MHPS)</li> </ul>
1.2	Ensure the effective and timely delivery of NCAS assessments.	<ul style="list-style-type: none"> <li>• Consideration and selection of referrals for assessment suitability</li> <li>• Specialist advice and quality assurance of assessments</li> <li>• Delivery of assessments appropriate to circumstance</li> <li>• Adaption and addition to assessments were required, e.g. simulations</li> <li>• Provision of final report to referrer and practitioner</li> </ul>
1.3	Ensure that the management of referrals by NCAS is legally robust	<ul style="list-style-type: none"> <li>• Managed cases subject to quality assurance and legal review</li> <li>• Guidances and procedures in place for appropriate level of expert legal intervention</li> <li>• Advisers and case managers supported against competency standards.</li> </ul>
1.4	Ensure the maintenance and development of robust, rigorous assessment methods which reflect international best practice	<ul style="list-style-type: none"> <li>• Development of simulations and specialist interventions</li> <li>• Review and quality assurance of methods</li> <li>• Development of evaluation and research programme for assessments</li> <li>• Development of additional methods in response to specific case requirements.</li> <li>• Maintenance and development of procedures and guidance</li> </ul>
1.5	Ensure Back on Track services (action planning etc) are in place for all completed assessments and other cases as appropriate.	<ul style="list-style-type: none"> <li>• Action planning in all appropriate assessment cases</li> <li>• Action planning in all referrals where suitable</li> <li>• Support provided for implementation and monitoring of action plans</li> <li>• Development of new products and services</li> </ul>

No.	Objective	Output
1.6	Develop, deliver, maintain and evaluate assessor panel and training.	<ul style="list-style-type: none"> <li>• Skills based training for all assessors</li> <li>• Recruitment for new assessors including hospital pharmacists</li> </ul>
1.7	Develop, deliver, maintain and evaluate training for advisers and case managers	<ul style="list-style-type: none"> <li>• Skills based training for all advisers and case managers</li> </ul>
1.8	Maintain corporate service functions through host, shared business services, and in-house support.	<ul style="list-style-type: none"> <li>• Procurement carried out in line with financial and efficiency controls</li> <li>• Continuity of IT services, and development of IT services to support core services</li> <li>• Financial management in line with ALB sector, Treasury and host requirements (please see section 5 for targets and profiling)</li> <li>• Human Resources supports NCAS in achieving organisational capability (please see section 6 for detailed targets)</li> <li>• Appropriate NCAS Corporate governance to maintain NCAS as a hosted rather than integrated service</li> <li>• Facilities and Estate management targets achieved for all NCAS offices.</li> </ul>

## Strategic Objective Two:

**Promote effective systems of professional governance through an external education programme and publication of analysis of casework experience.**

No.	Objective	Output
2.1	Raise awareness of NCAS value added services and maintain awareness of core services	<ul style="list-style-type: none"><li>• Design, promotion and delivery of programmes of NCAS workshops and educational events</li><li>• Participation in external workshops and other education events run by external providers</li><li>• Networking and promotion of NCAS within and across regional areas</li><li>• Influence central policy development across UK administrations</li><li>• Maintain profile and relationships with key stakeholders and identify new relationships where appropriate</li></ul>
2.2	Evaluation of activity and outcomes	<ul style="list-style-type: none"><li>• Procure new case management / customer relationship management system</li><li>• Analysis and reporting of learning from case activity</li></ul>
2.3	Knowledge generation in relation to NCAS cases, performance concerns and how they can be most appropriately supported and addressed	<ul style="list-style-type: none"><li>• Continued publication of statistics.</li><li>• External presentation/publication of outputs from analysis/evaluation and research work</li><li>• Submission for publication in peer-reviewed or other journals of completed NCAS Evaluation and Research work, where appropriate.</li><li>• External parties engaged in analysis and publication of information, facilitated through clear protocols.</li></ul>
2.4	Develop joint Research and Development projects with academic and professional bodies	<ul style="list-style-type: none"><li>• Information sharing with third parties to support research</li><li>• Joint publications and conference presentations</li><li>• Support / presence in international publications / research groups</li></ul>

## Strategic Objective Three:

### Develop services by identifying and responding to the needs of existing and emergent stakeholders.

No.	Objective	Output
3.1	Implement business model for self funding status.	<ul style="list-style-type: none"> <li>Financial infrastructure in place to support self funding</li> <li>Service delivery structured to meet business model requirements</li> <li>Corporate Governance structure in place appropriate to business model and organisational structure</li> </ul>
3.2	Service delivery review	<ul style="list-style-type: none"> <li>All service areas reviewed to ensure fit for purpose within new business model</li> <li>New service lines confirmed</li> <li>Key posts identified and job specification / training in place.</li> <li>Career paths and crossover roles identified</li> <li>Efficient utilisation of skills, knowledge and resources.</li> </ul>
3.3	Organisational and legal structure in place for 2013/14	<ul style="list-style-type: none"> <li>Legal form of organisation agreed and articles of association / directions in place as appropriate.</li> </ul>
3.4	Corporate infrastructure in place to support new business model and organisational / legal structure.	<ul style="list-style-type: none"> <li>SLAs / contracts / shared service agreements in place for financial, human resources, and IT services.</li> </ul>
3.5	Delivery of services to all income generation areas	<ul style="list-style-type: none"> <li>Wales (through commissioned agreement)</li> <li>Northern Ireland, Island States, Defence Medical Services, General Dental Council, Medical Council Ireland (through contract)</li> <li>Scotland and Independent Health Sector (cost per service)</li> <li>Pilot services for other areas / professions as business opportunities developed</li> </ul>
3.6	Develop programmes of education and appropriate services in support of Responsible Officers	<ul style="list-style-type: none"> <li>Developed education programme to support Responsible Officers in response to request from Revalidation Support Team</li> <li>Deliver up to 25 education events in support of responsible officer role/ implementation of revalidation</li> </ul>
3.7	Establish stakeholder satisfaction and views with regard to the value, appropriateness, effectiveness and acceptability of NCAS services	<ul style="list-style-type: none"> <li>Develop and implement user feedback activity in response to changes to NCAS services and its relationship with customers/stakeholders..</li> <li>Use feedback to review and further develop NCAS services.</li> </ul>
3.8	Communications and marketing	<ul style="list-style-type: none"> <li>Full awareness by service users of all NCAS services, outcomes and costs</li> </ul>

No.	Objective	Output
	strategy and plan developed and implemented	<ul style="list-style-type: none"> <li>• All NCAS staff received customer relationship training</li> <li>• NCAS response to appropriate consultations</li> <li>• Review and development of website and other electronic communications</li> </ul>

### **Strategic Objective Four:**

#### **To develop staff to enable delivery of the new business model and service delivery**

No.	Objective	Output
4.1	Financial Awareness	<ul style="list-style-type: none"> <li>• Financial training needs identified and competencies agreed</li> <li>• All staff received training matched to competency requirements</li> </ul>
4.2	Organisational Design	<ul style="list-style-type: none"> <li>• Define Organisational Design</li> <li>• Implement Organisational Design</li> <li>• Design and implement organisation development programme.</li> </ul>
4.3	Organisation Brand	<ul style="list-style-type: none"> <li>• Business model agreed</li> <li>• Staff feedback on values / behaviours</li> <li>• Agree mission, vision, values and behaviours</li> </ul>
4.4	Clear role profiles	<ul style="list-style-type: none"> <li>• Clear responsibilities and authorities</li> <li>• Competencies and job descriptions reviewed against new business model and organisation design</li> </ul>

## 4. Areas of Assurance

### 4.1 Partnership and Accountability

2012/13 is a continuation of NCAS' transition programme, as NCAS moves from being a centrally funded division of the NPSA, through an interim hosting position with NICE and into a final legal / organisational structure with self funding status. NCAS has worked closely with the Department of Health during 2011/12 to ensure a safe exit out of NPSA into the interim hosting arrangement with NICE. Two joint groups have been set up to oversee and facilitate this work, both of which have membership from: the senior NCAS management team, NCAS' DH sponsor, members of the ALB transition team, and senior managers / executives from NICE. The two groups are the transition project steering group and the business development group, the former is concerned with ensuring NCAS moves safely from NPSA to NICE and then into its final legal form, the latter is focused on developing and implementing the self funding business model.

NCAS will provide all performance information required by the Department of Health in a timely and comprehensive manner. NCAS will work with NICE to ensure performance information is provided in a manner agreed by the Department with both NICE and NCAS.

### 4.2 Efficiency Programme and Controls

NCAS reduced its costs between 2010/11 and 2011/12 by 25%, NCAS will continue to develop its services in 2012/13 to ensure that those efficiencies are maintained and, where necessary, further targets are achieved. NCAS has operated and will continue to operate within all the efficiency controls set for Government Departments and Arms Length Bodies.

Within the 2012/13 business plan there are particular expenditures that should be noted, for which an overall business case will be provided at the appropriate time:

- Procurement of professional services to develop expertise required for self funding, e.g. customer relationship management
- Procurement to replace existing case management database.

### 4.3 DH Gateway Arrangements

All communications made by NCAS throughout 2012/13 will adhere to DH Gateway arrangements for NHS, social care and public health audiences.

### 4.4 Procurement Planning

NCAS will continue to maintain the necessary capability to ensure procurement activities are undertaken in line with financial and efficiency controls, and is able to demonstrate value for money. NCAS will continue to engage with the Procurement Centre of Expertise (PcoE) on all spending requirements that are part of control measures and will comply with the requirements of Centralised Category Procurement. No significant re-tenders (in excess of £50,000) will be required in 2012/13.

### 4.5 Efficient Use of Estates

NCAS operates from three locations: London, Cardiff and Lisburn, its largest office is in Skipton House, London. NCAS moved to Skipton House in November 2011, this move enabled NCAS to reduce total area from 2010/11 by over 25%. NCAS is committed to the National Property Controls and Government Property Unit's targets, and will seek Property Asset Management (PAM) Board approval, as required, for any estates changes necessitated by the move to a self funding business model.

### 4.6 Information Technology Strategy

In 2011/12, as part of the NPSA, NCAS maintained an IT strategy through the NPSA. In 2012/13, as a hosted organisation within NICE, NCAS will comply with necessary requirements of the NICE IT strategy. As NCAS will be exiting the hosted environment of NICE on 31<sup>st</sup> March 2013, NCAS will develop its own IT strategy to support and facilitate the delivery of services beyond 2012/13. The IT strategy will set out:

- How IT will support NCAS' business
- How NCAS will best use the investment made by *Connecting for Health*, and the work of other bodies.
- Expected impact of central ICT services, particularly the shared services through the IMS3 contract.

#### 4.7 Effective Information Governance

NCAS as a division of the NPSA inputs into the NPSA annual returns on both the NHS Information Governance Toolkit and the Information Assurance Maturity Model. NCAS also produces annual reports on each of its information assets which are then reported to the Cabinet Office via the NPSA Senior Information Risk Officer (SIRO). In 2010-2011 the NPSA had an overall Information Governance Toolkit score of 82% compared to a score of 75% the previous year. NCAS will maintain this compliance to Information Governance requirements during its hosting within NICE. Due diligence in the transfer of NCAS from NPSA to NICE will include statements of compliance.

#### 4.8 Protecting Corporate Memory

Knowledge and Information Management is at the centre of NCAS' activities, and will continue to be so under new business models. NCAS will use guidances and protocols from the DH Knowledge and Information Management Team, and Connecting for Health to ensure that information and knowledge is not lost to either NCAS or DH during its transition activity.

#### 4.9 Commitment to Third Sector Compact

NCAS will follow compact principles with civil society organisations and, where required, will demonstrate compact compliance in any dealings with the voluntary sector.



## 6. Human Resource Plan 2012/13

Establishment at end of 2011/12 is 69.44 wte, workforce planning will be completed during the first quarter of 2012/13 and reviewed quarterly. Standard metrics will be maintained for pay structure, payroll and non-payroll staff headcount, absence, grievance, and disciplinary. Due to interim hosting in 2012/13 within NICE a TUPE exercise will be required during the final quarter of 2012/13.

## 7. Risk Analysis

Strategic Objective	Risk Theme	Risk Management
Maintain core services by ensuring casework is responsive, timely, proportionate, cost effective, and underpinned by robust and defensible methods.	Loss of key staff due to uncertainty of future.	<ul style="list-style-type: none"> <li>• Management Team reviewing HR metrics, including staff survey action plan.</li> <li>• Regular staff updates and communications on all aspects of transition</li> </ul>
	Provision of corporate services compromised due to organisational changes	<ul style="list-style-type: none"> <li>• Corporate requirements being reviewed and specified as part of transfer and due diligence</li> <li>• Working with DH colleagues to ensure appropriate use of shared services</li> </ul>
	Demand exceeds capacity	<ul style="list-style-type: none"> <li>• Organisational design programme to ensure service delivery is effective and within resources</li> <li>• Budget levels and structure agreed with DH for NCAS service</li> </ul>
Promote effective systems of professional governance through an external education programme and publication of analysis of casework experience.	Insufficient financial resources to maintain services	<ul style="list-style-type: none"> <li>• Organisational design programme to support new business models and service requirements, and ensuring service delivery is effective and within resources</li> </ul>
Develop services by identifying and responding to the needs of existing and	Transition weakens NCAS brand or awareness of service among users	<ul style="list-style-type: none"> <li>• Communications strategy developed and resourced</li> </ul>

emergent stakeholders.		<ul style="list-style-type: none"> <li>Stakeholder mapping completed with identified links and responsibilities.</li> </ul>
	NCAS not sufficiently flexible to meet emerging service needs.	<ul style="list-style-type: none"> <li>Organisational design programme to support new business models and service requirements.</li> </ul>
	Emergent stakeholders are not established sufficiently to define requirements from NCAS	<ul style="list-style-type: none"> <li>Work closely with DH colleagues and emergent stakeholders to enable a responsive design of requirements.</li> </ul>
	Dependent on the final host / separate entity further work will be required to ensure alignment and or governance.	<ul style="list-style-type: none"> <li>Early decision on final host or separate entity will enable NCAS to commence this work as part of the development of the new business model.</li> </ul>

## 8. Appendices

Appendix A – Vision, Mission, Values

Appendix B – Strategy Framework

# Appendix A – Vision, Mission, Values



# Appendix B – Strategy Framework



