NHS
National Patient
Safety Agency

CORPORATE PLAN 2008/09 – 2010/11

Contents

1. Introduction

This Corporate Plan outlines the strategic direction for the National Patient Safety Agency for the next three years. It identifies our way forward, vision and objectives. It highlights the leadership role we will take in profiling and promoting the importance of improved, safe patient care and how we will share the benefits and opportunities of best practice across the health service.

1.1 Who we are

As a result of the review of the Department of Health's Arm's Length Bodies undertaken in 2004, the National Patient Safety Agency was reformed with responsibility for three separate divisions, each with distinct functions:
- Patient Safety Division (PSD)
- National Clinical Assessment Service (NCAS)
- National Research Ethics Service (NRES)
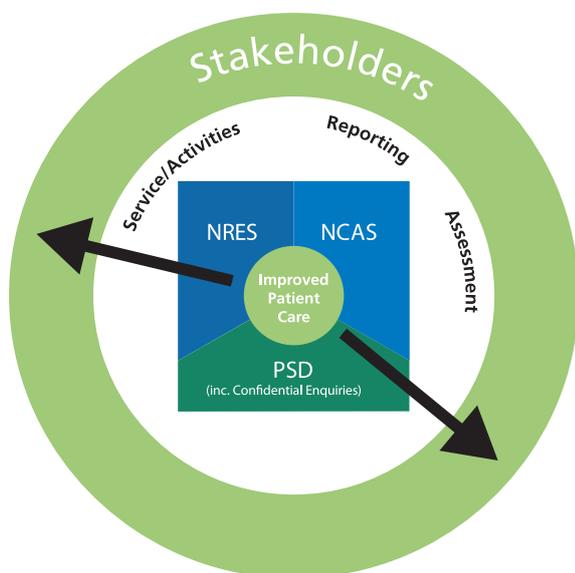
1.2 Our vision

Our vision is to lead and contribute to improved, safe patient care by informing, supporting and influencing healthcare organisations and individuals working in the health sector.

Informing
- The analysis of reports of patient safety incidents nationally; identifying risks and recommending actions
- The funding and monitoring of three national independent Confidential Enquiries

Supporting
- The facilitation and encouragement of ethical research in the UK
- The promotion of effective local resolution of concerns about the performance of health practitioners

Influencing
- The development and implementation of appropriate safety recommendations, advice and strategies
- The enhancement of public confidence in health and clinical research, with a clear focus on our systems and processes

To achieve its vision, the Agency will:
- work in partnership with others;
- demonstrate the value we add at a national level, whilst remaining focused on supporting those who deliver care locally;
- help NHS organisations build the capacity to improve patient care;
- help reduce the burden on NHS organisations by making our processes easier to follow;
- share what we learn in an open and timely way, and help others to do the same;
- contribute to international work where it can help NHS patients.

By doing this we aim to be seen as leaders in our field, respected by those we work with and valued by those we work for. In all that we do, we will put the patient first.

1.3 Our behaviours and values

- We deliver services that are fit for purpose and help our customers in their work
- We create an environment that attracts, motivates and recognises high performance and achievement
- We respect every individual, are committed to equal opportunities and diversity, and promote the health and wellbeing of our staff
- We provide a safe workplace and protect the environment
- We uphold the highest levels of probity, honesty and transparency

1.4 How policy shapes our work

1.4.1 Introduction

In the summer of 2008, the NHS will celebrate its 60th anniversary. In recent years, there has been an unprecedented increase in the level of investment and technological development in healthcare, and the start of significant reform to key aspects of the service. This has resulted in a major policy focus on improving the safety and quality of patient experience.

The importance of embedding the best and safest patient care within the NHS must remain the most critical driver for the National Patient Safety Agency across its three divisions of Patient Safety, National Research Ethics Service and National Clinical Assessment Service.

Achieved successfully, this will contribute to improved care and a strengthening of public confidence in the NHS. The following sections provide brief summaries of relevant policies for each of our areas of operation, and the actions required by the Agency to implement the policies appropriately in each of the UK Administrations that we work within.

1.4.2 Patient Safety – policy and actions

Safety First, published by the Department of Health in December 2006, sets out the main policy direction in England, and reinforces the importance of building a safer NHS for patients. In November 2006, the Welsh Assembly Government produced its Healthcare Quality Improvement Plan, *Designed to Deliver,* which outlines the way forward for the NHS in Wales.

Together, these set the policy agenda for our patient safety work. Both publications acknowledge that clinicians, managers and policymakers need to be more aware of patient safety, that the pace of change must be stepped up, and that the safety of patients must be put at the top of every healthcare agenda. To deliver on this policy agenda, we will:

- **Focus on core work –** refocus on our core objective of collecting and analysing patient safety data to drive improvement, in particular through a redesigned National Reporting and Learning System, with greater involvement of frontline staff
- **Build capacity –** build local capacity for improvement in England through establishing Patient Safety Action Teams, and in Wales through our Patient Safety Managers
- **Develop our services in response to need –** provide the tools, motivation and networks for improvement through the delivery, in partnership, of a national Patient Safety Campaign in England, and support for a similar campaign in Wales

- **Define new business models –** reduce the burden of reporting on the frontline by establishing Patient Safety Direct, a new way of collecting information about patient safety incidents

1.4.3 Clinical Assessment – policy and actions

The publication of the White Paper, *Trust, Assurance and Safety – The Regulation of Health Professionals in the 21st Century,* places additional demands on the National Clinical Assessment Service. The White Paper not only encompasses recommendations arising from the review of professional regulation, but also recommendations from the Public Accounts Committee, echoed by the Shipman, Kerr/Haslam, Ayling and Neale Inquiries.

Collectively, these reports include a broad range of recommendations which stand to have a significant impact on our role, remit and responsibilities. The National Clinical Assessment Service has identified a targeted programme for the next three years which includes significant additional effort in the areas of casework, evaluation, research and development. To deliver on this policy agenda, we will:

- **Focus on core work –** deliver robust advice, support and assessment services to assist our existing clients in returning health professionals to work safely
- **Build capacity –** through evaluation, research and education, help local organisations better understand and address performance difficulties and improve professional governance in the healthcare system
- **Develop our services in response to need –** extend access to core services appropriately to other administrations, organisations, and health professions, and contribute to the development of national policies and procedures in professional governance
- **Define new business models –** define alternative business models, including subscription-based services

1.4.4 Research Ethics – policy and actions

The National Research Ethics Service is responsible for ensuring ethical research is carried out, while at the same time protecting the rights, safety, dignity and wellbeing of research participants. The role of ethics committees in the protection of research participants is well established and embedded within the principles of the Declaration of Helsinki, Department of Health policy and statute.

Best Research for Best Health, the government's policy for research in the UK, sets out the development agenda for the service. In August 2006, *Building on Improvement: Implementing the recommendations of the 'Report of the Ad Hoc Advisory Group on the Operation of NHS Research Ethics Committees'* was launched and established a strategic programme of work for the National Research Ethics Service in the further improvement of research ethics in the UK.

These reports, together with legislation at UK and EU levels, define the strategic direction for the development of the Service. To deliver on this policy agenda, we will:

- **Focus on core work –** benefit patients by facilitating ethical research in the UK through providing an efficient, robust service for ethical review

- **Build capacity –** reduce bureaucracy and help research thrive through continuously improving the procedures, structures and technologies that support ethical review, in particular by ensuring review is proportionate
- **Develop our services in response to need –** help improve consistency and quality of submissions and ethical reviews through training and our quality assurance agenda
- **Define new business models –** establish National Research Ethics Advisers, a network of Local Research Ethics Advisers, and develop a 'fast track' approvals service

2. Patient Safety

Improving patient care through the analysis of patient safety incidents, rapid response to incidents and the development of actions, in partnership, that can be implemented locally, to build a stronger culture of patient safety.

Our Patient Safety Division leads national work aimed at putting patient safety first in all that the NHS does.

At the heart of this work sits our National Reporting and Learning System (NRLS). We receive reports of incidents that caused, or had the potential to cause, harm to patients, from NHS staff and organisations in England and Wales. Working closely with the NHS, clinicians, safety experts and other partner organisations, we analyse these reports and provide actionable feedback and advice. We aim to quickly identify serious risks to patients which may require local action. We also use national reporting and learning to help the NHS identify opportunities to improve patient safety and set priorities.

We are redesigning the NRLS to make it easier for staff to report incidents and what causes them; to improve the accuracy and completeness of the data we collect; to respond more swiftly to the risks identified and to take a collaborative approach to developing and implementing risk reduction strategies, with much closer involvement of frontline staff.

Our NHS, our future: NHS Next Stage Review interim report heralds the development of Patient Safety Direct. This will strengthen reporting to the NRLS by adding a new and more accessible portal for NHS staff and ultimately patients to use. Plans will be developed as part of phase two of the NHS Next Stage Review.

Through the development of Patient Safety Action Teams (in England) and Patient Safety Managers (in Wales) we work closely with NHS organisations to support the implementation of safer practices and to strengthen the involvement of patients and the public. We also lead national work in particular topic areas; for example, hand hygiene, hospital nutrition and cleaning.

Strengthening clinical governance is the cornerstone of our work. We are leading the development of a national Patient Safety Campaign in England with the NHS and other national bodies. This campaign will actively engage frontline clinical teams, senior managers and Boards of NHS Trusts in implementing safer practices and improving patient outcomes.
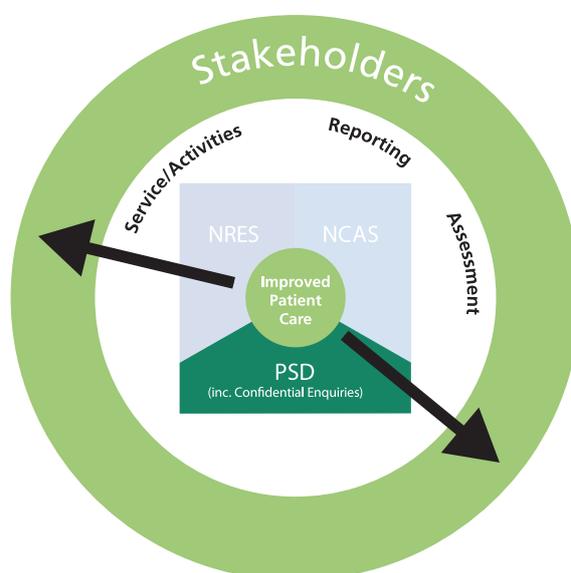
Change: provision, commissioning, and choice
With increased diversity of organisations providing healthcare in England and Wales, the Agency will focus its patient safety work to more overtly provide high quality knowledge on the causes of unintended harm to patients, and spreading and sharing good practice amongst all those providing care to NHS patients.

In addition, an important facet of our future work will involve helping commissioners integrate patient safety considerations into their work.

We will also disseminate information to patients and the public so that they are able to maximise their own safety through the choices that they make, and through greater empowerment whilst they are receiving care.

We will continue to ensure that patients influence the safety of the healthcare system, not least through our work to create a national network of 'patient champions' aligned to the World Health Organization's 'Patient's for Patient Safety' initiative.

Developments in the regulatory and quality improvement environment
A key way in which we can influence healthcare providers is through working with regulators and other organisations involved in the development and assessment of standards. By ensuring that patient

safety forms part of these organisations' standards and assessment processes we can create incentives for providers to deliver the patient safety agenda.

We will also work with other central infrastructure projects and bodies, including NHS Estates, Information Management and Technology, and Connecting for Health and Purchasing, to ensure safety is maximised through strong partnership working.

2.1 Our strategic objectives, how we will achieve them, and how we will measure success

Objective: **provide timely information and feedback through our National Reporting and Learning System that helps providers of care take effective action to reduce risks and improve patient safety**

Achieve by: working with providers of care to improve data accuracy and completeness; developing new and quicker feedback mechanisms for reporting organisations; concentrating on analysis and action on serious incidents; continued development of rapid response mechanisms and strengthening work in primary care

Through establishing Patient Safety Direct, simplifying reporting, identifying the most serious incidents more quickly, and improving access to reporting for hard-to-reach sectors, for example primary care.

Measure by: increased reporting from target sectors; better integration of existing national reporting systems; improved data quality (completeness and accuracy); implementation of risk reduction strategies by healthcare providers, measured by formal evaluations.

Objective: **build engagement of frontline staff and local capacity to implement and sustain improvements in patient safety**

Achieve by: working with Strategic Health Authorities and Trusts to establish and support Patient Safety Action Teams (PSATs) in England; hosting a national network of PSATs; engaging NHS leaders in patient safety; strengthening clinical involvement in all aspects of our work; supporting the Patient Safety

Managers in Wales and working with the Welsh Assembly Government to implement the Healthcare Quality Improvement Plan.

Measure by: PSAT teams in place; collaborative work with Colleges and Associations.

Objective: **lead and motivate NHS staff to improve patient safety through evidence, networks and tools**

Achieve by: implementing a national campaign for hand hygiene; action in specific topic areas such as cleaning and nutrition; collaborative work with partners such as the National Institute for Health and Clinical Excellence (NICE) and NHS Institute for Innovation and Improvement (NHS III), to commission develop and disseminate solutions, training and resources; lead the development and implementation of a national Patient Safety Campaign in England; support the development of technology and innovations which improve patient safety.

Measure by: evaluation of hand hygiene campaign; evaluation of national Patient Safety Campaign; targeted evaluation of solutions; Patient Environment Action Team (PEAT) programme improvements.

Objective: **embed patient safety improvement in the wider health system through standards and commissioning**

Achieve by: helping commissioners purchase safer services; influencing the definition and assessment of safety standards; building partnerships with key bodies; working with industry on design for safety. Helping professional bodies define safer practices, communicating those to their members, and developing commensurate training.

Measure by: Commissioning arrangements and standards that incorporate measures of safety, partnership agreements in place with key influential bodies; strengthening of partnerships with industry to improve design for safety of medicines and devices.

2.2 Confidential Enquiries

Funding and monitoring three national independent Confidential Enquiries

The National Patient Safety Agency is responsible for funding and monitoring the three National Confidential Enquiries:

1. **National Confidential Enquiry into Patient Outcome and Death** – aims to improve the quality of the delivery of care

2. **Confidential Enquiry into Maternal and Child Health** – aims to improve the health of mothers, babies and children

3. **National Confidential Inquiry into Suicide and Homicide by People with Mental Illness** – aims to improve mental health services and to inform clinical practice and policy to reduce the risk of suicides and homicides.

The Confidential Enquiries are separate, independent bodies. They review clinical practice and make recommendations to improve the quality of the delivery of care in their areas of interest. The Agency monitors the Enquiries for clinical and financial value through a process of contracts, quarterly governance and triennial review meetings.

Over the next three to five years, the Agency will develop an overall strategy for the Confidential Enquiries, recognising their statutory obligations, to ensure that we maximise the benefits of their in-depth research to better improve patient care.

Objective: **efficiently and effectively manage our contractual relationships with each of the Confidential Enquiries to promote effective planning, sound governance and best use of resources in order to promote safer, better patient care**

Achieve by: inputting into topic selection processes; agreeing sound business plans; monitoring delivery; strengthening governance; identifying opportunities to further embed enquiry findings into healthcare delivery.

Measure by: Confidential Enquiries deliver their business plans, and work effectively in priority areas within available resource.

3. National Research Ethics Service

Facilitating and encouraging ethical research in the UK while protecting the rights, safety, dignity and wellbeing of research participants. Providing a robust and efficient service to support and promote ethical research.

The National Research Ethics Service (NRES) comprises the NHS ethics committees in England, and the head office function which is part of the National Patient Safety Agency.

The role of ethics committees in the protection of research participants is well established and embedded within the principles of the Declaration of Helsinki, Department of Health policy and statute. Ethics committees are in the unique position of being able to consider the research proposal from the perspective of the research participant. This independent view is achieved in the UK by having a volunteer-based service, where membership is drawn from the clinical professions and the lay member view must be considered for the opinion to be valid.

The challenge for NRES is to provide a robust and efficient mechanism that protects research participants, but that is also able to support and promote ethical research.

There have been significant improvements to the operational process for ethical review and further improvements are embedded within the government strategy of *Best Research for Best Health*. There are defined and published operational standards against which committees are held to account, and the NRES quality assurance framework accredits committees against these standards. Delivery is demonstrated in published management information.

The remit of the NHS ethics committees as described in Department of Health policy encompasses some studies that would seem to be distant from those envisaged when the Declaration of Helsinki was agreed, and ethics committees are reviewing a growing number of studies for which the ethical dimensions appear to be minimal.

The remit of ethics committees requires redefinition and this is expected to be agreed through Department of Health consultation on governance arrangements for them. This in itself will present challenges to NRES, which will need to review capacity within the research ethics service and the number of committees required will reduce as changes come into effect. There will still be studies within the remit of the research ethics committees
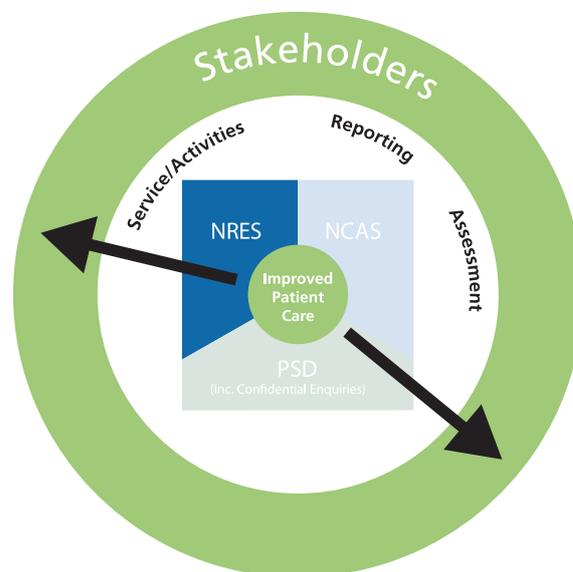
for which the ethical issues are minimal and where, for those submitting such low-risk studies, a more proportionate process is required.

The role of NRES will widen as links are strengthened with the Phase 1 ethics committees reviewing healthy volunteer studies outside the NHS; the review of studies within social care that fall under the remit of the Mental Capacity Act; and the establishment of a national social care research ethics committee.

The other major challenge for NRES is tackling inherent inconsistency of decision making between committees. The decision reached will, rightly, be that of the diverse membership around the table. It is therefore a fine balancing act to maintain independence of opinion whilst ensuring some degree of consistency.

The Service continues to invest in training for the ethics committee members, a quality assurance agenda and initiatives to ensure there is a greater understanding of the expectation of a committee to support researchers in the development of ethically robust research protocols.

3.1 Our strategic objectives, how we will achieve them, and how we will measure success

Objective: **provide an efficient and robust service for ethical review**

Achieve by: efficient management of allocations; improvements to application processing; developing Standard Operating Procedures, guidance, training quality assurance and advice to research ethics committees.

Measure by: published management information specifying timelines for approval and decisions reached.

Objective: **harmonise and simplify the exchange of information between NRES, the NHS and others, whilst protecting the independence of ethical review**

Achieve by: working with the UK Ethics Committee Authority and UK Health Departments to maintain a UK-wide framework for ethical review; working with other bodies responsible for the approval of research to ensure the process for regulatory approval is efficient and fit for purpose.

Measure by: positive feedback from partners and collaborating organisations assessed through routine feedback from applicants, targeted surveys and independently published research metrics.

Objective: **build confidence in the research ethics committee system**

Achieve by: running a robust service; increased transparency of decision making; and a programme of quality assurance for research ethics committees, including an accreditation scheme.

Measure by: year-on-year increase in confidence in the Research Ethics System, through published summaries of opinion, outcome from accreditation and assessed through formal review of feedback.

Objective: **increase understanding of what is expected from research applicants when submitting a research ethics application**

Achieve by: Providing training information in ethics review to research applicants; simplifying the application process; developing and publishing a framework for fast track review and early provision of advice.

Measure by: year-on-year reduction in the number of provisional opinions.

4. National Clinical Assessment Service

Promoting effective local resolution of concerns about the performance of health practitioners.

The National Clinical Assessment Service (NCAS) provides support to healthcare organisations and individual doctors and dentists (practitioners) when they are faced with concerns over the performance of an individual practitioner.

We provide a service to the NHS in England by statute and to the national health services in Wales and Northern Ireland through service agreements under the relevant Acts of devolution. In addition, NCAS takes referrals on a case-by-case basis from NHS Scotland, from health services in the Channel Islands, the Isle of Man, Gibraltar and from UK Defence Medical Services. The Service is working with each of those jurisdictions towards formal service agreements.

When serious concerns arise about a practitioner's performance, the practitioner's employer or contracting organisation is expected to seek advice from NCAS on how to address the problem. There is no general requirement that it is consulted on all cases where there are concerns. However, where suspension or exclusion is being considered, NHS bodies in England and Northern Ireland must seek NCAS' advice before proceeding to formal exclusion. All other healthcare bodies, including foundation trusts, are advised to do so.

The policy context which has particular relevance to NCAS is common to all health services in the United Kingdom:

- When faced with a concern about a practitioner's performance, health services should be enabled to understand quickly the causes for concern and to take appropriate action to resolve it. The primary focus of this must be the safety of patients and the protection of the public.

- Local health services should be empowered to handle performance concerns themselves as far as possible, and therefore to use expert national resources, where required, quickly and effectively. National resources supporting local action should focus on providing only those expert services that can be most effectively provided at a national level.
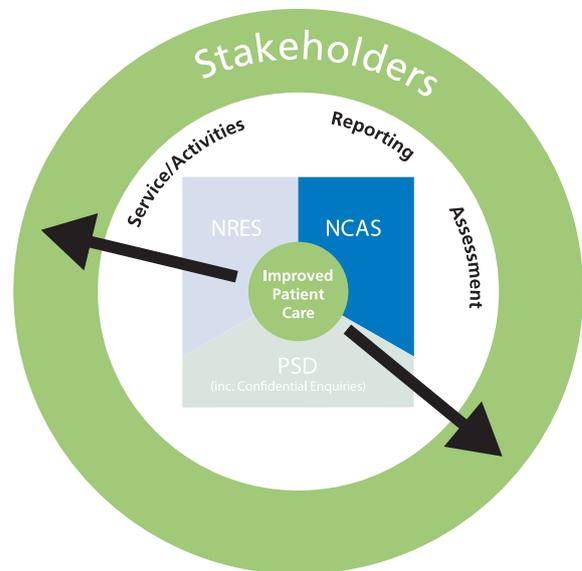
- The service NCAS provides should be available across those health sectors and health professions which have maximum impact on patient safety and public protection.

- In common with all nationally based organisations supporting frontline health services, NCAS is required to explore innovation in its models of service delivery, minimising the direct costs to patient care.

4.1 Our strategic objectives and how we will achieve them

Strategic Theme One –
Focusing on our core work
Objective: **ensure casework is responsive, timely, proportionate and fit for purpose**
NCAS will respond to all requests for help with performance concerns within agreed timelines, and offer effective advice and ongoing support to help address those concerns. Where appropriate, NCAS will carry out an assessment of the practitioner aimed at understanding the nature and scope of the concern and contributory factors, and will work closely with the referring body and the practitioner to agree action plans to address issues identified.

Objective: **ensure the methods underpinning casework are robust and defensible**
NCAS will ensure, through its evaluation, research and development programme, and through its work with colleagues nationally and internationally, that its working methods and protocols are based on and informed by best practice. It will also ensure that its methods remain at the forefront of work to understand how performance concerns may be recognised, assessed and addressed.

Strategic Theme Two –
Working to build local capability
Objective: **promote effective systems of clinical and professional governance in frontline health services.**
This objective will be achieved through NCAS' external education programme. Staff delivering NCAS services will be centrally involved in this work, ensuring that NCAS' casework experience translates directly into building local expertise.

Objective: **publish aggregated information from the casework function to guide the identification and management of performance concerns.**
This is aimed at ensuring that emerging themes in dealing with performance can be incorporated into local work to predict, prevent and manage performance difficulties. Information will only be published where this is consistent with the confidentiality of NCAS' casework.

Strategic Theme Three –
Responding to external requirements for service development
Objective: **respond to external requirements to extend our scope to other health sectors and to other health professions**
The pressure for this comes principally from two directions: the White Paper on Professional Regulation, *Trust, Assurance and Safety,* and

requests from other health sectors across the UK and associated administrations for service agreements. Over the period of this Corporate Plan, this will include:
- concluding service agreements with NHS Scotland, and health services in the Isle of Man, the Channel Islands and Gibraltar;
- providing services to the private sector of health under a memorandum of understanding with the Independent Healthcare Advisory Service;
- concluding a service agreement with Defence Medical Services;
- examining the cost-effectiveness of extending NCAS' services to other health professions, starting with pharmacy;
- supporting the development of a national framework for services to support the health of practitioners.

Strategic Theme Four –
Exploring models of service delivery
Objective: **ensure the maximum cost effectiveness of our services by exploring alternative funding and service delivery models.**

4.2   How we will measure success

Success measure: A minimal and targeted use of exclusion and suspension.

Performance measure: Every proposed exclusion discussed with NCAS; all exclusions and suspensions have a management plan supported by NCAS advice.

Success measure: A high proportion of those practitioners NCAS believes should be able to return safely to work are enabled to do so.

Performance measure: Proportion of agreed action plans in place with practitioners and referring bodies.

Success measure: An NCAS external education programme that meets the needs of key staff in each health administration.

Performance measures: Attendance of key staff at workshops; feedback from delegates; referral patterns which reflect the workshop programme.

Success and Performance measure: A completed programme of research and development that reflects NCAS' policy context.

Success measure: NCAS meets the needs of all health administrations.

Performance measure: Comparative referral rates that reflect the need and demand for NCAS' services.

5. Corporate Development and Management

Developing an organisation that is fit for purpose.

5.1 How the Agency will do business

Each of the Agency's divisions are encompassed within the National Patient Safety Agency's identity, but operate distinctly within their field of operation. At the same time, they contribute and adhere to the overall strategic direction of the Agency. This approach offers a level of independence for divisions and enables them to operate confidentially and in accordance with best practice principles.

The Directors of each division form the Senior Management Group which has responsibility for overarching strategic management. This increases transparency across the business, ultimately ensuring a greater level of communication and achievement of directives set out by key stakeholders, including the Health Departments of the UK Administrations.


5.2 Working with external stakeholders and partners

A survey of the Agency's external stakeholders, interested organisations and partners early in 2007 identified some key areas for attention. Most respondents considered the Agency to have a good reputation within the NHS but said that:
- the profile of the organisation is not high enough;
- not everyone understands the role of the Agency;
- communication with stakeholders needs improvement;
- publications do not represent an identifiable brand;
- the Agency could work to increase its profile amongst ministers and Government departments.

Our strategy for improving our profile and reputation will include:
- more targeted communications to meet stakeholder interests;
- communicating what we do to those working in healthcare and the public;
- improved Government relations and contributing to the overall policy environment;
- better allocation of resources to achieve brand and image recognition;
- increased use of e-technology for communications including email and web-based publications.
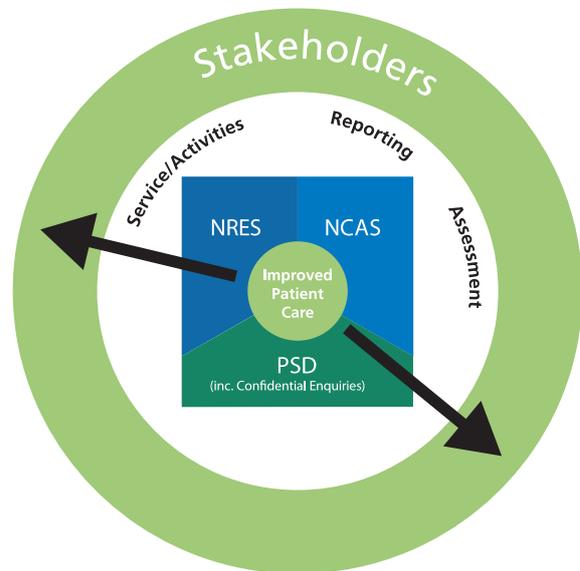
We need to ensure that the Agency has a determined collaborative intent that will be beneficial to healthcare, not just at the clinical and management end, but also with commercial enterprise. We have a natural alignment with organisations such as NICE, the Healthcare Commission, Healthcare Inspectorate Wales, The Health Foundation and the NHS III, that we need to foster and develop for the betterment of patient safety generally.

Over the course of the Corporate Plan we aim to work more closely with Strategic Health Authorities and Primary Care Trusts in England, and Regional Offices and Local Health Boards in Wales. We will engage with the medical Royal Colleges and directly with frontline clinicians to mobilise their efforts to drive safety improvement.

5.3 Involving patients and the public

The Agency has always contributed to the requirements to involve patients and the public in our work. This will be strengthened by the Agency doing more focused work with members of the public that will increase staff awareness of their concerns, and so lead to better services and products while simultaneously increasing trust through our working more transparently.

5.4 Our strategic objectives, how we will achieve them, and how we will measure success

Objective: Increase public confidence in the safety of care, the safety of health practitioners and systems to ensure ethical research.

Achieve by: developing a three to five year plan of stakeholder engagement and a strategic communications plan; acting to increase public understanding of the Agency's role and functions; establishing a public partner's council, involving patients and the public in our work.

Measure by: Establishing an annual survey of public awareness and confidence.

6. Organisational Support

Delivering efficient and effective corporate support and infrastructure.

Our key challenges over the coming three to five years will be to deliver an increasingly challenging work agenda, with decreasing funding. This decrease is assumed on the basis of the latest Comprehensive Spending Review settlement, which requires the Department of Health to create three per cent efficiency savings on top of five per cent reductions in their administrative targets over the next five years.

To enable the Agency to achieve its goals within these anticipated constraints the Human Resources and Organisational Development strategy will be to:
- develop a clear corporate identity for the Agency that allows for the three individual delivery arms to continue operating according to their own best practice/brand identity;
- through effective leadership and organisation development, shift the culture of the Agency from paternalistic/controlling and divided to inclusive, trusting, customer-focused and responsible;
- attract and retain the 'best' people in the sector;
- focus on our core work and promote flexible working practices where teams can be formed and disbanded in line with evolving business priorities;
- ensure we share best practice across the Agency and collaborate effectively on delivery models and business plans that demonstrate a commitment to the Agency as a whole.

6.1 Our people charter

To ensure we are able to meet the above challenges, the Agency is committed to ensuring that we provide a thriving environment for our staff so that they enjoy coming to work, and are proud to be part of the organisation that employs them.

Our staff can expect from us:
- challenging and exciting work;
- trust and confidence in their ability to deliver;
- opportunities to develop and learn;
- a responsible attitude to their wellbeing;
- a flexible approach to working practices;
- support and coaching from colleagues and managers;
- to know how well they are doing and that they will be appropriately rewarded;
- to be listened to and to contribute to decision making;
- to be kept informed of the how the organisation is doing against its strategic goals and any changes to direction;
- to enjoy their work here.

We will provide an environment that our staff can;
- act as ambassadors for the NPSA;
- proactively help in developing and delivering the Agency's business plan;
- demonstrate high professional standards in relation to the way they present themselves at work, the things they say and the work they deliver;
- demonstrate a flexible attitude towards ways of working and the confidence to cope with change;
- show commitment and focus by finding the way around obstacles to get the job done;
- own their career and are willing to learn and develop in the jobs that they have;
- speak up, engage in the debate, contribute to decisions and own the outcome.

6.2 Information management and technology

Our information management and technology strategy for the Agency ensures that all new and existing work is aligned to the Corporate Plan. Our strategy will determine whether we change focus from an in-house development to an outsourcing business model, thus allowing a more flexible approach to the way we deliver services.

6.3 Strengthening governance

Delivering our plans and ensuring that our services have the impact that we intend are essential to our success. Robust performance management and measurement of service effectiveness and impact are key to our doing this.

The NPSA works within a rapidly changing environment. This means that we need effective systems for managing risks to the delivery of our plans and for adjusting plans to reflect changes in demand for services and new directions from our stakeholders.

In order to ensure that we are making best use of public funds it is important that the Agency has robust procurement and internal financial controls.

As a public body we must remain responsive to requests for information under the Freedom of Information and Data Protection Acts and manage complaints efficiently and effectively.

Over the Corporate Plan period we will take steps to strengthen governance in each of these important areas.

6.4 Our strategic objectives, how we will achieve them, and how we will measure success

Objective: **Develop an effective and flexible organisation**

Achieve by: implementing best practice organisation design tools and principles; developing a learning and development strategy; strengthening staff performance management.

Measure by: staff survey.

Objective: **Provide corporate support and infrastructure that is aligned to the business strategy and delivery**

Achieve by: acting on customer feedback and requirements, consolidating our new organisational model for corporate support delivery, revising existing polices and processes to meet requirements.

Measure by: Flexible and effective business delivery processes.

7. Resources

7.1 Income

The notified resource limit taken together with the consequential fall in income from the devolved administrations and the effect of inflation will result in a real terms reduction in income in 2008/09 of £2.1 million.

In future years the currently notified resource limit will result in inflation not being funded and therefore a resulting real terms reduction of £0.6 million in each year. In recent years the Agency has received a Capital Resource Limit of around £1 million. Resources at this level will be required for the future in order to maintain current hardware and desktop systems. A separate case for capital will be made as part of the business planning process. Individual cases for significant capital investment will be submitted as appropriate during the strategic planning period.

7.2 Expenditure

A thorough review of operating costs has been undertaken which has resulted in the identification of savings in accommodation and telephone costs of around £0.5 million. Whilst this goes some way to meeting the reduction in resource limit, further savings will have a direct impact on services provided. The Agency also faces several requirements to provide new, extended or enhanced services.

Additional funding is needed for the following items:
 • workload and demand increases at NCAS;
 • any extension of services at NCAS as a result of the regulation White Paper;
 • the Patient Safety Campaign;
 • clean**your**hands extension to non-acute and maintenance of acute sector activity, previously funded non-recurrently;
 • Patient Safety Direct.

The Agency will review arrangements with the Confidential Enquiries to ascertain the effect of each enquiry having its funding reduced in order to contribute to the resource limit reduction. The effect of these reductions will be shared with the UK Health Administrations.

7.3 Estates Management

In November 2007, the Agency reduced the sites in London from which it delivers its services from three to two. During 2007, we conducted an estate feasibility study to establish what options exist in developing our estate as we take on new functions, to meet the remainder of our Lyons relocation target and to respond to the expiry of the leases for the two remaining London sites in 2011 and 2014 respectively. Based on this, we will prepare an overall estate strategy business case in early 2008 which will consider options including use of civil estate sites in London and relocations, in all or part, to other parts of the country.

8. List of acronyms

NCAS	National Clinical Assessment Service
NHS	National Health Service
NICE	National Institute for Health and Clinical Excellence
NHS III	NHS Institute for Innovation and Improvement
NPSA	National Patient Safety Agency
NRES	National Research Ethics Service
NRLS	National Reporting and Learning System
PEAT	Patient Environment Action Team
PSAT	Patient Safety Action Team
PSD	Patient Safety Division

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January 2008