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Welcome from our Chairman and Chief Executive

The NHS Litigation Authority’s (NHS LA) aim is to support and incentivise the NHS to improve safety, whilst developing its services and indemnity schemes to provide the most effective way of managing the financial cost of harm when it occurs.

We are committed to minimising cost by providing a range of innovative solutions. Following the integration of the National Clinical Assessment Service (NCAS) into the NHS LA, we are well placed to help the NHS to prevent, identify, manage and resolve incidents. We will support this goal with investment in our organisation and staff and with a renewed commitment to effective communication with our customers and others.

In 2015 we delivered a number of actions arising from The Department of Health’s Triennial Review of the NHS Litigation Authority and this work will continue through 2016/17. We will also ensure that our business model and the services we provide are sufficiently flexible to respond to the changing needs of providers and the new models for delivery of care. The financial challenges to the NHS mean that every penny of funding must be made to count. We will ensure that we work together with other Arm’s Length Bodies (ALBs) to share expertise and resource wherever possible.

The NHS LA is a partner in the Department of Health (DH)’s Shared Delivery Plan. In particular, we will have the responsibility to deliver savings as a result of changes to the law around the legal costs of claims and to work with others to drive priorities to improve safety.

In our Business Plan for 2016/17, we set out three priorities:

1. **Supporting the reduction of harm** – we will share information to promote learning and ensure that the right incentives drive the right behaviours. We will provide a flexible model of support to healthcare staff, their employers and the wider system, where challenges exist.

2. **Providing analysis and sharing expert knowledge** – we will develop our expertise in understanding what causes things to go wrong in a health and social care setting and share what we know to inform positive change. We will be innovative in the analysis of the unique information we hold and increasingly transparent in the way we share data. We will use our unique expertise in the management of claims and litigation against the health service to ensure fair outcomes for patients and staff whilst influencing developing areas of law where this is in the public interest. Through the Family Health Service Appeals Unit (FHSAU) we will ensure that precedents set inform published guidelines to drive improved decision making.

3. **Offering best value to our customers, patients and the public** – we will deliver operational change to enable delivery of the highest quality service at the best price. We will develop indemnity solutions which respond to changing models for the delivery of care. We will set ourselves ambitious targets and aim to add value beyond delivering financial savings.
The NHS LA has an important task to collaborate with the rest of the Health Service to meet our common goal to improve the safety of patients, staff and members of the public and to minimise the cost of harm.

Ian Dilks  
Chair

Helen Vernon  
Chief Executive
Part 1 – Overview

1.1 Who we are and what we do

The NHS LA ensures that claims for compensation involving the NHS are resolved fairly and efficiently by experts in the field. It offers an impartial tribunal service via the FHSAU for contractor disputes and supports the service by resolving concerns about the performance of doctors, dentists and pharmacists via NCAS. In doing so, it balances the interests of patients, NHS staff and the taxpayer and supports the NHS.

The NHS LA’s goal is for fair resolution of disputes and concerns whilst minimising the cost to the taxpayer. The NHS LA will contribute to improving safety by supporting the NHS to learn from past events, including sharing data with those who share these goals.

In delivering the above, the NHS LA’s role includes:

→ proactively working with Members to support their efforts to improve patient safety;
→ operating a fair pricing system for indemnity cover, which is responsive to improvement;
→ delivering fair outcomes for patients and healthcare staff through the efficient resolution of valid claims and the robust defence of invalid or excessive claims;
→ resolving concerns about the professional performance of doctors, dentists and pharmacists in a fair, timely, proportionate and defensible way;
→ ensuring a prompt and fair resolution of appeals and disputes involving primary care contractors; and
→ acting independently, but using our expertise, to work collaboratively with the wider health system to deliver integrated solutions and inform policy making.

Our vision

Fair resolution – achieving timely and fair resolution, enhancing learning and improving safety.

Our values

Professional – being an organisation which operates to the highest possible professional standards.

Expert – being the centre of expertise for resolving claims, disputes and concerns about performance.

Ethical – having high standards and doing the right thing.

Respectful – dealing with colleagues, patients and the public in a considerate and sensitive way.
1.2 The environment we work in

The NHS LA operates in-between the Health Service and the Civil Justice system, both of which are under a state of constant change and challenge. The cost of indemnity cover to the Health Service has increased significantly in recent years due to the rising number and value of clinical negligence claims. In 2016/17 we will collect £1.658 billion from our Members in order to pay compensation and legal costs for clinical negligence claims, many of which relate to incidents which occurred some years ago. This cost will continue to increase for a few years given the past increase in claims. Our non-clinical claims work has not seen similar increases and for 2016/17 the cost of indemnity cover to the NHS for Employers' and Public Liability cover will remain constant and for Property cover the cost will reduce by 20 per cent. The stability in the non-clinical area is partly because the claimant legal costs of these claims were fixed from July 2013.

In 2016/17, DH will consult on the introduction of fixed recoverable costs to clinical negligence claims. We will ensure that we can respond immediately to any reforms which take place as a result and to capitalise quickly on any savings available. The growth in claims numbers has meant that we have had to recruit additional staff throughout 2013-15 and we will focus on developing our people in order to continue to manage claims brought against the NHS in the most efficient and effective way.

The rising costs of indemnity means that our Members are more interested than ever before in the causes and outcomes of compensation claims. Therefore a priority for us is to develop a ‘partnership’ approach with the Members of our schemes to help them to manage this at a local level and to share experience across the entire membership of the scheme for the benefit of all. We will listen to our Members and customers to ensure that there is a two-way dialogue in order to work together towards improvement.

There have been significant developments in the way in which performance is managed in the NHS and an increasing demand for support and services in this area. The NHS LA has an opportunity to develop and broaden the products and services it delivers via the NCAS and work towards increased revenue generation. The NHS LA will move towards a more regionally focused model of working which aligns the services provided by NCAS, our Safety and Learning Service and our Claims Management Service together in order to offer greater support through stronger relationships.

Continued pressure placed upon the delivery of NHS Services in Primary Care has increased the importance of Primary Care contract management. This is to ensure that limited resources are allocated to provide the best care for patients. Changes in GP and dentist contract management in Primary Care and to the way pharmacies are managed and funded means that the FHSAU will have an increasing role in providing robust precedents, training and guidance in order to ensure better decision making. In doing so we hope the need for referral to the FHSAU will be reduced over time.
We have shared commitments with DH, ALB’s and others such as the Royal Colleges, to work together to improve safety and reduce operating costs where possible. We will ensure that throughout 2016/17 we are working as part of the wider integrated organisation towards these shared goals. This means ensuring that we compliment and support the work of others and that we consult widely around steps we are taking which may have an impact elsewhere. We will ensure that our key messages to the NHS are joined up with similar organisations and that wherever possible unnecessary bureaucracy, duplication and cost is removed from all that we do.

Our focus will be on showing added value and working to help reduce the pressures which are faced by the NHS at this time.
1.3 Some of our achievements in 2015/16

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<tr>
<th>Resolved 16,459 claims for compensation against the NHS in England, handled 993 referrals about the performance of doctors, dentists and pharmacists within the NHS and addressed 232 appeals to the results of applications to join the Pharmaceutical list.</th>
<th>Defended 124 cases to trial with a 60% success rate. Established legal precedents in the interests of the NHS in the areas of patient confidentiality, psychiatric injury, the scope of the duty of care and the account to be taken of pre-existing care needs.</th>
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<td>Distributed £18 million of incentive payments to the NHS to support local initiatives to improve safety and tackle the causes of harm leading to claims.</td>
<td>Nominated as a finalist in the GO Awards for Excellence in Public Procurement for a partnership with the NHS Supply Chain, delivering procurement savings for safety improvement plans.</td>
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<td>Supported plans to improve fetal monitoring, deliver human factors training and improve the diagnosis of fractures in A&amp;E by the use of ‘hot’ radiography and electronic flags and improved management pathways for the “deteriorating patient.”</td>
<td>Delivered 56 external education events with an average overall score for content and delivery of 4.5 out of 5. In addition we were represented at a range of national and local events as keynote speakers, delivering presentations and conference stands including the Patient Safety Congress, NHS Confederation, NHS Providers, the Royal College of Nursing Congress and the Clinical Human Factors Group Conference.</td>
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<td>Ran a series of networking events to share the outcome of bids, set up buddying arrangements and facilitate procurement savings for organisations with similar plans.</td>
<td>Promoted our leaflet ‘Saying Sorry’ across the NHS, encouraging and supporting the implementation of the Duty of Candour and providing practical guidance.</td>
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<td>Undertook thematic reviews of claims data both for individual organisations and for specific specialty areas for claims which we have shared with the Health Service via a wide range of engagement events.</td>
<td>Commenced development of new services and products for NCAS to respond to emerging needs including mediation and clinical record review and reviewed the contracts and Service Level Agreements operating on a revenue generation basis.</td>
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Developed and syndicated clinical and non-clinical claims scorecards to Members, an interactive tool to enable them to analyse claims data at a granular level and we saw increased evidence of engagement by clinicians and on wards with this tool.

Undertook a data sharing project with DH and others and shared data for learning purposes with Members as well as with ‘Getting It Right First Time’ and the Carter Review. At the same time we reviewed of our internal information management processes and enhanced our information security, publishing revised policies in these areas.

Successfully implemented a CACHE Project, which updates our claims management system in order to support the NHS LA’s work in identifying potentially fraudulent claims. We joined the Claims and Underwriting Exchange (CUE) database, which is a central database of motor, home and personal injury incidents reported to insurance companies that may result in a claim. These changes will help us to share data with CUE and undertaking searches of the database, help us to detect and prevent fraudulent claims against the NHS.

Piloted a new mediation service, specifically focused on fatal and elderly care claims in order to learn how we could increase the take up of mediation by claimants and their legal advisers in all claims. We evaluated the pilot with positive results with a view to extending and expanding mediation as a way of resolving disputes without going to court.

Launched a web-check service for Health Professional Alert Notices (HPANs) which brings together pre-employment checks for performance list regulations (PLRs) and HPANs for all NHS users.

Completed our restructure of NCAS including a recruitment programme supported by a new induction programme, new competency based appraisal system and a skills based training programme for all staff based on training and learning needs identified in the member of staff’s personal development plan.

Developed our patient focus including a designated Non-Executive Director and Executive Member of the Board (the Chief Executive) to lead on this issue whilst identifying this as a whole board and organisation responsibility. Implemented changes to ensure an increased patient focus in everything we do with a revised Board agenda and papers to ensure that the broader patient interest is taken into account.

Obtained approval from the Solicitors Regulatory Authority to develop an in-house litigation team in order to reduce the cost of outsourcing litigated cases to external solicitors and take best advantage of the skills and experience of our solicitor qualified staff.
| Continued to drive mediation and other forms of alternative dispute resolution for all claims and developed the NCAS mediation service for the resolution of concerns about performance. |
| Developed our strategic approach to legal costs management using our data to target overcharging by claimant law firms, challenge bills and points of principle at court and report poor practice to the Solicitors Regulatory Authority. |
| Tendered for our outsourced cost services to get better value through the collective buying power of our membership from the government commercial services framework; appointing two specialist cost firms to our panel. |
| Developed and implemented a bespoke IT interface with the employers’ and public liability claims portal to increase the benefit of the fixed costs regime applied to the claims in this area. This has contributed to our ability to hold contributions for our non-clinical schemes steady in 2016/17. |
| Utilised external advisory groups for all of our functions. Established two new groups: one focused on the operation of our indemnity schemes and the other on safety and learning and consulted them on potential changes to the way in which contributions are set for the CNST. |
| Devised and implemented a data warehouse capability and informatics function for deeper analysis of our data and to identify and diversify the information we provide to our Members. In addition we built the infrastructure and platform on which the new NHS LA intranet will sit. |
| Recruitment of a complete Executive Team to lead the Strategic change agenda for 2016 and into the future coupled with regional alignment of our NCAS and Safety and Learning Teams. |
| Improved our IT network resilience and business continuity capabilities. And delivered the first phase of a document management solution to help our work between the NHS LA, its panel and potentially NHS Trusts. Internally, we embedded “Dynamic Working” and remote working strategies to reduce our reliance on overall office space. We introduced the use of Skype for business to help improve communications internally and with our stakeholders. We also “virtualised” much of our IT to reduce cost, space and licence requirements. This work will underpin a number of cost and overhead saving strategies which we will be delivering in 2016/17. |
Part 2 – Our goals for 2016/17

2.1 Supporting the reduction of harm

Strategic Aim 1 – Supporting the reduction of harm

Sharing learning, ensuring that the right incentives are in the right place. Providing expert, robust and effective management and resolution of concerns about performance.

Our aim is to support the NHS to learn from things that go wrong, to help reduce harm, improve patient safety and prevent claims from happening in the future.

What we will do

| Align our Safety and Learning, Claims and NCAS teams to be outward facing replicating the four regions within the NHS in England |
|---|---|
| • Review the structure of all of our teams to ensure they better meet the needs of the NHS in England. |
| • Establish regular contact with our Members across England which will ensure that we can support individual organisations to interpret their claims data, promoting triangulation with complaints and clinical incident data. |
| • We will engage with our Independent Sector Members in the development of score cards for them to share learning and best practice |
| • Learning from claims will be shared locally and nationally. |
| • Trusts will be supported in using claims scorecards from ‘Board to Ward’. |

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Partner with national and regional bodies to collectively work to improve safety

- Provide expert speakers on critical issues such as, supporting the Duty of Candour, Human Factors and claims prevention.
- Meet with national bodies such as CQC, NHS Improvement, NHS England, Health Education England and the Royal Colleges with the aim of developing policy in relation to improving safety and the reduction of harm.
- Working with regional groups to share learning and support the quality and learning system with shared aims.
- Participate in a range of clinical groups: Quality Surveillance Assurance Groups (QSAGS), Royal Colleges, NHS England and Patient Safety Expert Groups.
- A Joint Working Project with the NHS England Patient Safety Team to explore links between incidents and claims and support development of the new incident reporting systems.
- Explore the viability of a partnership project with Datix for a data project on defined healthcare specialties, for example maternity and orthopaedics, with local trusts to develop learning solutions to improve safety and reduce harm.

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<td><strong>A focus on maternity</strong></td>
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<td>Evaluate the outcome of the Sign Up to Safety incentive payment scheme including a national maternity follow-up event in 2016 with the 51 maternity units who submitted bids (25 successful bidders buddied with unsuccessful bidders) to share progress and learning.</td>
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<td>Establish a bespoke clinical reference group for maternity (linked with the NHS England national patient safety team) to share cause of harm data on cerebral palsy and other significant harms to agree measurement and review of clinical outcome data to inform CNST pricing options.</td>
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| March 2017 |
| **Develop CNST pricing to incentivise improvements in safety** |
| Consult with NHS trusts, Independent Sector Providers of NHS care and other stakeholders on the method of setting Member contributions to CNST from April 2017. Agree a set of principles and options for linking an element of price to measures which demonstrate whether an organisation is reducing the harm that is likely to lead to claims in the future. This means identifying other data sources or indicators which are a reliable predictor of the harm that leads to claims. We will consider the potential for pilots to inform any changes to CNST. |
Improve Member participation, encourage and support a learning culture by the early reporting of very high value cases

- Review reporting requirements to assess the viability of an operating model where the NHS LA is notified of an incident which may, or may not, become a very high value claim as soon as possible after it happens. Support an early investigation of liability at a time when the event is still fresh in the memories of the staff involved and supporting the capture of evidence and the identification and proofing of relevant witnesses. Ensure that the model delivers early apologies and candid explanations; rapid learning from the incident and that guidance is developed to ensure that families are helped and supported in accessing the availability of health and social care provision.

Explore options to segregate 'older and larger liabilities' from the CNST risk pool

- Review liabilities which relate to incidents which occurred many years ago to see if they can be isolated and managed differently to ensure that the pricing set under CNST is accurate and relevant and responds promptly to improvements in care.

Support the NHS to identify, prevent and manage concerns about performance

- Develop and deliver an income generating programme of external education products to equip managers in the NHS with the best material to increase their skills when faced with performance management challenges.
- Work with key stakeholders to provide learning solutions to practitioners about how to manage concerns which may be raised about their performance.
- Capture the learning and analyse data from NCAS cases and share an analysis of them within the NHS.
- Publish analysis from referral demographics to include gender, age and ethnicity.
- Collaborate with others to publish research on the key issues which affect practitioner performance and update our best practice guides.
- Work with individual Boards to understand their organisation’s governance on practitioner performance and ensure that all Responsible Officers (ROs) are aware of the NCAS work and role as part of their obligations as RO.
<table>
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<th>Publish our findings from our experience of managing claims and concerns</th>
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<td>• Extend our thematic reviews of claims data into specific specialty claims or relevant topics including risks to employees and members of the public visiting Trust premises.</td>
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<td>• Develop work to bring the ‘Saying Sorry’ leaflet to life by the addition of some best practice examples, obtain patient input and prepare targeted leaflets for key areas, such as mental health.</td>
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<td>• Develop learning resources, such as case studies with clinician and patient input including ‘how to’ guides, webinars and policy documents and publish these on both our extranet and our external website.</td>
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2.2 Providing analysis and sharing expert knowledge

**Strategic Aim 2 – Providing analysis and sharing expert knowledge**

Providing expert, specialist and current knowledge about the resolution of claims, concerns and disputes. Sharing knowledge on legal developments, precedents and trends in order to influence emerging law.

Using our specialist knowledge and skills to deliver effective outcomes for the NHS. Ensuring that the patient interest is at the centre of what we do and the in how we use our expertise.

Analysing our data and where possible, joining this with other data sets to deliver insight into trends and patterns.

**What we will do**

**Take account of the patient interest in all that we do**

- Improve our communications to recognise that the patients we talk to may have some common needs but also different needs – ensure that our communications are tailored accordingly.

- Support and train our staff on the skills required to handle litigants in person, some of whom have mental health issues. Enlist external expertise in doing so and ensure that these patients are supported by individuals who have the right skills.

- Encourage our staff to broaden their experience by inviting patients to participate in our training programmes and to seek their support in co-designing publications, ensure in doing so that our focus is not just limited to harmed patients but to all NHS patients and supports our wider role in support of the NHS to reduce the harm which leads to claims and to preserve public funds for patient care by the robust defence of unmeritorious claims.
Provide detailed information on claims and NCAS cases to NHS Trust Boards, clinicians, the Royal Colleges and other stakeholders

- Provide NHS Trusts with interactive “scorecard” analysis of their claims and support them in working with frontline clinicians to triangulate this data with complaints, incidents and feedback from investigations and inquests to support the development of safety improvement strategies.

- Provide detailed information to every Member of our indemnity schemes regarding their claims and payment history together with a forward look as to the likely future costs by way of a red, amber, green (RAG) rating” which draws upon their reported claims experience.

- Develop our extranet, which provides NHS Trusts with a trends analysis of their claims data by trust type and specialty and a detailed drill down into individual claims data and build a ‘Member area’ where information specific to the particular organisation can be held securely.

- Produce guidance for the NHS on the management of group actions and other groups of claims arising from individual clinicians or events.

- Work closely with the new Healthcare Safety Investigations Branch (HSIB) to ensure that appropriate steps are taken at an early stage in such cases to deliver early resolution where patients have been harmed and that large groups of claims are managed in a cost effective and sensitive way by minimising legal costs and pursuing alternative methods of resolving group claims such as protocols and mediation wherever possible. We will consider handling of information about NCAS’ casework referrals with other information held across the NHS LA, including HPANs, Claims, and GDC commissioned services.

- Consider and report on patterns of referrals.

Developing our website

- Make all FHSAU decisions, statistical and other information available on the NHS LA website and ensure that our appeal and application guidance is current.

- Publish on-line leaflets for frontline staff on common claims areas, such as pressure ulcers, VTE and surgical burns with one new leaflet to be published every quarter. Planned leaflets include using scorecards, hoists and manual handling and a revision of ‘Saying Sorry’.

- Update our ‘improving safety’ resources to incorporate shared resources from trusts and create a platform for sharing best practice.

- Publish data from our NCAS cases in order to support systems wide learning for the NHS.
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<th><strong>Our goals for 2016/17</strong></th>
<th><strong>Supporting the reduction of harm</strong></th>
<th><strong>Providing analysis and sharing expert knowledge</strong></th>
<th><strong>Offering best value to our customers, patients and the public</strong></th>
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### Review our regulations and directions to ensure that our services remain relevant to new models of care delivery

- Work with DH to ensure that our indemnity schemes are able to offer cover in relation to Vanguards and emerging new models of care delivery.

- Review options for extending the breadth of cover offered under the indemnity schemes in order to ensure that there is comprehensive coverage for NHS care.

- Prepare for any changes expected to the Pharmacy Regulations, due for review in 2017, so that support and training for stakeholders can be put in place sufficiently in advance to ensure robust decision making.

- Review the regulations and directions concerning the issue of HPANs with DH and ensure that changes are made where necessary to respond to current and future needs.

**June 2016**

### Develop a closer customer relationship with NHS Trusts and Independent Sector Providers of NHS care

- In line with our plan to have regionally facing teams across the organisation, we will build one to one relationships in order to tailor our support to individual organisations and obtain greater insight into priorities and challenges. This will include a programme of visits with combined claims, safety and learning and NCAS input.

- We will share the key challenges highlighted by our customer surveys and the action we will be taking to respond.

**September 2016**

### Deliver education services

- Run combined education events and workshops, delivered to medical directors and frontline staff, bringing together the combined expertise of our NCAS, claims and safety and learning teams in relation to the identification, management resolution and learning from things that go wrong.

- Work with partner organisations to develop a programme for Boards on improving patient safety and reducing the costs related to harm.

**December 2016**
Deliver transparent and robust dispute resolution services in Primary Care contract Management

- Provide robust and well-reasoned decisions which shall be published on our website.
- Provide guidance, to be published on our website, which sets out our interpretation of various Primary Care Contractual regulations when applied to dispute resolution.
- Provide training workshops for decision makers at NHS England and parties to appeals and applications to assist with robust decision making.

Take forward a range of projects as part of a programme to share data to support safety improvement

- Commission an economic evaluation of the sign up to safety incentive scheme. Phase 1 will explore multi-system analysis for maternity and missed fractures in A&E.
- Explore a number of data sharing agreements with key partners such as the GMC and NHS England.
- Work closely with NHS England on the new incident reporting system and undertake joint work on, for example, sharing anonymised data on hypoglycaemia in the neonate, linked to mortality and morbidity.
- Build on our published leaflets based on our Claims Management System data with publication of 1 per quarter.
- Work with a small number of trusts (1 per region) to bring together data from local incident reporting systems, complaints and claims to support the sharing of learning and harm prevention across the system.
- Recruit a Darzi Fellow to support further work with maternity data and explore the potential for a DH analyst to be seconded to the NHS LA.
2.3 Offering best value to our customers, patients and the public

**Strategic Aim 3 – Offering best value to our customers, patients and the public**

Putting the needs and expectations of our customers, patients and the public at the core of our work. Providing an efficient and best-value service.

Our aim is to work with our customers, patients, the public and stakeholders to develop our services, actively responding to external feedback, and ensuring all our services represent value and best practice.

**What we will do**

**Develop our claims operations in order to minimise cost**

- Plan for and change our processes, timescales for response and IT systems in order to obtain the maximum benefit from any reductions in claimant legal costs available as a result of the fixed recoverable costs consultation planned by DH.
- Review the potential impact on volumes and costs of any reforms to ensure that we are resourced appropriately.
- Build on previous work to provide best value services and reduced costs by employing greater use of management data and marketing intelligence to inform and help develop our claims management strategy.
- Continue to work with our legal panel firms to ensure that they deliver value for money in all areas and that the balance between outsourcing and our in-house provision remains appropriate including insourcing more work where it is cost effective to do so.
- Prepare to re-tender the legal panel contract in 2017.
- Review of our ‘on the record’ team to evaluate its success and determine if an additional team will be beneficial.
- Enhance and change our claims management system and our processes and procedures to ensure that best practice is maintained, learning from the insurance industry and that our management information can support us in expenditure forecasting.
- Continue to work towards standardising our instructions to medico-legal experts and the terms and conditions under which they operate combined with the development of a single expert register.
- Automate our periodical payment processes and improve our duplicate claim detection capabilities.

**Complete by end**

March 2017
Work more closely with the Members of our indemnity schemes and ensure that they have greater involvement in the resolution of claims

- Consult with our Members to consider options for more flexible indemnity cover including voluntary excesses, delegated authorities and additional services such as using the commercial buying power of CNST to procure other services which will help Members in supporting the reduction of harm.

- Review our membership rules and reporting guidelines to consider how we can work more closely with Members into the investigation of claims and the decisions made on individual cases.

- Produce comprehensive guidance giving details of both scheme coverage and best practice for investigating claims.

- Repeat our annual customer survey for the claims function and work with Members to create an action plan for the delivery of a continuous improvement programme in claims management.

- Develop an NHS LA Academy to support the delivery of high quality claims management capability at a local level and develop closer working relationships between our claims managers, the teams investigating incidents, complaints, and claims at NHS trusts.
Ensure that NCAS case management is responsive, fair, timely, proportionate, cost effective and underpinned by robust and defensible methods

- Deliver robust and effective case management to referring bodies which includes independent critique of their rationale for case handling and timely utilisation of NCAS assessment and intervention services.

- Document case handling, to include:
  - a description of the circumstances of the case and the concerns identified;
  - the referring body’s response to the concerns to date;
  - the advice given;
  - whether a follow-up will be provided and if so a date when this will happen; and
  - progression to an intervention.

- Develop and implement a quality assurance framework for the advice service together with tailored support for complex cases.

- Develop a system for ensuring that all cases which require assessment and intervention activity are identified quickly through the advice service.

- Develop fair, robust and timely assessment and interventions and develop and publish a utility index for all assessment intervention products including:
  - assessment of behaviour;
  - full performance assessment;
  - assessment of communicative effectiveness;
  - clinical record reviews;
  - mediations; and
  - ‘Back on track’ action plans.

- Evaluate the effectiveness of the impact of our assessments and interventions and continually improve these to ensure they reflect international best practice.

- Operate the HPAN system and seek to provide assurance that the NHS issues HPANs in all cases where appropriate

- Monitor and report on the use of suspensions and exclusions.
Develop NCAS services, identify and respond to the needs of existing and emerging stakeholders

- Raise awareness about NCAS’ work, breadth of services and role and impact on resolution of concerns about performance
- Develop reputation as a national centre of excellence for resolution of concerns about performance
- Offer quality services under contract to key stakeholders, for example Northern Ireland, Wales, General Dental Council, Medical Council of Ireland, Isle of Man, Defence Medical Services
- Establish stakeholder satisfaction and views with regard to the value, appropriateness, effectiveness and acceptability of NCAS services through a comprehensive evaluation programme
- Develop and implement a marketing and communication plan for NCAS including web presence with a view to moving to increased revenue generation.
- Create and maintain networks and connections with key stakeholders
- Influence and respond to external policy drivers which impact on NCAS’ work and services, including whistleblowing, Duty of Candour, changing nature of regulation
- Specify, scope and develop new products in response to emerging needs, for example team assessments, monitoring of actions plans etc

Resolve FHSAU appeals and disputes justly, expeditiously and economically

- We will review our FHSAU panel member appointments and recruit or reappoint where applicable.
- We will review the pool of advisers established to provide advice on GP premises costs directions.
- We will ensure that FHSAU panel members receive annual training and are issued with up to date guidance.
- We will engage with stakeholders through our pharmacy appeals user group.
- We will carry out a yearly Customer Survey exercise with all our service users to seek feedback on the Administration of the dispute resolution service that the FHSAU provides.
- We will provide training courses to all parties to appeals to ensure better compliance with the requirements of the 2013 Pharmacy Regulations.
- We will explore whether there is an appetite for the extension of decision making training courses to all types of Primary Care Contract disputes.
Part 3 – Measuring our performance

The NHS LA has reviewed its key performance indicators (KPIs) and in line with the recommendations of its Triennial Review to ensure that these include qualitative measures such as regular customer feedback. Our claims KPIs are not published as this could impact upon our ability to manage claims effectively (as they will be accessible by claimant lawyers). All descriptions of how success is measured in the claims management area are therefore included together with details of how we will measure our success against each of our strategic objectives for 2016/17.

<table>
<thead>
<tr>
<th>Strategic objective</th>
<th>Supporting the Reduction of Harm</th>
<th>Providing analysis and sharing expert knowledge</th>
<th>Offering Best Value to our customers, patients and the public</th>
</tr>
</thead>
<tbody>
<tr>
<td>Key performance indicators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims resolution</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Response time to a letter of claim</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Closure rate</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Claims closed with no damages payment</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Time to resolution</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Repudiated claims converting to a damages payment</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>NHS LA to undertake 2 x annual customer satisfaction surveys</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>% target for Member participation in order to ensure an engaged membership / customer base</td>
<td></td>
<td></td>
<td>✓</td>
</tr>
<tr>
<td>Evidence of increasing scores on 50% of the areas covered by the survey, year on year</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial spend controlled within 5% of target</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Safety and Learning

- Feedback from at least 60% of trusts visited on recognition of leaflets – oral or written: ✓ ✓
- 95% response rate to Members following a request for contact: ✓ ✓
- 80% of member NHS trusts visited have accessed their scorecard and provided positive feedback on it: ✓ ✓

### FHSAU

- 90% of FHSAU "first step" letters sent out within 7 days of receiving the appeal or dispute: ✓
- 100% of FHSAU appeals or disputes having where notice of an oral hearing is more than 14 days: ✓
- 80% of FHSAU appeals where Decision Maker agreed with recommendation of Case Manager: ✓
| 15 weeks to resolve FHSAU appeals and disputes - Internal input only | ✔ |
| 25 weeks to resolve FHSAU appeals where external input is required) - External input | ✔ |
| 33 weeks to resolve FHSAU disputes where external input is required e.g. oral hearing | ✔ |
| 90% positive outcome of quality audits for FHSAU appeals and dispute files | ✔ |

**NCAS**

| 90% of requests for advice from NCAS responded to within 2 working days (or within an alternative timeframe requested by the RB) | ✔ |
| 90% of all exclusions/suspending critically reviewed:  
Stage 1: after initial 4 weeks  
Stage 2: at 3 months  
Stage 3: at 6 months. | ✔ |
<p>| 92% of referrals for assessments and other interventions considered within 7 working days of receipt of all referral information | ✔ |</p>
<table>
<thead>
<tr>
<th>Category</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>92% of assessments and other interventions delivered within target timeframe</td>
<td>✔</td>
</tr>
<tr>
<td>90% of assessment and other intervention reports produced/issued within target timeframe</td>
<td>✔</td>
</tr>
<tr>
<td>90% of HPANs issued/released (where justified) within target working days</td>
<td>✔</td>
</tr>
<tr>
<td>90% of HPANs revoked (where justified) within 7 working days.</td>
<td>✔</td>
</tr>
<tr>
<td>90% of NCAS stakeholders met within quarterly targets</td>
<td>✔</td>
</tr>
<tr>
<td>90% of NCAS education events rated by participants at least 4 out of 5 for effectiveness/impact</td>
<td>✔</td>
</tr>
<tr>
<td>98% of clinical advice reports produced/issued to the GDC within 10 working days</td>
<td>✔</td>
</tr>
</tbody>
</table>
Part 4 – Our people

4.1 Structure

In addition to the Chief Executive, the Executive Directors (Board members) are Joanne Evans, Director of Finance and Corporate Planning and Denise Chaffer, Director of Safety and Learning. In 2016/17 the following appointments will be made:

- a fourth Executive Director (from the existing Senior Management Team);
- a Director of Membership and Stakeholder Engagement; and
- an additional Non-Executive Director
4.2 Developing a high performing team

Our aim over the next year is to develop and retain a high performance team capable of delivering our strategic objectives. We will:

- develop a comprehensive workforce strategy which identifies the skills and expertise which are required across the organisation and aligned with our workforce priorities and objectives;
- embed staff engagement throughout the organisation and respond to our annual staff survey through a staff engagement action plan programme;
- build upon and promote existing reward and recognition schemes which are not just financial remuneration to develop and retain key talent;
- put in place succession planning across the organisation for all key roles;
- embed our vision and values into all our work practices and communication and through our approach to appraisal;
- embed our objective setting and a robust performance appraisal framework which has outcomes which are moderated, calibrated and linked to talent management of our staff and succession planning;
- develop work experience opportunities as well as opportunities for our staff to use their skills in different parts of the organisation, developing a flexible workforce with transferable skills in case management and managerial roles and will develop an apprenticeship programme for appropriate areas of the business;
- provide a range of workshops, e-learning, shadowing and secondment with our legal panel firms and the NHS together with buddying and mentoring to make sure that our staff have the right skills to do the best possible job;
- progress our equality, diversity and inclusion plans;
- undertake an equality and diversity gap analysis and as an outcome, develop a published equality objective;
- change the balance between the outsourcing of work to our legal panels and the work undertaken in-house, creating a team to go on the court record for lower value litigated work and utilising existing experience and capability;
- work with the panel firms to gain best value from our contracts including a robust approach to contract and performance management;
- continue to develop and communicate with our panels of associates, assessors, panel members and legal firms to achieve our objectives and utilise the contracts to enable a flexible approach to service delivery;
- review our arrangements with expert witnesses to ensure consistency of engagement and the maintenance of high quality;
- continue working closely with the Government’s Actuary Department to identify the existing financial liabilities and predict future liabilities and funding mechanisms; and
- work with chambers to develop greater flexibility of instruction of counsel and expand the talent base upon which we draw.
Part 5 – Our resources

We are funded primarily by income received from our Members in respect of the CNST, the Liabilities to Third Party Scheme (LTPS) and the Property Expenses Scheme (PES). We also receive £148m of grant in aid funding from DH for that element of our administrative and programme spend which relates to the management of DH liabilities and the services provided by NCAS and the FHSAU.

Government Funding by Scheme (£000's) 2016/2017

- DH Clinical (£100,000)
- Existing Liabilities Scheme (£29,000)
- DH Non-Clinical (£5,000)
- Administration (£7,334)
- Ex Regional Health Authorities (£1,000)
We are committed to delivering savings against our funded administration costs in 2016/17 and beyond. In 2016/17 the NHS LA will relinquish funding provided for the management of equal pay and age discrimination litigation (as that area of work comes to a close) and generate efficiency savings across the business. Our administration costs represent 1.24 percent of our overall expenditure.
## Current annual budget 2016/17

<table>
<thead>
<tr>
<th>Grant-in-aid funding</th>
<th>£000’s</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Programme</strong></td>
<td></td>
</tr>
<tr>
<td>DH clinical liabilities</td>
<td>(100,000)</td>
</tr>
<tr>
<td>Existing Liabilities Scheme</td>
<td>(29,000)</td>
</tr>
<tr>
<td>DH non-clinical liabilities</td>
<td>(9,000)</td>
</tr>
<tr>
<td>Ex-Regional Health Authority</td>
<td>(1,000)</td>
</tr>
<tr>
<td><strong>Total grant-in-aid funding – programme</strong></td>
<td>(139,000)</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td></td>
</tr>
<tr>
<td>Scheme administration</td>
<td>(7,334)</td>
</tr>
<tr>
<td><strong>Total revenue resource limit</strong></td>
<td>(146,334)</td>
</tr>
<tr>
<td><strong>Programme income</strong></td>
<td></td>
</tr>
<tr>
<td>Clinical Negligence Scheme for Trusts</td>
<td>(1,669,378)</td>
</tr>
<tr>
<td>Liabilities for Third Parties Scheme</td>
<td>(54,688)</td>
</tr>
<tr>
<td>Property Expenses Scheme</td>
<td>(4,082)</td>
</tr>
<tr>
<td>National Clinical Assessment Service</td>
<td>(1,236)</td>
</tr>
<tr>
<td><strong>Total programme income</strong></td>
<td>(1,729,384)</td>
</tr>
<tr>
<td>Grant-in-aid expenditure</td>
<td>£000's</td>
</tr>
<tr>
<td>--------------------------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>Programme</strong></td>
<td></td>
</tr>
<tr>
<td>DH clinical liabilities</td>
<td>100,000</td>
</tr>
<tr>
<td>Existing Liabilities Scheme</td>
<td>29,000</td>
</tr>
<tr>
<td>DH non-clinical liabilities</td>
<td>9,000</td>
</tr>
<tr>
<td>Ex-Regional Health Authority</td>
<td>1,000</td>
</tr>
<tr>
<td><strong>Total grant-in-aid expenditure – programme</strong></td>
<td>139,000</td>
</tr>
<tr>
<td><strong>Administration</strong></td>
<td></td>
</tr>
<tr>
<td>Scheme administration</td>
<td>7,334</td>
</tr>
<tr>
<td><strong>Total grant-in-aid expenditure</strong></td>
<td>146,334</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Programme expenditure</th>
<th>£000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical Negligence Scheme for Trusts</td>
<td>1,659,073</td>
</tr>
<tr>
<td>Liabilities for Third Parties Scheme</td>
<td>51,070</td>
</tr>
<tr>
<td>Property Expenses Scheme</td>
<td>3,988</td>
</tr>
<tr>
<td>National Clinical Assessment Service</td>
<td>1,236</td>
</tr>
<tr>
<td>Scheme administration</td>
<td>14,017</td>
</tr>
<tr>
<td><strong>Total programme expenditure</strong></td>
<td>1,729,384</td>
</tr>
<tr>
<td><strong>Net expenditure</strong></td>
<td>146,334</td>
</tr>
<tr>
<td>(Under)/Over spend revenue resource limit</td>
<td>(0)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ring fenced depreciation and impairments</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Depreciation</td>
<td>685</td>
</tr>
<tr>
<td><strong>Total revenue resource outturn</strong></td>
<td>147,019</td>
</tr>
</tbody>
</table>
## Annually Managed Expenditure (AME)

<table>
<thead>
<tr>
<th>Provisions</th>
<th>£000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing Liabilities Scheme</td>
<td>7,000</td>
</tr>
<tr>
<td>Ex-Regional Health Authority</td>
<td>1,000</td>
</tr>
<tr>
<td>Clinical Negligence Scheme for Trusts</td>
<td>4,697,000</td>
</tr>
<tr>
<td>Liabilities for Third Parties Scheme</td>
<td>18,000</td>
</tr>
<tr>
<td>Property Expenses Scheme</td>
<td>2,000</td>
</tr>
<tr>
<td>DH clinical liabilities</td>
<td>10,000</td>
</tr>
<tr>
<td>DH non-clinical liabilities</td>
<td>(3,000)</td>
</tr>
<tr>
<td><strong>Total Annually Managed Expenditure</strong></td>
<td>4,732,000</td>
</tr>
</tbody>
</table>

| Annually Managed Expenditure resource limit   | 4,732,000 |

NHS LA’s Annually managed expenditure, or AME represents the estimated change in the provisions made for legal claims for each of the schemes that we operate.

Capital expenditure relates primarily to IT equipment and software replacement and development.

AME is more difficult to explain or control, as it is spent on programmes which are demand-led such as welfare, tax credits or public sector pensions. It is spent on items that may be unpredictable or not easily controlled by and are relatively large in comparison to other government departments.

<table>
<thead>
<tr>
<th>Capital</th>
<th>£000's</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital expenditure</td>
<td>644</td>
</tr>
<tr>
<td><strong>Total capital expenditure</strong></td>
<td>644</td>
</tr>
</tbody>
</table>
5.1 Estates

In 2016/17 the NHS LA will relocate approximately 64 staff working in Skipton House, Elephant and Castle, to 151 Buckingham Palace Road. This will shrink the overall working space for London based staff. This will be facilitated by increased home working and will bring all of the NHS LA’s London based staff under one roof. The NHS LA has worked closely with the Human Tissue Authority as its neighbour in 151 Buckingham Palace Road in order to maximise the best use of the space shared and is working closely with other bodies across the DH estate to ensure that meeting room space is utilised effectively. The NHS LA also has the advantage of being able to utilise meeting room space across the country from its legal panel firms by virtue of the ‘value adds’ agreed as a result of legal panel tender arrangements.
5.2 IT

The use of NHS LA systems by our stakeholders continues to increase as the services provided by our extranet are enhanced and expanded. Work will continue in these areas with a view to further streamlining both internal and external business processes.

At the end of 2016/17 the programme of IT projects undertaken will deliver further advancements in the efficiency, performance and capability of the NHS LA’s information systems and communication methods. These advancements will improve our overall operational effectiveness, increase system flexibility and further diversify our communication methods.

Through the development of a secure Member specific document repository we will facilitate closer and more ‘tailored’ collaborations with our individual Members.

For governance and control, we will accredit our e-mail systems and connect to the successor of the NHS.net e-mail service. This will facilitate the ability for non-encrypted e-mails sent to and from our Members to be transmitted without risk of transmission over the internet.

We will expand the use of our revised intranet to all areas of the business and redevelop some of our core information to ensure their long term sustainability. With the completion of the network integration work and transition to one common network, we will begin the process of creating one common contact and document management system to cover all areas of the business to ensure the continued improvement of the data held in our information systems.

With the completion of the 2016/17 programme of work the NHS LA will achieve full control over the IT environment on which its core information systems reside resulting in a substantial cost saving and a reduction in its outsourced contracts.

Given the cost of employing in-house developers it is likely that some level of outsourced software development will be necessary in future years.

Cyber security continues to be one of the NHS LA’s business priorities and in 2016/17 we will continue to test, improve and enhance our security capabilities and to align with the changing threat to data security.
Part 6 – Governance

6.1 Audit, risk and assurance

The NHS LA is part of the DH’s group assurance framework and works closely with DH and the framework providers to deliver a comprehensive annual internal audit plan for each year. The audit plan for 2016/17 will be enhanced given the size of the liabilities managed by the NHS LA in order to ensure that the arrangements surrounding the valuation of those liabilities and data security in relation to the significant level of sensitive information held by the NHS LA are robust. The framework offers sufficient expertise for the NHS LA to meet all of its requirements in this area.

Our assurance framework was delivered in 2015/16.

We will further develop and embed our risk management framework to enable a systematic approach to managing risks and support the integration of risk management in all activities across the organisation.

Risks will be monitored and escalated to the appropriate NHS LA risk registers. The strategic risk register will be reviewed and revised further in 2016/17 to continue to capture the key strategic risks of the organisation and the assurance on the controls in place to mitigate those risks. We will define our risk appetite at Board level and align this with DH expectations and the risk register.

In delivering our three priorities, NHS LA must also ensure that we have the capability to address the risks and uncertainties in the environment in which we operate.

The rising cost of clinical negligence and the effect of the change in the HM Treasury discount rate continue to put ever more pressure on the financial sustainability of the health system. Our approach, through effective claims management, and wider engagement with the health system and the legal community, is designed to address this.

For us to be effective, we need to continue to develop our relationships with our Members and key stakeholders so that we can advise, support and deliver appropriate policies that will reduce harm to patients and provide value for money to the tax payer.

Our collaborative approach means that delivery of our business plan is dependant throughout on wider system working and accountability. This presents a key risk in our meeting the objectives set out which we will manage by developing close and supportive working relationships where those independencies exist.

We will be mindful of the constraints we may face in the capacity and appetite to transform the delivery of health and legal services that inform our service offer and our cost base; that we can provide appropriate and robust data whilst complying with legal requirements around data sharing and security; and that there is confidence that we not only deliver our services in a fair and efficient way, but also can add value through our experience and knowledge of our business in partnership with our stakeholders.
6.2 Procurement

The NHS LA complies with all relevant DH and Cabinet Office controls in relation to procurement. Externally sourced services are commissioned through an appropriate procurement route and, where possible relevant government frameworks

Suppliers will be selected on the basis of quality, suitability, reliability and value for money.

The NHS LA runs a framework for legal services valued in excess of £100 million annually. This is accessed by other arm’s length bodies who obtain the benefit of the low rates and value added services offered as part of the contract. Work undertaken throughout 2016/17 will ensure that the retender of the legal panels can be undertaken in sufficient time for the new contract to be operational in May 2017.

The NHS LA will work closely with Crown Commercial Services (CCS) to support CCS in delivering a new costs lawyer framework utilising experience of the legal market relating to the management of and negotiation of contentious legal costs.

Support and development of the NHS LA’s core information system is currently provided by external contractors and, with the completion of the 2016/17 programme of work the NHS LA will achieve full control over the IT environment on which these core systems reside. This will result in a substantial cost saving and pave the way for a year on year reduction in the remit and value of this outsourced contract. We will work closely with the DH on the procurement of the revised contract.
6.3 Whistleblowing

It is important that staff who raise concerns are listened to, that their confidentiality is protected and that all staff are aware of the importance of preventing and eliminating wrongdoing at work. Our whistleblowing policy and procedure was reviewed in September 2014 and we have a designated non-executive overseeing whistleblowing on our Board. We are committed to carrying out a confidential and thorough investigation into any issues raised by staff and to advising the individual raising the concern of the outcome of that investigation.

Where the identities of whistleblowers are known, the NHS LA will ensure that they are protected, supported and will monitor their welfare throughout and following the investigation into their concerns.

In 2016/17, we will consider how best we can support and educate the NHS more widely in the management of cases relating to whistleblowing as part of the development of our training and education services. Working in partnership with others on this issue, our work will be informed by national initiatives within the NHS arising from the DH's ‘Learning not Blaming’ response to the ‘Freedom to Speak Up’ consultation and the GMC's action plan from the Hooper Review.
6.4 Transparency and data security

We will continue to ensure that effective processes are in place throughout the year to ensure a swift response to all public queries, correspondence, parliamentary questions, issues raised under data protection legislation, Freedom of Information Act requests and complaints. Our data reference group will monitor the governance arrangements for data sharing internally and externally in accordance with law and best practice in order to discharge our strategic objectives throughout 2016/17.

In 2016/17 we will seek formal accreditation against Information Security Management Standard (ISO 27001) which will provide assurance that we have robust and effective systems in place to maintain securely the sensitive data that we hold as part of our service delivery.
Conclusion

Our business plan for 2016/17 represents a challenging programme of work which nevertheless enables the NHS LA to remain responsive to different priorities which emerge as the year progresses. We will report progress in our delivery on a regular basis to our Board and to our DH sponsors and will continue to seek feedback throughout the year from our stakeholders as well as our own staff. This will ensure that we continually challenge our performance and adapt our plans where necessary to respond to the developing needs of the NHS.