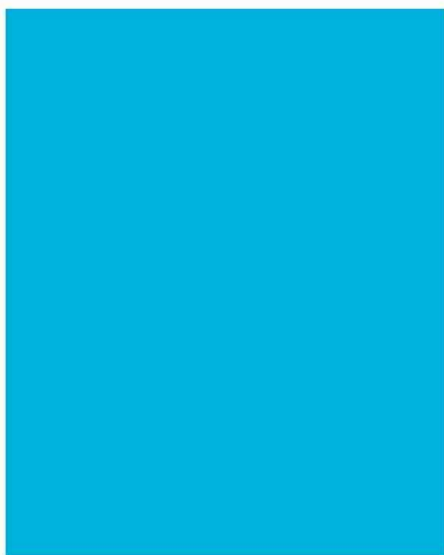


Business Plan

October 2012 – March 2013



Business plan

First published: 1 October 2012

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Preface

This business plan covers a critical period in the development of the NHS Commissioning Board. We were set up originally as a special health authority. That was a transitional phase in which we did the preparatory work necessary to ensure that the Board would be ready to take on its new statutory responsibilities when the time came.

That is planned to occur in two stages: the formal establishment of the Board from 1 October 2012 with initial responsibilities; and then the transfer to it from 1 April 2013 of most of the remainder of its responsibilities under the Health and Social Care Act 2012.

We are now beginning the authorisation of clinical commissioning groups (CCGs). These are central to the new, clinically-led commissioning system introduced by the Act. They will harness the knowledge and understanding of local clinicians, working in close partnership with health and wellbeing boards, to assess local needs and work to improve health outcomes in their local communities.

We operate - and are held accountable - within a framework established by law, by the NHS Constitution, and by the Mandate issued to us by the Secretary of State. The purpose is to liberate the NHS in England from centrally determined processes and day to day political control, and to refocus it exclusively - and obsessively - upon the interests of patients.

That is our mission. At a time when demand for health and social care is growing steadily with an ageing population and increasingly effective and expensive drugs and health technologies, yet resources are tightly restricted, there is a need for real transformation in the provision of the whole range of healthcare, embracing prevention as much as treatment, and care as much as cure.



Professor Malcolm Grant, Chair

Foreword

This business plan marks the final crucial phase in the establishment of the NHS Commissioning Board and the creation of a new, clinically-led commissioning system with patient's needs and wishes firmly at its heart.

As an executive non departmental public body, we will start to put our plans into action and continue our ambitious programme of work to complete the successful transition to a new way of working that delivers the improved health outcomes we all want to see.

Central to this is our ambition is to make the NHS in England the best patient service in the world by revolutionising the use of information, giving greater access to information for patients and commissioners alike, to support them to make genuinely informed decisions.

In early December we will start the authorisation of clinical commissioning groups (CCGs). This is a significant landmark that will give authority to CCGs to take up their statutory duties in April and put local clinical leaders firmly in the driving seat to respond to the needs and wishes of their patients and local communities.

We will also shortly hold the first annual meeting of the Commissioning Assembly. This will bring together the collective commissioning leaders for England so that we can work together to ensure clinically-led commissioning flourishes in every bit of the country.

To really make a difference in the new system we are committed to adopting a different approach to working that is underpinned by the values and principles of the NHS Constitution. The mandate we will shortly receive from the Government will form a key part of this and we will work with clinical leaders, our partners and with patients, to find new ways to respond to the needs and wishes of local communities.

While a great deal of progress has been made, there is still a great deal to do and further challenges ahead. However, I firmly believe we can build on the tremendous achievements that have been made to date, to create a new way of commissioning that will design and

deliver care around the needs and choices of patients and that will achieve dramatically improved outcomes.

A handwritten signature in black ink, appearing to read 'D Nicholson', enclosed in a thin black rectangular border.

Sir David Nicholson, Chief Executive

1 Introduction

In April 2012, the then Secretary of State for Health wrote a letter¹ to the Chair, setting out four strategic objectives for the NHS Commissioning Board (NHS CB), relating to:

- transferring power to local organisations;
- establishing the commissioning landscape;
- developing specific commissioning and financial management capabilities; and
- developing excellent relationships.

This business plan has been developed in accordance with these objectives.

The Health and Social Care Act 2012 establishes new commissioning arrangements for the NHS. From April next year, most commissioning will become the responsibility of clinical commissioning groups (CCGs). They will be funded, supported and held to account by the NHS CB, established as an Executive Non Departmental Public Body (ENDPB) on 1 October 2012.

The NHS CB will take on its full functions in April 2013, meanwhile, the relevant NHS planning and delivery responsibilities remain with the Department of Health, strategic health authorities (SHAs) and primary care trusts (PCTs).

The duties of the NHS CB are set out in directions issued by the Secretary of State for Health who will hold the NHS CB to account through the mandate. In addition, a framework agreement between the NHS CB and the Department of Health records how the two organisations wish to work together.

The core tasks of the NHS CB during this preparatory phase, fall broadly in to six categories:

- business preparation;
- designing the commissioning landscape, developing clinical commissioning groups and the direct commissioning functions of the NHS CB;

¹ [The Secretary of State of Health's letter to the Chair of the Board setting out the Government's strategic objectives for the NHS Commissioning Board](#)

- the authorisation of CCGs;
- developing guidance to be published by the NHS CB to support and enable CCGs;
- developing the framework used to provide transparency and accountability about how effectively CCGs are meeting their statutory duties, including a single commissioning outcomes framework; and
- patient safety.

None of these tasks can be achieved in isolation and the NHS CB will continue to work with clinicians, managers, patients' groups, industry and a wide range of stakeholders, to ensure that it is designing a system in close collaboration with the very people it is there to support and enable.

The NHS CB has a key role in ensuring the implementation of the Act's intention to revolutionise NHS accountability, and shift focus and resources to promote better healthcare outcomes. It will observe fully its duty to promote the values and principles of the NHS Constitution.

2 Governance

As an organisation entrusted with public funds, the NHS CB has adopted strong rules for its corporate governance.

The NHS CB is governed by a Board, which will have a majority of non-executive directors. It has established an Audit Committee which will meet regularly. Its role is to assure the Board of the NHS CB's management of its financial affairs and risks. It will scrutinise audit services; risk management policy and activity; financial planning and management and reporting. The Chief Executive is Accounting Officer and also serves as a member of the Board.

The Board has also appointed a Remuneration and Terms of Service Committee to determine the terms of service, remuneration and other benefits as laid down by the DH framework, for the chief executive, national directors and other posts within its scope. In addition, a Finance and Procurement Sub-Committee is responsible for approving applications for spending in accordance with the Government's Efficiency Controls, and determining when Department of Health and Cabinet Office approvals are required for expenditure. A CCG Authorisation Sub-Committee and Commissioning Support Programme Board Sub-Committee have also been established.

The NHS CB is committed to openness in all its dealings. Its Board has agreed that its meetings should be held in public, and will be web-streamed. Board papers will be posted on the web well in advance of meetings.

The Board has six non-executive directors, and nine national directors, of which three will be full members of the Board alongside the Chief Executive:

- National Medical Director
- Chief Nursing Officer
- Chief Financial Officer

The other national directors are:

- Chief Operating Officer and Deputy Chief Executive

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- National Director: Commissioning Development
- National Director: Transformation
- National Director: Policy
- National Director: HR
- National Director for Patients and Information

Together with the Chief Executive Officer, the national directors make up the executive team of the NHS CB.

3 Aims and objectives

The Department of Health will hold the NHS CB to account for its performance against four strategic objectives, relating to:

- transferring power to local organisations;
- establishing the commissioning landscape;
- developing specific commissioning and financial management capabilities; and
- developing excellent relationships.

The overall aim of the NHS CB up to April 2013 is to continue to prepare for the full establishment and operation of the organisation and the new commissioning architecture for the NHS. The NHS CB has translated the strategic objectives into its own operational objectives. It will work with clinicians, managers and a wide range of stakeholders, so that:

- appropriate infrastructure and resources are put in place to enable the NHS CB to operate successfully when it takes up its full powers in April 2013;
- the NHS CB's role and functions are agreed;
- the organisation design of the NHS CB is completed and agreed, including its business model and sub-national structures and how it will discharge its functions; and the NHS CB's relationships and how it will work with its partners are developed and agreed.

The NHS CB will also develop and implement the processes and support required to enable CCGs to be the best that they can be and to ensure that high quality and affordable commissioning support units are available both to those CCGs and to the NHS CB.

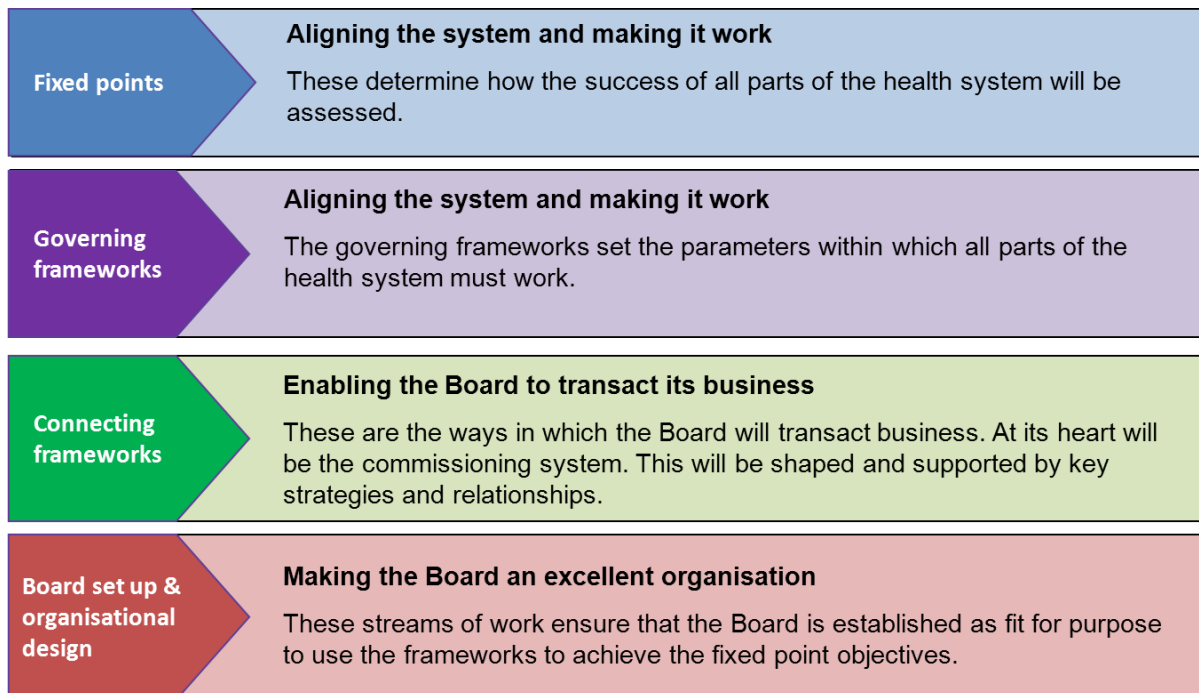
The NHS CB will continue to work closely with NICE and others in developing a single Commissioning Outcomes Framework that provides transparency and accountability about the quality of services commissioned by CCGs and their contribution to improving performance against the NHS Outcomes Framework.

In addition, the NHS CB is also responsible for a portfolio of operational patient safety responsibilities, which previously fell to the National Patient Safety Agency (NPSA).

The NHS CB will continue its work - in partnership with the Department of Health - to develop the new NHS Leadership Academy, launched in April 2012. The Academy will provide a single focus for leadership development across the health system, bringing together many existing nationally-led leadership and development programmes.

4 The approach to delivery

The NHS CB has an integrated programme approach to delivery under four overarching themes:



The detailed programme structures are set out at Annex A.

The fixed points that will provide the benchmark for measuring success in all that we do are: the NHS Constitution; the NHS Outcomes Framework; delivering within budget; and statutory duties including equality and health inequalities.

The NHS CB applies a series of 'lenses' during the design of key business processes. These are:

- quality – contribution to the NHS Outcomes Framework;
- clinical leadership;
- patient and public voice;
- equality and health inequalities; and
- innovation and change model.

Each of these will continue to be hard-wired into the approach at the outset and delivered through the organisation's commitment to a matrix working environment.

The five lenses focus the core values of the organisation and ensure that the NHS CB can step back from the detailed design and planning processes of its functions to identify how these principles are being woven into the organisation. Each work programme is required to make sure these core values are fully embedded in their work.

The Executive Team, chaired by the Chief Executive, operates as the NHS CB's programme board. The NHS CB's programme management office provides the programme board and the NHS CB's Board with assurance that the programme is being delivered on time, in line with the overarching themes, internal and external assurance processes, and appropriate governance procedures.

5 Key milestones

The following key deadlines and milestones have been identified as vital for the NHS CB to adopt its full statutory responsibilities in April 2013.

Milestone

October
2012

- Formal establishment as an ENDPB
 - Partnership agreements in place with all key bodies (Monitor, Care Quality Commission (CQC), National Institute for Health and Clinical Excellence (NICE), NHS Trust Development Authority (NTDA), Public Health England (PHE), Local Government)
 - Majority of regional and local NHS Resilience and Emergency Preparedness functions in place
 - Wave 1 CCG authorisation recommendations made to the Board
 - Responsible Commissioner rules and guidance published
 - Mandate published
-

Nov
2012

- 2013-14 NHS Planning Framework published
 - Code of Conduct for CCGs (Managing Conflicts of Interest) published
 - Commissioning Assembly established
 - Wave 2 CCGs authorised
 - Framework Agreement published²
-

Dec
2012

- 2012-13 NHS CBA final accounts for the close down of the organisation completed, approved and audited
 - 2013-14 CCG Detailed Planning Guidance published
 - 2013-14 CCG allocations announced
 - NHS Resilience and Emergency Preparedness function transfers from Strategic Health Authority clusters to the NHS CB
 - Wave 3 CCGs authorised
-

² The timing of the publication of the Framework Agreement is provisional.

**Jan
2012**

- Wave 4 CCGs authorised
 - Codification on Commissioning Rules published
-

**April
2013**

- NHS CB adopts full statutory duties
-

6 Success factors

The NHS CB will measure the success of its work programme against the following success factors, which must be in place by April 2013.

- **Safe transfer of functions** from current organisations (Department of Health, PCTs, Arm's Length Bodies (ALBs) and SHAs) to a new commissioning system comprised of the NHS CB, CCGs and commissioning support organisations.
- **Safe transfer of Emergency Preparedness, Resilience and Response (EPRR)** responsibilities at all levels.
- The **NHS CB is established** with the full set of legal powers required to deliver its functions.
- The NHS CB is **adequately resourced** to enable it to carry out its functions, with people transferred from existing organisations (Department of Health, SHAs, PCTs, and ALBs) in accordance with the People Transition Policy.
- There is full coverage across England by **established CCGs**, with the majority **fully authorised**.
- **Commissioning support services**, with robust oversight arrangements, are in place, providing high quality support to the NHS CB and CCGs.
- The NHS CB has an agreed **mandate**, which provides the freedom and resources to deliver its full set of functions.
- A new **finance spine** is in place and continuity of Family Health Services (FHS) payments has been delivered.
- Agreed **operating plans** are in place focused on delivering the NHS Outcomes Framework, the NHS Constitution, any other requirements that flow from the mandate and statutory requirements for:
 - a) fully or partially authorised CCGs;
 - b) the NHS CB for all services that it will commission directly (offender health, military health, specialised commissioning and primary care); and
 - c) shadow CCGs (established but not authorised).

- **Partnership agreements** are in place which capture the way the NHS CB will co-operate and collaborate with external partners to deliver its statutory functions, consistent with its organisational objectives.
- The NHS CB has received **positive feedback from partners** on its values, behaviours and whether the NHS CB is delivering on its commitments.
- The NHS CB can demonstrate that **patients, the public and their representatives have participated** in, and the NHS CB has responded to their views on, the establishment of the NHS CB.
- An **organisational development strategy and plan** is in place, providing interventions designed to create a high performing, healthy organisation where people want to work and with whom others want to do business.

7 Budget summary

A budget of £79.9m has been agreed for 2012-13. This covers both the NHS Commissioning Board Authority - a special health authority established to undertake the preparatory work for the establishment of the ENDPB - and the NHS CB from 1 October 2012.

The budget has been allocated directly to the control of the national directors. Pay budgets are allocated pro-rata to the end state budgets of the NHS CB (excluding local offices), having made some allowance for additional one-off staff needed in Commissioning Development and the Programme Office.

Non-pay costs are allocated directly on the basis of the original funding submission, abated by the planned reduction in spend.

A summary of the budget by directorate is shown below:

	Pay		Non Pay	TOTAL
	WTE	£000	£000	£000
Medical	44.00	-£3,400	-£340	-£3,740
* Nursing (inc NPSA)	63.00	-£4,525	-£1,370	-£5,895
Operations - HQ and Sectors	103.00	-£6,700	-£670	-£7,370
Commissioning Development	70.18	-£5,500	-£14,840	-£20,340
Transformation	32.00	-£2,200	-£220	-£2,420
Patients & Information	41.00	-£2,500	-£500	-£3,000
Finance	47.00	-£4,000	-£15,940	-£19,940
Policy	35.40	-£2,500	-£5,067	-£7,567
Human Resources	22.00	-£2,700	-£1,970	-£4,670
Contingency			-£4,933	-£4,933
	457.58	-£34,025	-£45,850	-£79,875

*The National Patient Safety Agency transferred into the Nursing Directorate on the 1 June 2012.

The final 2012-13 accounts for the close down of the NHS Commissioning Board Authority will be completed, approved and audited by December 2012. The final 2012-13 accounts for the NHS CB will be completed, approved and audited by June 2013.

8 Values and culture

The NHS CB is developing the values that were set out in the document 'Developing the NHS Commissioning Board'³:

- a clear sense of purpose;
- a commitment to putting patients, clinicians and carers at the heart of decision-making;
- an energised and proactive organisation, offering leadership and direction;
- a focused and professional organisation, easy to do business with;
- an objective culture, using evidence to inform the full range of its activities;
- a flexible organisation;
- an organisation committed to working in partnership to achieve its goals;
- an open and transparent approach; and
- an organisation with clear accountability arrangements.

It is vital that patients and clinicians are at the core of all that the NHS CB will do, to drive real improvement for local patients and citizens.

A robust communications and engagement strategy will support the NHS CB to adopt and foster a culture focussed on outcomes and patients; be an organisation that is open and transparent from the start, and to be an organisation that seeks to nurture real collaboration and innovation across the clinical commissioning system.

Each of the NHS CB's work streams has established networks to make sure that all their plans are developed in discussion and engagement with those who might want to be involved in the organisation's work.

Tackling health inequalities and promoting equality and equity are at the heart of the NHS CB's values. It is vital that the organisation exercises fairness in all that it does and that no community or group is left behind in the improvements that will be made to health outcomes across England.

³ ['Developing the NHS Commissioning Board'](#)

The NHS CB will be expected to publish its equality objectives by 1 April 2013, in line with the existing public sector Equality Duty on NHS organisations and other public bodies. From 1 April 2013, it will also have a duty to have regard to the need to reduce health inequalities in access to and outcomes from healthcare services.

While legislation is an important lever, the NHS CB will seek to go beyond compliance, continuing to work internally, and with its strategic partners, to ensure that advancing equality and diversity and reducing health inequalities is central to how it conducts its business as an organisation.

9 Organisational development

This is a time of unprecedented organisational change in the NHS. The NHS CB will replace around 160 statutory organisations, take on a number of functions from ALBs and the Department of Health, and support CCGs to make dramatic improvements to patient outcomes within an unprecedented financial context for the health service.

To support this, the NHS CB will establish a comprehensive organisational development infrastructure and clear and transparent human resources processes to ensure it makes use of the skills, capabilities, professional knowledge and experience of all staff affected by this transitional change.

The organisational development work will include defining the following for the NHS CB:

- its vision and purpose;
- its operating model;
- staff management and development;
- leadership development; and
- its systems, processes and governance.

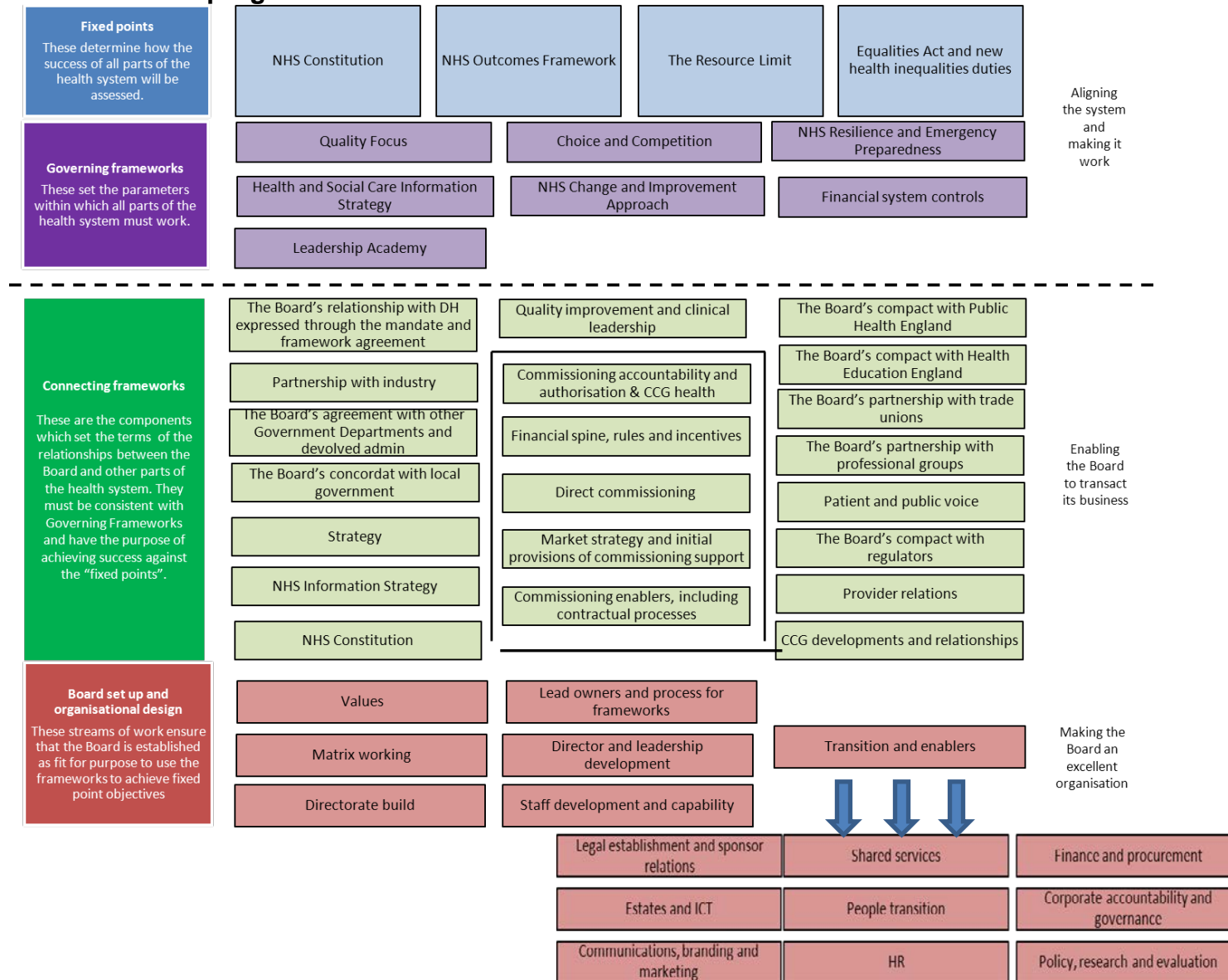
A different style of leadership will be needed to ensure that the organisation has a brand new culture, mindset, behaviours and way of working. That leadership development work will be underpinned by the well-regarded and newly refreshed NHS Leadership Framework and will also connect to the NHS Top Leaders programme, which supports the most senior leaders in the NHS.

10 Recruitment

Our People Transition Policy (PTP), published in July 2011, sets out the principles and processes supporting transfers and appointments to the Board. A system-wide policy on the filling of posts in receiving organisations has since been agreed and this is guiding our recruitment activity.

Recruitment to Very Senior Manager posts in the NHS CB is largely complete. The focus has now shifted to recruitment to Agenda for Change posts and a significant volume of recruitment is planned for the period from September to December.

Annex A: Work programme overview



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First published 1 October 2012
Published in electronic format only.