

# Business plan 2022/23

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## Part 1: Introduction



# Welcome from our Interim Chair and Chief Executive

## ● Part 1: Introduction

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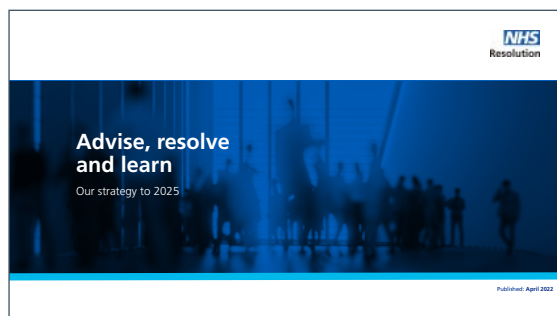
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**Welcome to our business plan for 2022/23. This sets out our financial and delivery plans for the first year of our new strategy *Advise, resolve and learn: Our strategy to 2025.***



We continue to work in extraordinary circumstances and our thanks go to all of those we work with in healthcare and justice as well as our own staff for their tremendous efforts at such a challenging time.

Our new strategy does not present a change of direction for NHS Resolution but rather a deepening of our approach as we continue on our path to have a greater impact in the chain of events leading to an issue coming to us in the first place. The processes we are engaged in can be distressing for patients and healthcare staff and so our aim is to do all that we can to avoid that distress by keeping matters out of formal proceedings and to learn from what has happened to improve things for the future.

Maternity services are a particular priority for us given the severe harm that can arise and the exceptionally high cost that this presents in compensation. As a stand-alone strategic priority for the first time, our work to collaborate to improve maternity outcomes will take a further step forward in the coming year.

As well as the ongoing impact of the pandemic and its aftermath, and the deeply concerning international events we are now witnessing, we expect 2022/23 to bring significant structural change to the NHS. As the Health and Care Bill becomes law the NHS will reconfigure and so our services must change to respond. All of our services are designed to help support the delivery of safe healthcare. In anticipation of wider change we have already embarked on two programmes for our claims operation and our IT architecture. This will transform the way we work and ensure that NHS Resolution is aligned to and supporting the developments underway. We will continue with our commitment to ensure that state-backed indemnity is an enabler to good healthcare in the NHS. In addition, that it can be moulded to the new and emerging structures for health and social care, building on the progress made with our new schemes for general practice and the pandemic arrangements.

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Workforce remains a significant and growing challenge for our health service. Our Practitioner Performance Advice service is directly focussed on the complex workforce challenges experienced on a daily basis in healthcare. Through new and more bespoke services and our insights programme we will ensure that we are giving local organisations the support and information they need to manage concerns as well as working nationally to drive needed change.

With one consultation on legal costs reform underway and another planned on the options for wider reform, we expect to be fully engaged in our national role as experts in clinical negligence compensation claims, informing government on the current system and potential implications of changes as well as preparing to respond to any reforms. We will also continue our drive for innovation within the existing legal framework.

There is much to do in the coming year and we are grateful to our staff, partners and sponsoring department, the Department of Health and Social Care, for their hard work in ensuring that NHS Resolution can continue to deliver to a high standard.



**Mike Pinkerton**  
Interim Chair



**Helen Vernon**  
Chief Executive

# Who we are and what we do

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### **We are an arm's length body of the Department of Health and Social Care (DHSC), tasked with:**

- Providing indemnity to the NHS for the risks involved in delivering healthcare services by:
  - Handling compensation claims, keeping patients and healthcare staff out of court wherever possible;
  - Ensuring compensation is both fair and timely while combating exaggeration or fraud; and
  - Delivering indemnity schemes that meet the continually evolving needs of the healthcare system.
- Delivering expert advice and support on the management of concerns about the performance of doctors, dentists and pharmacists;
- Resolving contracting disputes between primary care contractors and commissioners of primary care, operating independently and transparently to reduce the need for such disputes to be managed via the courts; and
- Using our unique perspective across the causes of claims, performance concerns and contracting disputes to provide insights back to the NHS to help to improve safety and manage risk.



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### New strategic priorities



**Deliver fair  
resolution**



**Share data and  
insights as a  
catalyst for  
improvement**



**Collaborate to  
improve maternity  
outcomes**



**Invest in our  
people and systems  
to transform our  
business.**

### Our services

#### Claims Management

Delivers expertise in handling both clinical and non-clinical claims through our indemnity schemes.

#### Primary Care Appeals

Offers an impartial resolution service for the fair handling of primary care contracting disputes.

#### Practitioner Performance Advice

Delivering expert advice, support and interventions on the fair management of concerns about the performance of doctors, dentists and pharmacists.

#### Safety and Learning

Supports the NHS, our members and beneficiaries to better understand their claims risk profiles, to target their safety activity while sharing learning across the system to improve patient care.

### Enabled by

**Finance and  
Corporate Planning**

**Digital, Data and  
Technology**

**Membership and  
Stakeholder  
Engagement**

**Policy, Strategy  
and Transformation**

### Our values

**Professional:** we are dedicated to providing a professional, high quality service.

**Expert:** we bring unique skills, knowledge and expertise to everything we do.

**Ethical:** we are committed to acting with honesty, integrity and fairness.

**Respectful:** we treat people with consideration and respect and encourage supportive, collaborative and inclusive team working.

# Some of our achievements in 2021/22

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## We are grateful to our staff and our system partners for helping us to achieve the following, despite the pressures of the pandemic:

- We successfully trialled a number of dispute resolution approaches in pursuit of our objective to keep claims out of court.
- We introduced a new indemnity scheme, the Coronavirus Temporary Indemnity Scheme, and continued to operationalise pandemic indemnity arrangements.
- We migrated historical General Practice liabilities from the Medical Protection Society and continued to develop our General Practice indemnity schemes for both future and historical matters, building our understanding of the risks and safety issues in this area.
- In support of our robust approach to claims fraud we successfully pursued custodial sentences in contempt of court proceedings.
- We expanded the number of services we offer remotely including virtual clinical performance assessment, offering greater flexibility and cost efficiencies.
- Our publications, guidance and analysis of claims risks, performance concerns and the resolution of primary care contracting disputes, continued to provide practical support to the health system in delivering improvement.  
[Insights: Research and analysis from Practitioner Performance Advice.](#)
- We completed the first phase of our new Core Systems Programme which aims to significantly improve our efficiency, our analytical capabilities and the experience of those affected by our work.
- We successfully moved into new London and Leeds offices at government hub locations, embracing the new ways of working to succeed and continuing to grow our Leeds base.

# Things that didn't progress as originally planned in 2021/22

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## We were unable to progress the following as planned, largely due to the ongoing impact of the pandemic:



We encountered delays in initiating our two main change programmes (the Core Systems Programme and the Claims Evolution Programme) due to the time required to secure the necessary business case approvals.

**Having received the approvals, we initiated both programmes in 2021/22 with both due to continue into 2022/23 and beyond.**



NHS Resolution and the Collaborative Advisory Group (the group of experts from across the maternity system who support us with this work) took the decision to pause Year 4 of the Maternity Incentive Scheme to take account the impact of Covid-19 on trusts' ability to achieve the scheme's safety actions. Re-launch of the Maternity Incentive Scheme Year 4 is now planned.



We paused a number of on-site activities such as our learning events, assessments and other interventions. However, we instead successfully developed more flexible, hybrid models of delivery, including online mediations and team reviews, which have been positively received.

# Overview of Advise, resolve and learn: our strategy to 2025

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## ***Our strategy, Advise, resolve and learn: Our strategy to 2025, sets out four strategic priorities:***

### **1. Deliver fair resolution.**

All of our services will focus on achieving fair and timely resolution, wherever possible keeping patients and healthcare staff out of formal processes to minimise distress and cost.

### **3. Collaborate to improve maternity outcomes.**

We will build on our reputation as a trusted partner in the maternity healthcare system, bringing together key parties to determine what further improvements can be made within our areas of expertise. This will support the government's maternity safety ambition to halve rates of stillbirth, neonatal and maternal death and brain injuries that occur during or shortly after birth by 2025.

### **2. Share data and insights as a catalyst for improvement.**

Ensuring that our unique datasets help derive usable insights that benefit patients and the healthcare and justice systems.

### **4. Invest in our people and systems to transform our business.**

The NHS is undergoing major restructuring while continuing to respond to and recover from the pandemic. We will develop our services to support this and have initiated two change programmes to invest in our people, systems and services to continue delivering best value for public funds.

We have chosen to pursue a three-year strategic period as we envisage our programmes will have an impact within this timeframe, and in recognition of the fast-changing environment within which we work.

**We believe that the successful delivery of our strategy will see us contribute to the following impacts:**

- 1. Ensuring indemnity is a driver for positive change** across the healthcare system.
- 2. A reduction in harm** to patients, particularly in maternity.
- 3. A reduction in distress** caused to both patients and staff involved when a claim or concern arises.
- 4. A reduction in the costs** required to deliver fair resolution, thereby releasing public funds for other priorities, including healthcare.

## Part 2: Our focus for 2022/2023



## Part 2: Our focus for 2022/23 Introduction

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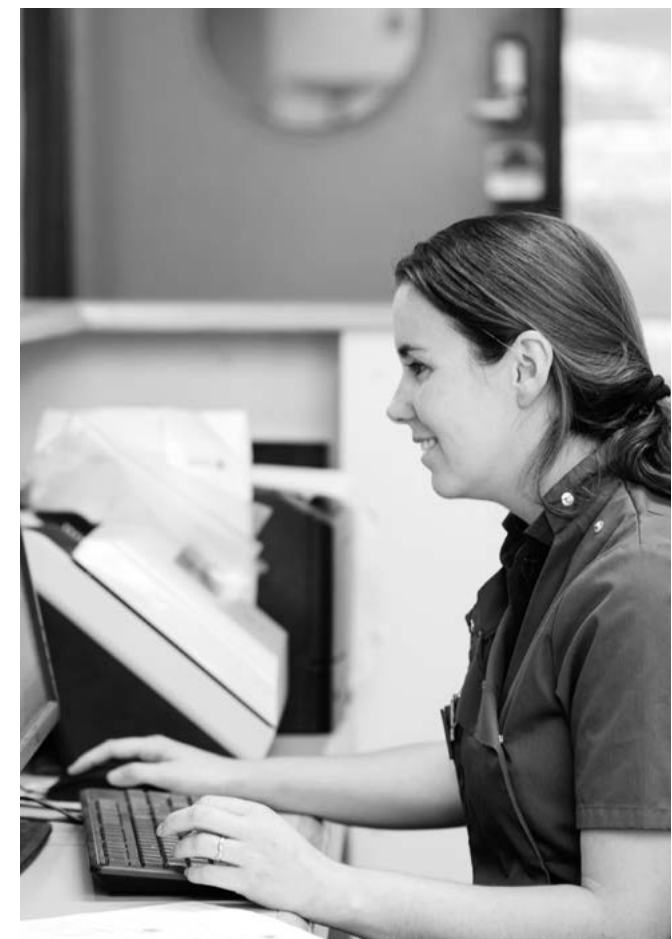
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**NHS Resolution is aligned with relevant DHSC policy through our activities. This includes our response to Covid-19, the Secretary of State's priorities, our work on reducing health inequalities, working towards NHS Net Zero, growing our presence outside of London and safeguarding the NHS from fraudulent claims.**

Only new initiatives and areas of service improvement are included in this annual plan, meaning that the extensive range of core business activity we undertake is not set out in detail. Within this, we include activity which may arise in 2022/23 to support the healthcare system's response to/recovery from the pandemic.





For each strategic priority, we have listed our key focus areas for 2022/23 with an indication of the primary areas of impact. A number of our work programmes are multi-year initiatives, meaning they will appear across our 2022/23, 2023/24 and 2024/25 business plans. Where applicable, we have explained what our focus will be for 2022/23.

Oversight of all activity covered by this annual plan will be monitored via the governance framework detailed in Part 3: Our governance.








# Strategic priority 1:






## Deliver fair resolution

Focus for 2022/23	Primary area(s) of impact: Reduce harm to patients	Primary area(s) of impact: Reduce distress to patients and/or healthcare staff	Primary area(s) of impact: Reduced costs of delivering fair resolution	Primary area(s) of impact: Other
We will share best practice with our members and scheme beneficiaries to improve the clarity and quality of the complaints correspondence they provide to patients and carers. This will support the Parliamentary and Health Service Ombudsman's work to develop the NHS Complaints Standards Framework.				Ensuring indemnity is an enabler for positive change.
<p>We will help build a just and learning culture so that healthcare providers can make apologies and provide support to patients, families and staff when an incident occurs. Key areas of focus for 2022/23 include:</p> <ul style="list-style-type: none"> <li>• Delivering training modules on giving meaningful apologies.</li> <li>• Further promoting our Being Fair charter.</li> <li>• Developing the next iteration of the Being Fair guidance.</li> <li>• Working in partnership with key stakeholders including patient representative groups.</li> </ul>				Ensuring indemnity is an enabler for positive change.
We will continue to operationalise the new Covid-19 indemnity schemes to ensure that appropriate governance arrangements are in place to oversee the schemes alongside appropriate key performance indicators (KPIs) and metrics.				Support the pandemic response.







## Strategic priority 1: Deliver fair resolution

Focus for 2022/23	Primary area(s) of impact: Reduce harm to patients	Primary area(s) of impact: Reduce distress to patients and/or healthcare staff	Primary area(s) of impact: Reduced costs of delivering fair resolution	Primary area(s) of impact: Other
<p>We will test new initiatives aimed at achieving fair resolution of claims without formal process such as early neutral evaluation.</p> <p>By building on our experience of mediation and the more collaborative ways of working with claimant representatives forged during the pandemic, we will move towards a position where parties enter litigation by choice, rather than by default.</p>				Ensuring indemnity is an enabler for positive change.
<p>We will improve the management and local resolution of practitioner performance concerns. Key areas of focus for 2022/23 are:</p> <ul style="list-style-type: none"> <li>Continuing the work to refresh our case advice service model. This will help ensure that we are able to deliver a more proactive and regionally based service, with a greater focus on sharing insights and learning from our work.</li> <li>Strengthening our approach to the management of behavioural concerns and delivering a range of multi-format learning programmes to upskill the NHS workforce.</li> <li>Extending the reach of our <b>Assisted Mediation</b> service through targeted awareness raising.</li> </ul>				
<p>We will engage with NHS England and NHS Improvement to improve the local decision making around primary care contracting. We will offer interested parties external training and access to resources to support early resolution of contracting disputes.</p>				







## Strategic priority 2: Share data and insights as a catalyst for improvement

Focus for 2022/23	Primary area(s) of impact: Reduce harm to patients	Primary area(s) of impact: Reduce distress to patients and/or healthcare staff	Primary area(s) of impact: Reduced costs of delivering fair resolution	Primary area(s) of impact: Other
We will publish a range of products focused on improving patient and staff safety, including thematic reviews, e-learning modules and national webinars.				Ensuring indemnity is an enabler for positive change.
We will strengthen our relationships with key stakeholders in general practice to further develop our strategy for sharing learning across both primary and secondary care claims.				Ensuring indemnity is an enabler for positive change.
We will continue to share our insights on potential patient safety risks with our healthcare system partners, continuously improving our own processes for identifying and managing significant concerns.				
We will continue to share our views on potential claims risks and mitigations with the healthcare system, including those relating to the pandemic.				Support the pandemic response.







## Strategic priority 2: Share data and insights as a catalyst for improvement

Focus for 2022/23	Primary area(s) of impact: Reduce harm to patients	Primary area(s) of impact: Reduce distress to patients and/or healthcare staff	Primary area(s) of impact: Reduced costs of delivering fair resolution	Primary area(s) of impact: Other
<p>We will share insights from our work to manage practitioner performance concerns. Key areas of focus for 2022/23 are:</p> <ul style="list-style-type: none"> <li>Sharing learning from research to help understand the lived experiences of ethnic minority and international graduate practitioners and the management of exclusions. This will guide the continuous improvement of the service by helping us to improve how we manage cases, interacting with practitioners in a more compassionate way by ensuring they feel heard, supported and understood.</li> <li>Continuing to develop organisational activity reports to include essential demographic information about practitioner referrals. This will open up a new dialogue with trusts to help them gain insights and highlight potential challenges.</li> </ul>				
We will strengthen our collection of data relating to equality, diversity and inclusion across all of our service areas to support the vital work on reducing healthcare-related inequalities.				Reduce healthcare-related inequalities.
We will make more effective use of our data internally and externally by progressing a range of enabling, technical development work. This includes providing data feeds into NHS programmes such as Getting It Right First Time (GIRFT) and the Model Hospital, alongside providing our own teams with better support for data analysis and reporting.				Improved operational efficiency.


## Strategic priority 2: Share data and insights as a catalyst for improvement

Focus for 2022/23	Primary area(s) of impact: Reduce harm to patients	Primary area(s) of impact: Reduce distress to patients and/or healthcare staff	Primary area(s) of impact: Reduced costs of delivering fair resolution	Primary area(s) of impact: Other
We will further enhance our approach to stakeholder engagement, driven by our strategic ambitions. This includes in-depth partnership working with key stakeholders such as our Advice service's work with the General Medical Council, Care Quality Commission and NHS England and NHS Improvement and our Safety and Learning service's work across the entire safety landscape.				Ensuring indemnity is an enabler for positive change. Collaborating with system partners.
We will ensure our insights inform policy development in key areas across the health and justice systems, particularly in respect of complaints, legal reform and the Health and Care Bill.				Ensuring indemnity is an enabler for positive change.










# Strategic priority 3: Collaborate to improve maternity outcomes

Focus for 2022/23	Primary area(s) of impact: Reduce harm to patients	Primary area(s) of impact: Reduce distress to patients and/or staff	Primary area(s) of impact: Reduced costs of delivering fair resolution	Primary area(s) of impact: Other
<p>We will continue to develop our <u>Early Notification Scheme</u>. Key areas of focus for 2022/23 include:</p> <ul style="list-style-type: none"> <li>Supporting the work to establish a new Special Health Authority to deliver independent, standardised and family-focused maternity incident investigations.</li> <li>Establishing a methodology for evaluating the scheme, taking into account the fact that certain aspects of the scheme will not be capable of evaluation for many years to come.</li> <li>Publishing six case studies developed by our clinical fellows.</li> <li>Developing our approach to assessing and delivering compensation packages in consultation with patients, their representatives and wider system partners.</li> </ul>				Ensuring indemnity is an enabler for positive change.
<p>We will continue to develop the <u>Maternity Incentive Scheme</u> to support the delivery of the national maternity strategy. Key areas of focus for 2022/23 include:</p> <ul style="list-style-type: none"> <li>Exploring the best approach for evaluating the scheme including the timing of when such an evaluation should take place.</li> <li>Overseeing successful delivery of Year 4 of the scheme, taking into account the potential for further impacts caused by the pandemic.</li> </ul>				<p>Ensuring indemnity is an enabler for positive change.</p> <p>Support the national maternity strategy.</p>


## Strategic priority 3: Collaborate to improve maternity outcomes

Focus for 2022/23	Primary area(s) of impact: Reduce harm to patients	Primary area(s) of impact: Reduce distress to patients and/or staff	Primary area(s) of impact: Reduced costs of delivering fair resolution	Primary area(s) of impact: Other
We will continue to work with our <u>Maternity Voices Advisory Group</u> across a range of initiatives.				

# Strategic priority 4: Invest in our people and systems to transform our business

Focus for 2022/23	Primary area(s) of impact: Reduce harm to patients	Primary area(s) of impact: Reduce distress to patients and/or staff	Primary area(s) of impact: Reduced costs of delivering fair resolution	Primary area(s) of impact: Other
<p>We will take forward our Claims Evolution Programme, focused on transforming the target operating model of our Claims Management service. Key focus areas for 2022/23 will be to:</p> <ul style="list-style-type: none"> <li>• Establish new and changed roles which will enable the move to multi-skilled teams aligned to a regional footprint.</li> <li>• Embed our new operating framework for our legal panel.</li> <li>• Refresh and refine our operational metrics to inform resource planning, taking into account the operational enhancements received from the Core Systems Programme.</li> </ul>				Ensuring indemnity is an enabler for positive change.
<p>We will deliver the first elements of our Core Systems Programme, unlocking the power of our data and providing a simpler, safer and faster platform to all of our users.</p> <p>We will pilot our new system with our Advice service, Appeals service and General Practice Indemnity (GPI) claims teams within the new platform including the migration of relevant historical data. We will also continue the development of wider Claims Management functionality to support the enablement of all other services.</p>				<p>Improved operational efficiency.</p> <p>Reduced reliance on legacy systems.</p>
We will continue to deliver enhancements to our internal systems to support better ways of working, including improving our management of external requests for data and our internal collaboration tools.				Improved operational efficiency.

## Strategic priority 4: Invest in our people and systems to transform our business

Focus for 2022/23	Primary area(s) of impact: Reduce harm to patients	Primary area(s) of impact: Reduce distress to patients and/or staff	Primary area(s) of impact: Reduced costs of delivering fair resolution	Primary area(s) of impact: Other
We will continue to deliver the benefits of our Ways of Working programme following the completion of our Leeds and London office moves.				Improved operational efficiency.
We will refresh our website content to reflect the transformation we will undergo as an organisation, as described in our new three-year strategy, and to bring the website up to date visually.				Improved operational efficiency and greater public transparency.
We will ensure our scheme rules and statutory framework remain relevant to new models of care and other NHS developments including the increasing use of innovative medical technology.				Support the delivery of integrated care systems.

## Part 3: Our governance



## Part 3: Our governance

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### Governance framework and structures

Our Board provides leadership and strategic direction for the organisation. It is collectively accountable, through the Chair, to the Secretary of State for Health and Social Care for ensuring a sound system of governance, and processes for securing assurance of the system's effectiveness.



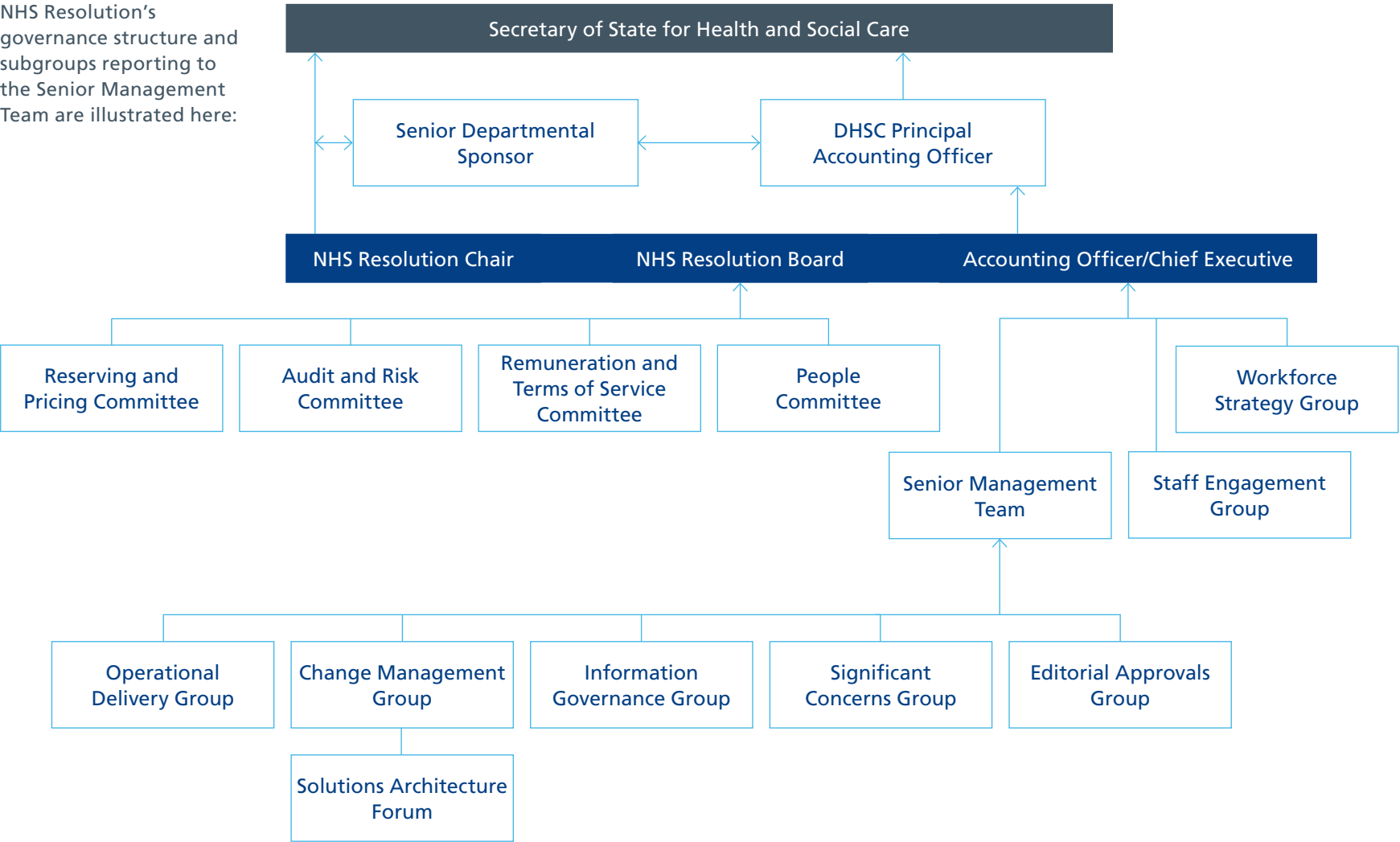
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NHS Resolution’s governance structure and subgroups reporting to the Senior Management Team are illustrated here:



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We report on the organisation's performance to the Board and to DHSC on a regular basis in accordance with the Framework Agreement with DHSC. Our Chief Executive, as NHS Resolution's Accounting Officer, is supported by NHS Resolution's senior management team, internal audit, and Audit and Risk Committee (ARC) to provide assurance to the Board on the matters as they relate to effective governance.

You can find out more about our governance structures at: [resolution.nhs.uk/about/governance/governance-structures](https://resolution.nhs.uk/about/governance/governance-structures).

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### Executive leadership

The Senior Management Team (SMT) includes directors of the operating areas in the organisation. The SMT meets most weeks and discusses issues concerned with the activity of NHS Resolution for which SMT oversight or approval is required, including resource management and planning, governance arrangements, complaints and stakeholder management. The SMT reviews particular areas of our activity or areas of development and considers any changes in the external environment that may have an impact on NHS Resolution and its services.

The work of the SMT is reported to the Board and members of the SMT are held to account by the Chief Executive for delivering against agreed objectives which are linked to delivery of our strategy and business plan.

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### Governance and accountability

We have in place a system of internal controls/governance which includes policies, procedures, practices and organisational structures designed to provide reasonable assurance that objectives will be achieved and any risks are eliminated where possible.

#### What we currently have in place:

##### Capacity to handle risk

Through our risk management framework we regularly consider the risks and issues that could have an impact on the achievement of our business objectives. This includes consideration of the controls we have in place to mitigate those risks and, where required, developing plans to bring those risks within appetite.

##### Management assurance

Our assurance framework brings together governance and quality linked to our strategic objectives. Its purpose is to ensure that systems and information are available to provide assurance on identified strategic and operational risks and that such risks are being controlled and objectives achieved.

##### Internal audit

Our internal audit plan is developed in conjunction with management and the Audit and Risk Committee to focus on the areas of risk, and provide insight, advice and assurance on our internal controls.

Further information on our assurance and controls can be found in the Governance section of our Annual Report and Accounts which can be found at: [resolution.nhs.uk/corporate-reports](https://resolution.nhs.uk/corporate-reports).

### Improvement activity planned for 2022/23

In 2022/23 we will continue to maintain and enhance the assurance and internal controls environment. This includes the following activity:

- Develop an Integrated Corporate Governance Framework setting out the governance processes at NHS Resolution to provide assurance to the SMT, the Board and the Accounting Officer that there are well-defined processes in place.
- Take forward the recommendations following an audit review of our governance groups which will enhance reporting and assurance to the SMT.
- Maintain our ISO 27001 Information Security Certification as well as delivering and embedding a sustainable Data Governance, Security and Protection Programme.
- Continue our programme for improving knowledge and records management at NHS Resolution and delivery of our Knowledge Information Management Strategy.
- Mature our risk management framework to support enhanced integration of risk management across the organisation.
- Enhance our assurance framework by adopting best practice, where applicable, in line with the **Government Functional Standards**.

## Part 4: Our performance



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**We routinely monitor performance through an internal control framework with bimonthly performance reporting to the NHS Resolution Board. As part of this, we continue to monitor the potential impact of the pandemic on our ability to deliver and/or measure our desired performance.**

We have reviewed our key performance indicators in light of our new strategy to ensure these provide an appropriately balanced view across key areas of the organisation including finance, internal process/compliance, the customer perspective and learning/growth.

Claims Management key performance indicator targets are not published as this information could affect our ability to manage claims effectively.



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The following tables set out the key performance indicators under each strategic priority for *Advise, resolve and learn: Our strategy to 2025*.

Strategic priority 1: Deliver fair resolution	Lead	Target
Reduction in volume of cases that enter litigation before appropriate dispute resolution.	Claims Management	Internal
Time to resolution from claims decision to agreement of damages.	Claims Management	Internal
Volume of cases repudiated initially with a subsequent payment agreed.	Claims Management	Internal
The movement in financial reserves is managed within target range.	Claims Management	Internal
Undertake the scheduled contract performance meetings with our legal and costs suppliers to review their performance against their KPIs.	Claims Management	Internal
We can demonstrate we have obtained relevant stakeholder input to inform at least 80% of our external products, services and/or service improvements.	Safety and Learning	At least 80%
90% of requests for advice responded to within 2 working days (or within an alternative timeframe requested by the employing/contracting organisation).	Practitioner Performance Advice	90%
100% of Healthcare Professional Alert Notices (HPANs) issued/ released or revoked (where justified) within 7 working days.	Practitioner Performance Advice	100%
90% of all exclusions/suspensions critically reviewed (where due).	Practitioner Performance Advice	90%
90% of assessment and other intervention reports produced/issued within target timeframe.	Practitioner Performance Advice	90%

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Strategic priority 1: Deliver fair resolution	Lead	Target
80% of pharmacy appeals where Decision Maker agrees with recommendation of Case Manager and 90% outcome of quality audits for appeals and dispute files.	Primary Care Appeals	80% of pharmacy appeals and 90% of quality audits
Before and after education metrics are applied to 100% of training events provided (including to primary care contracting commissioning teams).	Primary Care Appeals	100%

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Strategic priority 2: Share data and insights as a catalyst for improvement	Lead	Target
We can demonstrate that, in 100% of concerns raised through our Significant Concerns Group, we have included relevant appropriate qualitative information and appropriate steps have been taken in a timely way.	Practitioner Performance Advice	100%
We have actively sought and obtained feedback for 100% of the e-learning modules launched in 2022/23.	Safety and Learning	100%
We have actively sought and obtained an update on progress from all national level stakeholders tasked with delivering actions arising from national thematic review recommendations.	Safety and Learning	100%
Before and after metrics are applied to 100% of events related to compassionate conversations and Non-Executive Director (NED) training.	Practitioner Performance Advice	100%
Publication of six Advice insights products by end Q4.	Practitioner Performance Advice	Delivery of products in year
We will conduct at least one project with partners to explore links between incident data and our data.	Digital, Data and Technology	Project initiated

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Strategic priority 3: Collaborate to improve maternity outcomes	Lead	Target
Reduction in the time from notification to a liability decision on an Early Notification (EN) case compared to a similar cerebral palsy case received via the traditional claims route.	Claims Management	Internal
Percentage of contested applications for an interim payment on EN cases where we have refused to make one.	Claims Management	Internal
We will share 100% of concerns derived from EN and Maternity Incentive Scheme (MIS) cases with the national maternity safety group at least quarterly.	Safety and Learning	100%
MIS evaluation approach agreed and approved by our Board and key partners by end Q4.	Safety and Learning	Approval by Q4
EN evaluation approach agreed and approved by our Board and key partners by end Q4.	Safety and Learning	Approval by Q4

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Strategic priority 4: Invest in our people and systems to transform our business	Lead	Target
For CEP, we will align ourselves to the new regional Integrated Care Systems (ICS) Model by Q4 2022/23.	Claims Management	Delivery in year
First release of the Core Systems Programme delivered by Q4 2022/23.	Digital, Data and Technology	Delivery in year
A reduction in on-premises hardware and support costs as a result of migration to the NHS Central Tenant.	Digital, Data and Technology	Reduced costs against baseline
Retention of Investors in People accreditation to at least Silver level for 2023 reaccreditation, together with evidence demonstrating progress against the standard for Gold level.	Finance and Corporate Planning	At least Silver accreditation
Over 90% of our staff will have accessed learning and development opportunities relevant to the individual and/or organisation's needs.	Finance and Corporate Planning	Over 90%
We can evidence an improvement in the diversity of our workforce by reference to improvements in both the Gender Pay Gap and Workforce Race Equality Standards reports.	Finance and Corporate Planning	Improvement from 31 March 2022 position
We have actively sought and obtained formal feedback from our top strategic stakeholders (usually around 10-15 organisations) at least annually through a variety of methods.	Membership and Stakeholder Engagement	Evidence of engagement at least annually
Retention of our ISO 27001 accreditation.	Finance and Corporate Planning	Accreditation retained
Management of budgets within Departmental Expenditure Limits (between 95 – 100% of the in-year target for indemnity scheme spend).	Finance and Corporate Planning	Between 95 – 100%
95% of undisputed invoices are paid within 30 days.	Finance and Corporate Planning	95%

## Part 5: Our people



## Part 5: Our people

### Overview of our resource and FTE requirements for 2022/23



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### The first year of our new strategy will see our cost and resource base continue to grow as a result of:



The increasing scope of our schemes flowing from our maturing General Practice Indemnity Schemes as well as the range of pandemic-related indemnity solutions. This operational delivery needs to be supported by all corporate areas, particularly our finance and reserving and pricing teams.



The impact of two transformational change programmes that will see significant investment in our people and our systems. Both programmes will deliver a positive return on investment through improved productivity and efficiency as well as the ability to deliver more impactful, strategic outcomes.



Pay/inflationary pressures, service delivery improvements and the ongoing impact of the pandemic on our existing schemes.

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## Improvement activity planned for 2022/23

**We will develop a people strategy to support the delivery of our 2022–2025 strategy. This will incorporate the following work, much of which is already underway:**

- Supporting staff health and well-being given the ongoing impact of the pandemic and our transformational change programmes.
- Delivering our equality, diversity and inclusion strategy and action plan, focusing on recruitment and incorporating our externally-focused activity in this area.
- Rolling out a new talent management and succession planning strategy.
- Developing our leadership and management capacity and capability.
- Rolling out a behaviours framework and a just and fair culture charter.
- Preparing for our Investors in People reaccreditation in Quarter 4.
- Progressing staff-led work in the areas of corporate social responsibility and achieving net zero commitments.

We will develop our newly established People Committee to oversee and quality assure our people and organisational development work.



# Part 6: Our resources



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**This section sets out the key revenue funding streams and planned expenditure against them. The relative size of the various schemes we operate are shown visually in the graphs and highlight the scale of the Clinical Negligence Scheme for Trusts (CNST) relative to our other activities.**

Please note that the direct and indirect costs associated with the Clinical Negligence Scheme for General Practice and the Clinical Negligence Scheme for Coronavirus are not included, as funding for these schemes has yet to be agreed with DHSC.

**NHS Resolution receives funding in two ways:**

- Income from members of CNST, Liabilities for Third Parties Scheme and Property Expenses Scheme, and from customers of training and other services offered by our Practitioner Performance Advice service.
- Grant-in-aid funding (cash financing) for services determined by DHSC, e.g. Practitioner Performance Advice, Primary Care Appeals, indemnity schemes for legacy health bodies and for general practice and coronavirus indemnity scheme arrangements. In addition, income, grant-in-aid funding and expenditure are subject to a number of budgetary classifications within which we are required to manage. The key dimensions are programme (relating to frontline expenditure, i.e. NHS) and administration (relating to departmental requirements).

The tables show the various elements of our budgetary framework within which we are managing them. The Revenue Resource Limit is the budget total for our revenue expenditure net of income.

Our total expenditure budget for 2022/23 is currently £2,613 million. The majority of this, £2,569 million, is spent on resolving claims.

Our total administration costs are £43,926k and represent less than 2% of our overall expenditure.

Note that some budgets will be confirmed in-year, specifically the additional costs of settling claims related to changes in the Personal Injury Discount Rate from the pre-March 2017 level, and the costs of resolving general practice and coronavirus indemnity scheme claims.

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## Expenditure: Current annual budget 2022/23

Area of expenditure	Annual scheme budget (£000)	Percentage of total scheme spend
Clinical Negligence Scheme for Trusts	2,396,000	91.28%
Department of Health and Social Care clinical liabilities	80,681	3.07%
Liabilities to Third Parties Scheme	44,000	1.68%
Existing Liabilities Scheme for General Practice (MPS and MDDUS)	31,855	1.21%
Administration	55,937	2.13%
Property Expenses Scheme	8,000	0.30%
Department of Health and Social Care non-clinical liabilities	7,185	0.27%
Ex-Regional Health Authority	1,279	0.05%
	<b>2,624,937</b>	<b>100.00%</b>

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### Funding: Current annual budget 2022/23

Grant-in-aid funding: Programme	£000
Department of Health and Social Care clinical liabilities	80,681
Existing Liabilities Scheme	31,855
Department of Health and Social Care non-clinical liabilities	7,185
Ex-Regional Health Authority	1,279
Clinical Negligence Scheme for General Practice	TBC
Existing Liabilities Scheme for General Practice (MPS and MDDUS)	TBC
Clinical Negligence Scheme for Coronavirus	TBC
Coronavirus Temporary Indemnity Scheme	TBC
Administration of General Practice Indemnity arrangements	£11,393
Administration of Clinical Negligence Scheme for Coronavirus	£464
Administration of Coronavirus Temporary Indemnity Scheme	£154
<b>Total grant-in-aid funding – programme</b>	<b>133,011</b>

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### Funding: Current annual budget 2022/23

Grant-in-aid funding:	£000
Administration	6,273
<b>Total grant-in-aid funding - Administration</b>	<b>6,273</b>
Other funding – depreciation and impairments	TBC
<b>Total Revenue Resource Limit</b>	<b>139,284</b>

### Income and expenditure for 2022/23

Income - Programme:	£000
Clinical Negligence Scheme for Trusts	2,426,000
Liabilities for Third Parties Scheme	50,400
Property Expenses Scheme	8,100
Practitioner Performance Advice service	1,153
<b>Total income - programme</b>	<b>2,485,653</b>

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### Expenditure for 2022/23:

Expenditure – Programme	£000
Clinical Negligence Scheme for Trusts	2,396,000
Liabilities for Third Parties Scheme	44,000
Property Expenses Scheme	8,000
Member funded schemes administration	36,500
Department of Health and Social Care clinical liabilities	80,681
Existing Liabilities Scheme	31,855
Department of Health and Social Care non-clinical liabilities	7,185
Ex-Regional Health Authority	1,279
Clinical Negligence Scheme for General Practice	TBC
Existing Liabilities Scheme for General Practice	TBC
Clinical Negligence Scheme for Coronavirus	TBC
Coronavirus Temporary Indemnity Scheme	TBC
Indemnity schemes administration	11,393

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Expenditure – Programme	£000
Coronavirus schemes administration	618
Practitioner Performance Advice service	1,153
<b>Total expenditure - Programme</b>	<b>2,618,664</b>
<b>Expenditure - Administration</b>	<b>6,273</b>
<b>Total expenditure</b>	<b>2,624,937</b>

Ring fenced depreciation and impairments	£000
Depreciation	TBC
Impairments	TBC
<b>Total ring fenced depreciation and impairments</b>	<b>TBC</b>
<b>Net expenditure (expenditure less income)</b>	<b>139,284</b>
<b>Revenue Resource Limit less net expenditure</b>	<b>-</b>

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### Annually managed expenditure provision 2022/23

NHS Resolution's annually managed expenditure (AME) budget relates to the change in the value from one year to the next and of liabilities expected to be settled in the future, arising from NHS Resolution's indemnity schemes. This provision covers the projected costs of current claims which have not yet been paid and claims for incidents which we expect to have occurred but have not been notified.

Annually managed expenditure provision 2022/23	
Change in provisions forecast for 2022/23	TBC
Existing Liabilities Scheme	TBC
Ex-Regional Health Authority	TBC
Clinical Negligence Scheme for Trusts	TBC
Liabilities for Third Parties Scheme	TBC
Property Expenses Scheme	TBC
Department of Health and Social Care clinical liabilities	TBC
Department of Health and Social Care non-clinical liabilities	TBC

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Annually managed expenditure provision 2022/23	
Clinical Negligence Scheme for General Practice	TBC
Existing Liabilities Scheme for General Practice	TBC
Clinical Negligence Scheme for Coronavirus	TBC
Coronavirus Temporary Indemnity Scheme	TBC
<b>Total AME</b>	<b>TBC</b>
<b>AME resource limit</b>	<b>TBC</b>

### Capital expenditure

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

Capital expenditure plan 2022/23	£000
Capital expenditure	7,461
<b>Total Capital Expenditure</b>	<b>7,461</b>

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