

# Our refreshed 2019 to 2022 strategic plan: Delivering fair resolution and learning from harm



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# Foreword

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# Foreword



Ian Dilks / Chair



Helen Vernon / Chief Executive

[\*Our strategy to 2022: Delivering fair resolution and learning from harm\*](#) published in April 2017 signalled a shift in direction, supported by a change in name to NHS Resolution. Since then, we have made considerable progress against our aims. Half-way through the period of this strategy, with so many changes to the environment we operate in, now is a good time to take stock of how far we have come, and where we are heading next.

Much has happened in the last two and a half years. Significantly, NHS Resolution was tasked with delivering a new indemnity scheme for general practice. This was not in contemplation when we set out our objectives in 2017. The move affords a tremendous opportunity to offer a responsive model of indemnity for new general practice claims - a model which adapts to the changing way healthcare is delivered. We can also bring valuable data under one roof, providing a comprehensive view of the harm which results in compensation claims. This work builds on the foundations we already have in primary care through our Practitioner Performance Advice and Primary Care Appeals services.

We are privileged to work in partnership with colleagues in health, to use our shared levers and information to best advantage to drive improvements in the system. These partnerships are increasingly important and valuable as our wider remit and strategic aims increasingly depend upon working in collaboration with others. Our maternity incentive scheme is an example of this where the arm's length bodies and royal colleges have joined with us to decide what actions are most likely to drive improvements in the safety of maternity services.

We are financially rewarding those trusts that can demonstrate they are taking these actions. Ultimately, we hope that this will reduce harm and claims.

The new NHS patient safety strategy reinforces the benefit of building partnerships around shared objectives and for us, this means responding to the priorities of the health service and the changing landscape to add value. [\*The NHS Patient Safety Strategy: Safer culture, safer systems, safer patients\*](#) published by NHS England and NHS Improvement also features a section on clinical negligence and litigation costs.

Our strategic priorities are unchanged but we are refining how they can be achieved. We are convinced that our core strategic approach of where appropriate doing more, sooner - in the chain of events that lead to a claim, concern or dispute - is the right one. Our research has emphasised the importance of improving the response to patients when something goes wrong, and this will become an area of heightened focus for us.

We are gradually moving claims and concerns into a more neutral, less adversarial space. With our strategy refresh, we are keen to do more, to accelerate our efforts to keep matters out of formal processes where possible and to explore a range of methods to do so, with a greater emphasis on evaluation so that we know what works best and when.

We have also recognised that we need to move faster to create useful information from the data we hold. Technology has moved on since we first set out our intentions and with a new scheme in place, we will be putting more of our resources into technology and data analytics. This means getting expert advice on the choices we will need to make on where to invest so that we get the best possible solution at value for money for the NHS.

International interest in our work has grown significantly and we are keen to continue to learn from our international partners. We are therefore delighted to be hosting an international medical indemnity conference in 2020, which will help us to bring the very best of what works in this area to the UK. We will further develop our international links where this supports our purpose.

We are a unique organisation supported by staff, who are genuinely committed to public service and doing the right thing for patients and the NHS. We will do everything we can to make sure that they have what they need to meet our objectives and continue to provide a fantastic service to those we work and engage with.

# Overview

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In April 2017 we published *[Our strategy to 2022: Delivering fair resolution and learning from harm](#)* which outlined our aims and objectives for a five year period. This update sets out our refreshed strategic priorities for the next two and a half years.

This plan clarifies the choices we face as an organisation and provides some revised medium term priorities that are critical to our success.

We have written it to engage with, and inform, our external stakeholders about our strategic direction. It also provides our staff with a clear shared view of our organisational goals to which everyone's work contributes.

Our latest review of our progress is set out in our *[Annual report and accounts 2018/19](#)* – published on 11 July 2019.

## Who we are and what we do

**Our purpose** is to provide expertise to the NHS to resolve concerns fairly, share learning for improvement and preserve resources for patient care.

### Strategic aims



**Resolution**

Resolve concerns and disputes fairly.



**Intelligence**

Provide analysis and expert knowledge to drive improvement.



**Intervention**

Deliver interventions that improve safety and save money.



**Fit-for-purpose**

Develop people, relationships and infrastructure.

### Our services

**Claims Management**

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

**Practitioner Performance Advice**

Provides advice, support and interventions in relation to concerns about the individual performance of doctors, dentists and pharmacists.

**Primary Care Appeals**

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

**Safety and Learning**

Supports the NHS to better understand their claims risk profiles, to target their safety activity while sharing learning across the system.

### Supported by

Finance and Corporate Planning

IT and Facilities

Membership and Stakeholder Engagement

### Our values

Professional

Expert

Ethical

Respectful

## A changing landscape

Working at the intersection between the healthcare and justice systems, we operate in a complex and evolving environment. This section sets out how the changing landscape continues to shape our strategic approach.

### Shaping the legal environment to address rising costs

The cost of clinical negligence claims made against the NHS is rising at a faster rate than NHS funding, reducing the essential resources available for front line care.

Payments in respect of clinical negligence claims in 2018/19 were £2.4 billion, compared with £0.8 billion in 2008/09. However, due to the 'pay-as-you-go' funding arrangements for our indemnity schemes that allow funds to be spent on the delivery of care until they are needed, this figure does not reflect the true costs of clinical negligence incurred by trusts which will need to be paid in future years. Last year we estimated that the annual cost of harm at current prices was approximately £9 billion of which 60% related to maternity claims. As of the 31 March 2019, £83 billion would be required by the NHS to cover the estimated value of current clinical negligence claims and those claims where the incidents have already taken place, but not yet become a claim. Without changes to the way in which clinical negligence claims are compensated, costs will continue to increase. This is because we will be required to make payments in relation to incidents which have already occurred.

We continue to inform government of the drivers of cost and potential solutions and await the outcome of the cross-government strategy on tackling the rising costs of clinical negligence. We will continue to drive forward our strategy to affect those areas within our control. This includes supporting our members to take action to reduce harm and improve the way in which they respond when something goes wrong. We will continue to challenge claims where necessary, and further increase our efforts to reduce the number of claims unnecessarily entering formal litigation. We will do this by making use of the full range of other approaches to dispute resolution that often provide people with the space and time to arrive at solutions together.

### Drivers of cost

1. Increasing damages for higher value claims, such as those arising from brain injury tragically sustained at birth.
2. An increase in the number of lower value claims although this is now flattening out.
3. An increase in claimant legal costs – these are now starting to reduce although remain disproportionate to damages in lower value claims.
4. Changes to the personal injury discount rate which now stands at minus 0.25% following reform to the approach to calculation.

### Enabling improvements through incentives

Maternity incidents can have devastating consequences for affected children and their families, and can be traumatic for the treating NHS staff. They also have significant financial consequences for the NHS. Claims for negligent brain injuries at birth are generally the highest in value. Obstetrics is consistently the highest cost area for claims, accounting for around 10% of the number of incoming claims and 60% of the annual cost of harm.

By rewarding trusts who meet ten safety actions, our Clinical Negligence Scheme for Trusts maternity incentive scheme has driven significant improvements in the quality of reporting and an uptake in registration for best practice tools. An indication of the success of the scheme has been increased registration with *Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK to access the National Perinatal Mortality Review Tool* (MBRRACE-UK) and increased reporting to NHS Resolution's Early Notification scheme. This means that births are being monitored more effectively, issues identified sooner and information shared more rapidly across the system.



These are encouraging early results. It reinforces the integral role of the scheme as part of package of policy measures designed to reduce the rate of still births, neonatal deaths and asphyxial brain injury by 50% by 2025 as set out in the [NHS Long Term Plan](#). We continue to work with our national maternity partners to [evaluate the scheme](#) before considering the potential to develop incentive schemes in other areas.

## Extending our reach

From 1 April 2019, we launched a new state backed Clinical Negligence Scheme for General Practice which, for the first time, brings information on all claims across the health service in England under one roof.

As set out in the [NHS patient safety strategy](#), this provides us with tremendous opportunities for learning. Positively received by general practice, the scheme represents a key component of the new five year framework for [GP contract arrangements](#). We must further consolidate the scheme into our operations by streamlining our claims handling processes and aligning our structures with broader changes to the way NHS England and NHS Improvement will operate. At the same time, it is vital we ensure the scheme keeps pace with the [GP practice team of the future](#) and the development of primary care networks which will help promote a safety culture and a focus on continuous quality improvement in primary care. We must also exploit opportunities to identify how to better join up systems, informed by claims that cut across primary and secondary care and the emerging themes that highlight the real consequences for people when local services could have done better.

Parts of our business, namely our Practitioner Performance Advice and Primary Care Appeals services, already operate in the primary care environment and so we are well placed to ensure that we take an approach that considers the interplay between primary to secondary care when we share learning back to the service.

## A changing culture

Our research into [why some people brought a claim](#), suggested that patients make claims to find out what happened, for an apology and to obtain appropriate compensation. The system needs to deliver all of those things, but the first two need to happen right at the start. We must support the NHS in responding to feedback, concerns and complaints and build on our [Being Fair](#) work and the vision set out in the [NHS People Plan](#) to develop a just and learning culture in the NHS. To do this, we will need to work closely with front line staff, NHS complaints and claims managers, and our national partners such as the Parliamentary and Health Service Ombudsman where we will continue to work to identify practicable solutions that make a difference.

When matters do result in a claim for compensation or a concern about a practitioner being raised with our advice service, it is our ambition to move all who are involved to a more evaluative approach where the parties work together in a neutral space to achieve early resolution. Our aim is to prevent things escalating unnecessarily into a hostile and adversarial dispute which drives up cost and is distressing to all concerned.

## Partnership working

Over the remaining period of this strategy, while ensuring we meet data protection requirements, we will improve our partnership working through greater information sharing with those who are able to use this information to help with learning.

We will increasingly collaborate with others to meet our goals, and evaluate the impact of our shared endeavours. We will review our IT infrastructure and consider opportunities to further automate and streamline some processes. We will increase our in-house capacity and capability in data analytics whilst moving toward the eventual development of systems that will capture information and facilitate reporting and analysis more easily. This will include exploration of the contribution that could be made by artificial intelligence (AI).

## Our strategy at a glance

By 2022, we will have made measurable progress on our longer term ambition as described below.



### Purpose

To provide expertise to the NHS to resolve concerns fairly, share learning for improvement and preserve resources for patient care

### What will the benefits be for the public, patients and NHS staff?

- We will capture, share and promote learning from patient, carer and staff experiences, providing platforms for them to share what happened and what they would like to see changed.
- We will reduce the burden on families who have experienced an avoidable brain injury at birth, offering support, information and financial assistance sooner with an assurance that learning will be shared in a timely and impactful way.
- We will work in partnership with participants to evaluate the effectiveness of our mediation service in order to improve outcomes and experience.
- We will reduce the stress experienced by staff by resolving concerns early.
- Access to diverse and engaging resources and bespoke training events targeted specifically at front line staff and encouraging a multidisciplinary approach to learning.
- Increased visibility of the costs and harm associated with clinical negligence claims at a local level. Themes arising from high cost or high frequency claims will inform the design and implementation of national patient safety improvements.
- System leadership in learning from when things go wrong, including sharing practical solutions that will support the development of a learning and just culture for patients, families and staff.

# Our strategic priorities

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# Priority 1: Resolution



## We will resolve concerns and disputes fairly and effectively.

Whether we are seeking to resolve a claim, assist with a concern about a clinician, or adjudicate a contract dispute, we aim to provide support at the earliest opportunity. Using all of the tools at our disposal, we strive to reach resolution as quickly as possible, and work with our partners to better understand how to prevent the same thing happening again.

### Aims

Provide cost effective resolution, getting to the right answer early and evaluating and broadening the range of dispute resolution services.

Play our part in improving how the NHS responds to feedback and concerns.

Consolidate the Clinical Negligence Scheme for General Practice.

Extend the reach of our services into organisations to support the resolution of concerns and disputes.

### What will success look like by 2022?

We can demonstrate the impact and value for money of our service. Use of formal processes such as litigation are reduced.

We will be contributing to the development of a just and learning culture across the NHS, informing and enabling improvements to how incidents and complaints are managed in the NHS.

We can evidence how the Clinical Negligence Scheme for General Practice has evolved in order to keep pace with the changing landscape in primary care.

Organisations know when, how and why to access our services and we can demonstrate our value.

# Priority 2: Intelligence



**We will provide analysis and expert knowledge to the healthcare and civil justice systems to drive improvement.**

To contribute to improvements in healthcare, influence the legal environment and better understand those risk factors that lead to poor practice, we need to make better use and increase transparency of the intelligence drawn from our data (and that of others). We will build our capacity and capability in this area. We will review opportunities to trial and invest in new technologies to enable more effective use of the unique data we hold.

## Aims

Focus our analysis on areas where things go wrong with NHS treatment and care that results in significant harm to patients as well as cost.

Increase our capacity and capability in the area of data analytics.

Inform the development of government policy to ensure that the drivers of cost are understood and to reduce the costs associated with claims.

Strengthen collaboration with partner organisations across the healthcare system to enable improvements in care and to act quickly on emerging concerns.

Invest in our capacity and capability in innovative technology to transform how we work.

## What will success look like by 2022?

We can demonstrate that our work to resolve and share the learning from claims, concerns and disputes has contributed to improvements across the healthcare system.

We will have reviewed our structures and recruited to critical roles which contribute to our success in this area.

We will have shared and supported the analyses of the data we hold, on the drivers of cost and reduced unnecessary costs attached to managing claims, concerns and disputes.

We will have articulated shared objectives with partners and be taking forward joint work. We will have better coordination of data internally and externally, and have shared it to support the identification of emerging and known concerns, so that they are acted on.

We will have reviewed our core systems and will be working to update our information governance processes and systems, to make data use and sharing easier and more efficient.

# Priority 3: Intervention



**We will deliver in partnership, interventions and solutions that improve safety and save money.**

The indemnity schemes we manage provide an important platform for sharing what works as well as a powerful financial lever for change. However, we need the expertise of others to determine where, when and how these are best used.

## Aims

Raise awareness of the costs of clinical negligence and of the drivers at a local and national level.

Play a unique role in incentivising safety improvement, using our indemnity schemes as both a platform for learning and a lever for change.

Develop and promote online, training modules and other materials to support learning from claims, concerns and disputes to enable improvements in patient safety.

Building on the maternity early notification approach to handling qualifying cases including financial and practical support for families.

## What will success look like by 2022?

We can demonstrate an increased awareness of the drivers of the cost of clinical negligence to the NHS.

We can demonstrate how we have worked with our maternity partners to evaluate the Clinical Negligence Scheme for Trusts maternity incentive scheme. The scheme will have contributed effectively to the maternity and neonatal safety improvement programme. We will have assessed the appropriateness of using incentive schemes in other areas.

We are the trusted source of learning from claims, concerns and disputes. Our learning resources are evidence based, co-developed with patients and families, safety experts and front line NHS staff, and enable safety improvements locally.

We will have worked with families to test better ways of delivering fair compensation to those with catastrophic birth injuries via our Early Notification scheme.

# Priority 4: Fit for purpose



**We will be fit for purpose by offering best value and developing our people, relationships and infrastructure.**

We will need to build our infrastructure, continue to develop our people, and make choices about how we best use our resources in order to meet the different demands of the next stage of our development. More of our business (such as interacting with our claims service and our events) will be done online, to improve customer service and increase our efficiency and cost-effectiveness.

## Aims

Continue to develop as a learning organisation that strives to continuously improve.

Ensure that we have the right skills and resources in place to deliver our services.

Develop service standards that are evidence based and driven by the needs of our stakeholders.

Strengthen our change management approach and capability.

## What will success look like by 2022?

We will continue to learn from our international counterparts and share our expertise. We will increase the extent to which we evaluate what we do, with staff encouraged to innovate and experiment in making improvements.

We will have developed as an organisation to meet increasing demand and implemented an improved operating model for Claims Management. We will have retained our Investors in People accreditation and have successfully moved accommodation to new premises.

There are higher levels of knowledge and awareness of our service standards, and how these help us to achieve our priorities. Staff are empowered to make the right decisions and supported to handle challenging situations.

A consistent approach to project and programme management is embedded and observed throughout the organisation, supporting the delivery of our strategic priorities.

## What this means for us

### Our values

In 2015, we established a core set of values that we define as: professional, expert, ethical and respectful (PEER). Our service strives to stand for these values and they reflect how we want to treat each other and those we work with.

Values evolve over time and may need to change to reflect wider organisational goals and the changing environment which we operate in. We will review our core values with our staff and stakeholders to ensure they continue to reflect our strategic aims.

### Equality and diversity

We will continue to ensure we comply with equality and human rights legislation and the Public Sector Equality Duty (PSED) and to address equality issues raised by our staff and help inform the NHS to keep abreast of changes in legislation.

We remain committed to publishing our equality data, including how we are progressing against the Workforce Race Equality Standard.

We will also invest in further developing an equality, diversity and inclusion agenda as well as commit to use our influence to promote wider improvements and challenge discrimination where we see this in NHS practice.

As an employer, we aspire to have a workforce across all levels of our organisation that reflects the diversity of the communities in which we operate.

### Developing our people

Following our Investors in People accreditation in 2017, we will continue to invest in our staff so they are able to deliver our refreshed strategic aims and objectives. Our workforce and organisational development strategy will continue to form a key part of how we achieve our strategic priorities whilst supporting our Investors in People re-accreditation in 2020.

As a growing organisation, we will focus on encouraging leadership at all levels by empowering people to think ahead, to be creative and to try new things. While leading and taking responsibility, staff will look for opportunities and improvements and take appropriate risks whilst learning from mistakes.

To drive engagement we will use the development of a new equality, diversity and inclusion agenda as a catalyst to further build a culture of inclusivity, where all staff, irrespective of their background and preferences, feel valued. Also, having published *Being fair* we will adopt this approach wherever applicable to ensure we promote a culture which balances fairness, justice and learning with taking responsibility for actions.

As we continue to grow as a learning organisation, we will be outward facing to ensure we listen to feedback and learn and improve.

In relocating to new accommodation, we will seek to retain our talented people by being flexible and maximising the use of technology in order to create innovative and efficient ways of working.



## Risk

There are some things which are within our control, some which we can influence to a greater or less degree and some which are beyond our remit entirely. There are also risks to our delivery which we aim to identify and manage to the extent that we can.

Underpinning our strategic plan is that costs associated with clinical negligence continue to rise, diverting resources away from front line care adding to pressure on government finances. Our strategy aims to address the drivers of those costs that are within our control and to influence, inform and work in partnership where they are not.

A wider risk also exists in relation to a failure by the healthcare system to share information effectively (possibly due to data protection constraints) in order to act on concerns about patient or staff safety. We will seek to address this through appropriate data sharing and the escalation of concerns both internally and externally.

Like many organisations we face risk as a result of failure to keep pace with technological advancements and developments or that data security and integrity are compromised through a cyber-attack. We will continue to drive forward our plans in this area, being vigilant to external threats and investing in our security systems whilst seeking external accreditation where possible.

Finally, we are conscious of the fluid external environment and that we need to be responsive to change. We will frequently revisit our priorities and update our plans whilst consulting with others to ensure that we are not doing this in isolation.

## Your feedback

We welcome feedback on how we can best achieve our aims as set out in our refreshed strategic plan. If you would like to provide us with any feedback on our work, please contact [communications@resolution.nhs.uk](mailto:communications@resolution.nhs.uk)

## Find out more

There are different ways you can either get involved in our work, or find out more about the work we are doing to progress delivery against this plan:

- Visit our website at [www.resolution.nhs.uk](http://www.resolution.nhs.uk)
- Follow us on Twitter @NHS Resolution
- Sign up to receive Resolution Matters by entering your details at the bottom of the page of <https://resolution.nhs.uk/>
- Attend one of our upcoming learning events: <https://resolution.nhs.uk/events/>
- Find out more about the resources we provide: <https://resolution.nhs.uk/resources>

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