

Business plan 2021/22

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Welcome from our Chair and Chief Executive



Welcome to our business plan for 2021/22. This sets out our financial and delivery plans as we enter into the final year of our [refreshed five year strategy](#).

2020 was an extraordinary year for everyone; none more so than those who work for and interact with our NHS. As we plan for the coming year, this will inevitably be through the lens of the continuing pressures of the pandemic and the likely uncertainty that this will present. Throughout the past year, our focus has been on the health and well-being of our staff and in ensuring that we support the efforts of our partners in health to combat the pandemic ([see page 16](#) for more detail). That will continue in 2021/22 and a key feature of the work ahead of us will be delivery of the indemnity arrangements set up to respond to new and novel pandemic healthcare arrangements.

Our priorities will need to flex to respond to the extraordinary pressures placed on our partners in healthcare and indeed our own staff at this time. However, we also envisage a period when a number of programmes of work, initiated to support our strategy, start to gather pace.

One of the most visible of these will be our physical move to new London offices in Canary Wharf and the expansion of our Leeds base. We are a growing organisation, having taken on responsibility for the delivery of indemnity arrangements for general practice, including the administration of historic liabilities previously indemnified by two medical defence organisations; the Medical and Dental Defence Union of Scotland and the Medical Protection Society. We have taken this opportunity to review the operating model for our Claims Management service in order to deliver the best possible value for money for the taxpayer and to ensure that new working arrangements are more flexible and respond to the government's property strategy for arm's-length bodies. The pandemic has accelerated our plans in this regard, with our entire workforce having moved to remote working during successive lockdowns and the necessary investment in technology to support this. As a result, we have been able to reduce our space requirements as well as rapidly adapt some of our services with educational events and mediations delivered remotely, for instance, likely to become the norm for the future.



£82.8bn provision for secondary care claims in England with an estimated annual incurred cost of harm of £8.3bn and an annual expense at £2.3bn.



40% of CNST claims payments related to maternity, 50% by value of claims notified in 19/20 and c.70% of annual incurred cost of harm.



Our equality, diversity and inclusion strategy will be an important area of focus for us both in how we develop our own staff and in the work we undertake with others.



Less visible, but critical to how we deliver our role will be a planned step-change in our IT and business intelligence infrastructure and capabilities. As well as a planned replacement of our core systems (subject to final approval) and surrounding data and IT architecture, we will see the results of a number of pilots on how we can use machine reading and learning to derive useful and usable information from the data we hold. With the provision for secondary care claims in England currently standing at £82.8 billion and the annual claims costs of incidents occurring in secondary care estimated at £8.3 billion, extracting and sharing relevant information on what is causing this remains essential.

We close with heartfelt thanks to the healthcare staff who look after all of us at this time in unimaginable circumstances and to our own staff for their commitment and continued hard work for the health service at this difficult time.

NHS Resolution is continuing to contribute to ongoing cross-government work on the high costs of clinical negligence and the drivers of claims costs. We will continue, within the bounds of the existing legal system, to give a further push to efforts to keep patients and healthcare staff out of court and other formal legal processes so that claims and concerns can be resolved in a more neutral and less adversarial environment. We have been heartened by the more collaborative approach shown by lawyers in this field throughout the pandemic, with formal litigation falling significantly. We will take steps to consolidate on this given the clear benefits both in the experience of those involved and in reductions in legal costs.

Our budget for 2021/22 reflects the growth in our responsibilities and therefore our staff base, but also planned efficiencies in what we can expect will be a very challenging financial environment. Subject to final approval, up-front investment in our IT infrastructure and to our claims operating model will incur some transitional costs as we seek to embed our new systems and processes in the business but is expected to deliver savings in the medium to longer term. We will track these closely to ensure that the changes we are introducing deliver value and a positive return on investment and that we are as efficient as possible.

We will need to support our people through a period which has been personally challenging for many but which will also mean significant changes to how we work. Our equality, diversity and inclusion strategy will be an important area of focus for us both in how we develop our own staff and in the work we undertake with others, such as the organisations and practitioners who interact with our Practitioner Performance Advice service.

Our board and management team has remained relatively stable in recent years however we take this opportunity to thank our recently departed Chair, Ian Dilks who hands over an organisation in an excellent position to continue to develop and increase its impact. The coming year will also see the appointment of new non-executive members of the board who we expect to bring valuable expertise and a different perspective to what we do.

We close with heartfelt thanks to the healthcare staff who look after all of us at this time in unimaginable circumstances and to our own staff for their commitment and continued hard work for the health service at this difficult time.

Helen Vernon
Chief Executive

Martin Thomas
Chair

Summary – priorities for the year ahead

Looking to the year ahead, we have identified the following six key priorities which link to our strategic aims to resolve disputes and support harm reduction:

1. Deliver the next phase of our strategy to continue to move claims and concerns into a **neutral** and **less adversarial** space and reduce associated costs.
2. Further develop our **new indemnity schemes** (for general practice and Covid-19) while using our expertise to support wider improvements including how healthcare-related claims are managed.
3. Build on our unique role in **sharing learning from claims and concerns** back to the health system in particular in relation to the interplay between general practice and secondary care and how to respond when harm occurs.
4. Responding to the **changing health landscape** including reviewing our indemnity scheme pricing and the role of incentives in light of wider system changes.
5. Develop and support **our people** through a period of significant change, building on our Investors in People accreditation, including a renewed focus on equality, diversity and inclusion.
6. Make a step change in our **technology and data analytics capabilities** and **infrastructure**.

All of these priorities link to the vital work that is already underway across the health and justice systems to:



Reduce the incidence of harm through improvements in patient and staff safety;



Embed a just and learning culture so that, where incidents do occur, they are openly disclosed, investigated and learned from; and



Ensure that disputes are resolved as early as possible via neutral and less adversarial means.



Priority 1:

Deliver the next phase of our strategy to move claims, concerns and disputes into a **neutral** and less **adversarial space**.

What we want to do and why

We believe that resolution of disputes in healthcare can be achieved in a way that facilitates a relationship of trust between the parties, is aligned to the principles of a just and learning culture and preserves vital resources for patient care. The increase in our use of alternative dispute resolution to resolve claims and our Practitioner Performance Advice team's use of assisted mediation and team reviews are great examples of this but we know that more can be done. Our aim is to ensure that everyone involved in managing healthcare-related disputes (be they NHS Resolution staff or those working across the system) both understand and are empowered to resolve them, in the right way, for the benefit of patients.

How we will do this

By focusing our efforts closer to the point of incident of harm or concern, we are able to achieve resolution much earlier and avoid cases escalating into more formal and, often, costlier processes (e.g. litigation, formal disciplinary action or a formal primary care contract appeal).

Subject to approval, we will take forward the first phase of work to redesign our Claims Management operations. The planned changes will drive improvements in both operational efficiency and productivity. The changes will also provide us with increased capacity to deal with the activity set out in priority 2.

We will continue to expand the use of alternative dispute resolution initiatives across our core services. Our aim is to ensure that we systematically deploy the right intervention on the right case at the right time to avoid unnecessary cost. We have already started to explore the use of initiatives such as early neutral evaluation for claims as well as expanding our use of global settlement meetings. We will also assess how our Practitioner Performance Advice service can best add value to the system given the changing regulatory landscape, the particular challenges presented by the pandemic and issues highlighted by recent inquiries.

We will be taking forward the next phase of development for our Early Notification Scheme, working closely with the Healthcare Safety Investigation Branch. Our aim is to ensure that we are contributing to a system that identifies and shares learning from serious maternity incidents while ensuring that families are supported earlier through the process.



Priority 2:

Further develop our **new indemnity schemes** (for general practice and Covid-19) while using our expertise to support wider improvements, including how healthcare-related claims are managed.

What we want to do and why

We will use our expertise in clinical negligence claims to develop, embed and continuously improve the new indemnity schemes for general practice and support the health service's response to the Covid-19 pandemic. We will also continue to act as an expert adviser to help policy makers identify and then deliver improvements to the way healthcare-related claims are managed, ensuring that eligible patients receive timely and fair compensation in a cost-effective way.

How we will do this

We will meet the operational demands of the maturing Clinical Negligence Scheme for General Practice while integrating migrated claims from the Medical Protection Society into the Existing Liabilities Scheme for General Practice. We will build on the benefits of having primary and secondary care claims under one roof with the publication of a number of learning products focused on areas where there is negligence which spans both primary and secondary care. We will also streamline operational processes for claims covering both primary and secondary care so that eligible claimants are provided with timely compensation which is not delayed by apportionment discussions. We will continue to ensure that those working in general practice know how to access all of the services we provide for them.

We will continue to advise the healthcare system on the risks associated with the pandemic that fall within our areas of expertise. We will continue to advise on, implement and operationalise appropriate indemnity arrangements to ensure that indemnity is not a barrier to the vital work of health and social care providers. This currently includes work on the Clinical Negligence Scheme for Coronavirus as well as the Coronavirus Temporary Indemnity Scheme. These arrangements do increase the complexity of the schemes we operate both now and, potentially, into the future. We will therefore take steps to ensure our indemnity arrangements are clearly communicated and that we have sufficient information and analysis to account for these liabilities, against a background of considerable uncertainty.

We will also be nimble to detect the impact of Covid-19 and the eventual lifting of the restrictions on the incidence of negligence and of claims. We will use our expertise to assist the health service identify potential risks and appropriate ways to manage them.

We will also continue to act as an expert adviser to the Department of Health and Social Care and others on a range of healthcare-related claims issues so as to identify opportunities to improve the way in which eligible patients receive timely and fair compensation.



Priority 3:

Build on our unique role in **sharing learning** back to the health system in particular in relation to the interplay between general practice and secondary care and how to respond when harm occurs.

What we want to do and why

Events that lead to cases and claims come at a human cost for the patients, their families and the staff involved. However, they also present real opportunities for the system to learn so that the same things do not happen in the future. We are now able to identify such opportunities across the healthcare landscape, spanning both general practice and secondary care as well as parts of the independent and social care sectors. Our goal is to ensure that the health and justice systems are able to routinely learn from the cases, claims, appeals and disputes that we see.

How we will do this

We appointed an academic partner, the consortium of London Southbank University and Staffordshire University, in 2020/21 who will support us with a range of work in 2021/22. They will help bring greater academic rigour to support the preparation of thematic reviews/reports for publication and the development of an online platform to widen access to our resources. They will also provide expertise in how to influence behavioural change to help embed safer practice in partnership with system partners. They will support us in the development of robust methodology to evaluate the impact of our interventions.

We will continue to support the development of a just, learning culture building on our work since the publication of our [Being fair](#) guidance and charter. We will continue to develop, publicise (via the Faculty of Learning on our website) and evaluate a range of resources focused on signposting and helping to embed best practice. We will work with others across the safety system to develop resources to support clinicians in the provision of direct support for patients and families when an incident occurs. This will include modules on giving meaningful apologies, how to engage patients in investigations, the development of point of incident mediation as well as supporting work to improve the quality of complaints handling in the NHS. We will also take steps to ensure that patients' insights inform the design of our products by working closely with parent groups, charities and wider partners when developing resources.

We will take steps to make better use of our data, laying the foundations through priority 6 to ensure that we routinely use our data to proactively identify opportunities for improvement, focusing our efforts on organisations that would benefit from more targeted support, while sharing our knowledge with others in the system.

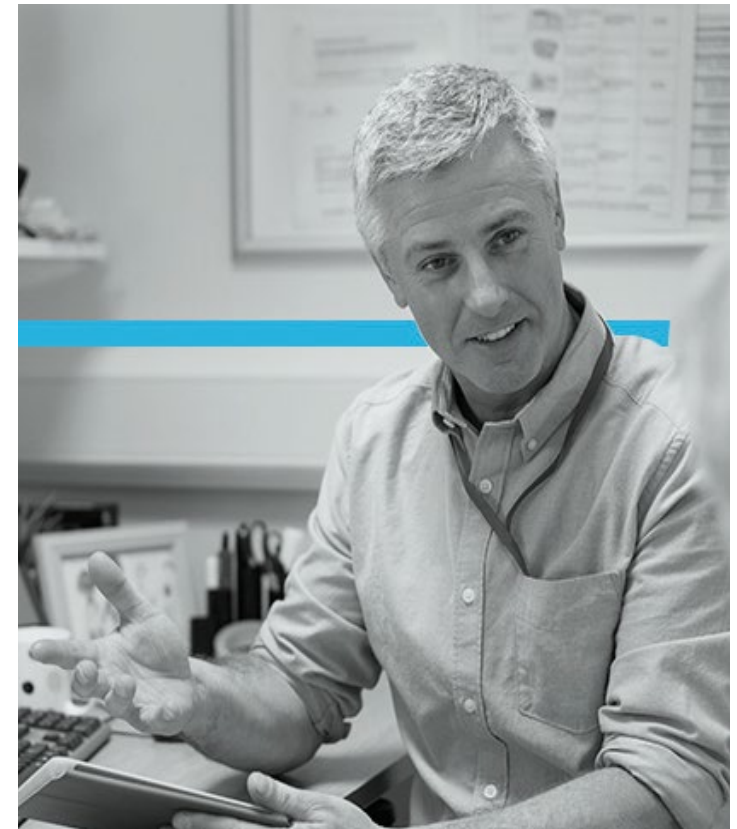
Priority 3: Continued.

We will develop further products to share learning with a particular focus on the interplay between primary and secondary care. By continuing to bring a clinical lens to our thematic analyses, we will deliver a range of publications over the course of the year that share learning derived from all of our services, including the operation of our new indemnity schemes.

We will improve the delivery of learning via digital channels and further develop our collaborative partnerships so that our products reach the right people to have a positive impact.

We will build on our role as a convener and system integrator within the health system so that, where appropriate, we co-produce recommendations emerging from thematic reviews with clear actions and owners. This will include continued focus on maternity safety given the devastating impact these incidents can have on families and staff as well as the costs associated with catastrophic maternity claims.

Where possible we will analyse information held by Practitioner Performance Advice and Primary Care Appeals in relation to disputes and concerns (including where this involves equality, diversity and inclusion issues) so that we share this information in order to inform debate and drive improvement. We will continue to publish Primary Care Appeals' decisions and case guidance and seek to extend our reach via engagement with key stakeholders.





Priority 4:

Responding to the **changing health landscape** including reviewing our indemnity scheme pricing and the role of incentives in light of wider system changes.

What we want to do and why

We will review our indemnity scheme offerings to ensure they continue to meet the needs of an evolving healthcare system while also providing a unique lever to drive improvement and effect change. This will include consideration of the changes necessitated by the Covid-19 response that may be maintained in the 'new normal' (including changes to how healthcare services are structured and funded), as well as the increased use of digital technology in delivery – e.g. remote consultations.

How we will do this

We will progress work with NHS England and NHS Improvement to agree how the pricing for the Clinical Negligence Scheme for Trusts would respond to any developments in the payment mechanism for NHS activity. Any resulting changes will involve engaging with our Clinical Negligence Scheme for Trusts members. We will also work with key stakeholders to ensure indemnity arrangements respond to future changes in the healthcare landscape, particularly given the publication of the white paper: Working together to improve health and social care for all.

We will review with our partners how incentive scheme pricing might be developed in order to maximise the potential to drive improvement, including 'where next' in terms of specialities and areas of focus, such as consent, duty of candour, and the inclusion of patients/carers in investigations and the sharing of learning from claims.

We will build up our relationship with key stakeholders across the healthcare system to support the implementation of the Secretary of State's technology vision. We will provide expertise, understanding and experience of claims and dispute resolution so that the risks and benefits of new technologies can be properly assessed.

Our priorities will need to flex to respond to the extraordinary pressures placed on our partners in healthcare and indeed our own staff at this time. However, we also envisage a period when a number of programmes of work, initiated to support our strategy, start to gather pace.



Priority 5:

Develop and support **our people** through a period of significant change, building on our Investors in People accreditation, including a renewed focus on equality, diversity and inclusion.

What we want to do and why

Without our people, we would not be able to continue delivering value to the health and justice systems through our work to reduce harm and share learning. Our workforce are committed to delivering services in line with our core values: professional; expert; ethical and respectful as demonstrated by their response to the global pandemic. They have continued to work to a high standard despite significant changes to their working environment and often challenging personal and home working circumstances. There are opportunities for us to do more to develop and support our people, particularly as we embark on a period of significant change including reviewing the technology we use to deliver our services.

We have been successful in achieving the Investors in People silver accreditation and we will build on this by taking forward the recommendations made in the report. 2020 saw us launch our first ever staff diversity network - 'Diversity Matters' – to promote the benefits of having a diverse workforce, while giving staff the opportunity to share experiences and learn from each other. However, we know from our recently published [Workforce Race Equality Standards \(WRES\)](#) and [gender pay gap](#) data that we can do more.

Our goal is to ensure that we have a diverse and empowered workforce, who understand how they can bring our values to life and who have access to equitable opportunities to develop regardless of any protected characteristics.

How we will do this

We will continue to support our staff, managing the impacts and risks associated with the pandemic for as long as that remains an issue. This will include supporting staff as we look to reintegrate ourselves back into both our Leeds and (new) London offices.

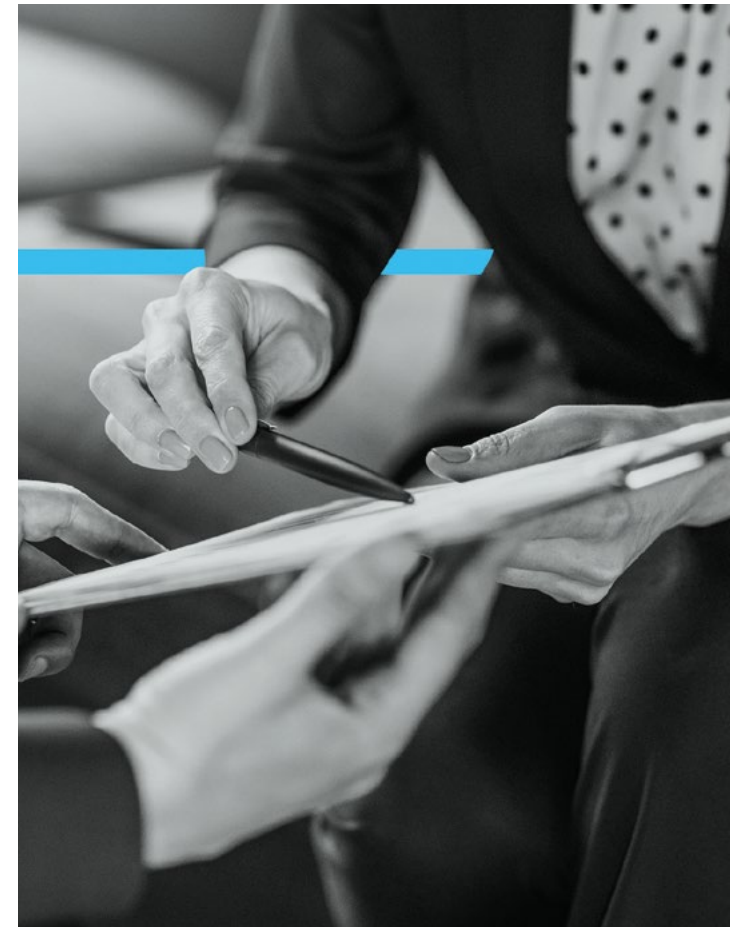
We will relocate our London-based staff into a new office, working in consultation with staff to make sure that we capitalise on opportunities to improve the way we work across both our Leeds and London offices. This will include retaining and building on the positive changes in working practices that were necessitated by the Covid-19 pandemic, such as increasing the use of homeworking and challenging our thinking about how remote working enables us to recruit more broadly from across the UK.

Priority 5:

Continued.

We will continue to deliver against action plans derived from our 2020 staff survey results, recent Investors in People review report and our equality, diversity and inclusion strategy.

- The strategy considers each of the nine protected characteristics and has an action plan covering three key areas: recruitment and retention; leadership and talent; and capacity and capability.
- The introduction of a values and behaviours framework will help staff to fully understand how they can bring our values to life while having equitable opportunities to develop. We will also revisit our talent management and succession planning with particular attention to steps we can take to improve the diversity of our organisation at senior level.
- As we look to redesign our Claims Management operations, we will create new opportunities for our staff to develop within their chosen areas of expertise. We will ensure our staff have the necessary HR and organisational development support available to them.





Priority 6:

Make a step change in our **technology** and **data analytics capabilities** and **infrastructure**.

What we want to do and why

We want our systems to be integrated and aligned with the rest of the NHS, for example making use of NHS-wide platforms and services. We will also focus on making improvements to our in-house technology services. We want to put intelligence at the core of what we do, so that our data is routinely used to support tactical, strategic and operational decision making, both within the organisation and, when shared appropriately, with our partners. Our goal is to have systems that are frictionless, intelligent and time-proof for all users.

How we will do this

We will reimagine the role of IT and business intelligence within the organisation, recognising the increasing importance technology has in underpinning the operation of the business. We will build our capabilities so that we have the expertise to deliver the range of projects planned for the next year, including using new technologies such as artificial intelligence to support our analytics capabilities.

We will be taking forward the next phase of our review of our Core Systems Programme, subject to final approval, so we have the right system and technological infrastructure to make the necessary step change. This will involve starting the development of our new platform and associated services.

All of this work will help us to streamline our processes, deliver more efficient services and support the achievement of all our strategic priorities.

Less visible, but critical to how we deliver our role will be a planned step-change in our IT and business intelligence infrastructure and capabilities. As well as a planned replacement of our core systems and surrounding data and IT architecture, we will see the results of a number of pilots on how we can use machine reading and learning to derive useful and usable information from the data we hold.

Part 1:

Overview of 2020/21



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.

Primary Care Appeals

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

Practitioner Performance Advice

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

Safety and Learning

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

Enabled by

Finance and
Corporate Planning

Digital, Data and Technology

Membership and
Stakeholder Engagement

Policy, Strategy
and Transformation

Our values

Professional

Expert

Ethical

Respectful

Key achievements in 2020/21

Our response to the global pandemic:

Supporting the sustained response of our colleagues in the health service while caring for the welfare of our own staff has been at the forefront of our efforts during the pandemic. This included:

- Stepping up our business continuity arrangements to manage the transition to a fully-remote working model with clear guidance/policies, relevant management information and process improvements alongside proactive steps to support the health and wellbeing of our staff.
- Putting in place indemnity arrangements to ensure that indemnity would not be a barrier to new and changed ways of delivering care during the pandemic, such as the potential use of the Nightingale hospitals and independent sector capacity. This included the rapid establishment of both the Clinical Negligence Scheme for Coronavirus and the Coronavirus Temporary Indemnity Scheme.
- Agreeing a ground-breaking Covid-19 protocol with claimant representative bodies to ensure that patients and NHS staff were not adversely affected by unavoidable impacts brought on by the pandemic.
- Responding to complex and urgent indemnity queries from healthcare providers and others, working alongside the Department of Health and Social Care, NHS England and NHS Improvement, and the medical defence organisations.
- Establishing a system to review potential claims risks caused by the pandemic, working with relevant partners across the system to advise on mitigations.
- Issuing practical guidance to healthcare managers on the disciplinary framework Maintaining High Professional Standards in the NHS.
- Performing over 25,000 compliance checks on doctors so they could return to work to support the Covid-19 effort. This helped NHS England and NHS Improvement to increase its GP workforce by 1,800 doctors, many of whom were directed to support the Covid-19 clinical assessment service, NHS 111.
- Convening a maternity safety surveillance group, working with key health system partners to help identify potential trusts of concern during the Covid-19 pandemic. This group has now transferred to NHS England and NHS Improvement for further development, building on the experience and governance structures that we established.
- Taking steps to reduce the burden on front-line clinicians by pausing our Maternity Incentive Scheme and streamlining the reporting process for our Early Notification Scheme, co-ordinating our approach with key partners including the Royal College of Obstetricians and Gynaecologists and the Healthcare Safety Investigation Branch.
- Extending our out of hours operation to support those requesting access to our Practitioner Performance Advice service during the first wave of Covid-19.



- Delivering innovation right across the organisation which was designed, owned and delivered by our staff. This ranged from initiatives to benefit our service users and patients including: conducting over 275 remote mediations through our Claims Management service; undertaking 23 virtual behavioural assessments and four workplace-based mediations via our Practitioner Performance Advice service; and holding four remote hearings through our Primary Care Appeals service. We also undertook a range of initiatives to support our staff including: the roll out of a more accessible virtual collaboration platform; designing and delivering virtual corporate induction sessions; and supporting a range of virtual social events and team engagement events.
- Undertaking a strategic transition to delivering our events and sharing learning through online platforms. For example, development of a new series of online webinars on managing performance and supporting practitioners during Covid-19 as well as raising awareness of general practice indemnity and sharing learning around patient safety.

As set out in the introduction to this plan, our work to support the system's response to and recovery from the pandemic as well as prioritising our own staff's health and wellbeing will not stop as we move into 2021/22. Our detailed plans set out below do not include express reference to exactly what we will do in this space given that we need to ensure we are responsive and flexible in the fast-paced environment within which we are all operating.

2020 was an extraordinary year for everyone; none more so than those who work for and interact with our NHS. As we plan for the coming year, this will inevitably be through the lens of the continuing pressures of the pandemic and the likely uncertainty that this will present.

Some of our other highlights across the year include:



Resolution

- Successfully migrating claims from the Medical and Dental Defence Union of Scotland into the Existing Liabilities Scheme for General Practice.
- Completing two significant tenders for our costs panel and a mediation panel.
- Supporting the Parliamentary and Health Service Ombudsman with a range of work on handling concerns and the development of a Complaints Standards Framework.
- Launching a membership charter designed to support our interface with Clinical Negligence Scheme for Trusts members' claims and legal teams.



Intelligence

- Recruiting our first Chief Information Officer to lead the work to improve our technology and data analytics capabilities and infrastructure.
- Initiating some artificial intelligence proofs of concept to see how these advances in technology can support the drive to extract insights from our data to share with the health and justice systems.
- Increasing the transparency of our information including publishing an analysis of 13 years' of claims data.
- Publishing interim evaluations of our mediation and early notification initiatives to feedback learning to the system.
- Sharing insights and learning with our primary care audiences via a number of events to showcase a holistic view the services we provide through Primary Care Appeals, Practitioner Performance Advice and Claims Management.



Intervention

- Re-launching the Maternity Incentive Scheme year three with enhanced actions to support the delivery of safer maternity care and to learn from the pandemic with a more rigorous process for self-certification.
- Appointing an academic partner to provide academic rigour across a range of key activity to ensure we routinely deliver impactful interventions.



Fit-for-purpose

- Continuing to recruit to key roles to build capacity across our corporate functions, especially our Corporate Governance and Business Intelligence teams.
- Reviewing our approach to change management to align with the Government Functional Standard, bringing in additional resource to lead cross-organisational change programmes.
- Achieving a silver accreditation for Investors in People.
- Expanding our capacity outside London in line with the government estates strategy in order to continue to build our presence in Leeds.

Some things which we did not progress as originally planned in 2020/21



We were unable to make progress on certain areas of activity, some of which were as a result of the impact of the Covid-19 pandemic:

- We were unable to generate as much revenue as anticipated from education activity undertaken by our Practitioner Performance Advice service due to the impact of Covid-19.
- We experienced delays in some of our technology opportunities, namely robotic process automation and our data warehouse, due to business capacity issues.
- The Primary Care Appeals service has been unable to progress our planned engagement work with NHS England and NHS Improvement as extensively as we had hoped due to pressures caused by the pandemic.
- We took the decision to cancel our annual customer survey fieldwork, in order to reduce any impact on our membership. Similarly we postponed some planned in-depth stakeholder interviews until 2021/22.
- We cancelled the global indemnity conference which was due to take place in June 2020 due to the pandemic.
- While we continued to explore the use of alternative dispute resolution in the claims space, the effects of the pandemic restricted our ambitions to fully expand our offering. The initiatives we had planned have been delayed.

Throughout the past year, our focus has been on the health and well-being of our staff and in ensuring that we support the efforts of our partners in health to combat the pandemic. That will continue in 2021/22 and a key feature of the work ahead of us will be delivery of the indemnity arrangements set up to respond to new and novel pandemic healthcare arrangements.

Part 2:

What we will do in 2021/22





Resolution

resolving concerns and
disputes fairly and effectively



We have made good progress since 2017 to ensure that whether we are seeking to resolve a claim, assist with a concern about a clinician, or adjudicate a contract dispute, we provide support at the earliest opportunity.

We work to reach resolution quickly, deploying a range of dispute resolution interventions to avoid the need for formal processes and work with our partners to better understand how to prevent the same incident from happening again.

These efforts have helped ensure that we routinely:

1. Resolve claims fairly, deploying a range of dispute resolution services to avoid formal processes.
2. Deliver transparent, robust and impartial resolution in the field of primary care contracting disputes with decisions routinely published on our website.
3. Deliver effective management of requests for advice from healthcare organisations in relation to individual clinicians while helping organisations to resolve concerns locally through the delivery of high quality education services.
4. Support the healthcare system in developing a just and learning culture across the NHS such that where incidents occur they are openly disclosed, investigated and learned from, with the offer of an apology where necessary.





Resolution

resolving concerns and
disputes fairly and effectively

The table below sets out what we plan to do in 2021/22 and beyond to further consolidate our efforts under this strategic objective in line with our priorities for this year.



Our key initiatives in 2021/22	What we will do
Continue to develop and promote a just and learning culture so that we deliver effective resolution in the right way while building capability across the system.	<ul style="list-style-type: none">• We will work with partners and stakeholders in promoting and embedding a just learning culture, working with families, carers and staff to improve the support that is given when harm events occur. We will develop further guidance which support fair and consistent processes where there are staff and wider team working concerns and work with families in developing resources to improve support when incidents of harm occur.• We will develop further resources to support incident and complaint handling, which ensures patients and their families are viewed as partners in these processes.
Provide support to our partners in our role as a system leader in the resolution of concerns/complaints.	<ul style="list-style-type: none">• Continue to support the development of the Complaints Standards Framework, working with the Parliamentary and Health Service Ombudsman and others through the piloting phase and publication. This will include support to create training on the interaction between complaints and claims and promoting good governance around the management of different sources of patient feedback including incidents, complaints and claims.• Undertake research into the readability of written complaint responses to patients in conjunction with University of Nottingham, Browne Jacobson and VoiceAbility. Research will be published in quarter 2, followed by engagement to share learning and recommendations.



Our key initiatives in 2021/22	What we will do
<p>Launch the first phase of our Claims Management operational redesign.</p>	<ul style="list-style-type: none">• Subject to receiving the necessary approvals, we will launch the first phase of our programme to redesign our Claims Management operations so as to respond to the increasing scope of our indemnifier role within the healthcare system across primary and secondary care as well as additional scope due to the Covid-19 related schemes. The planned operational changes will ensure cases are handled efficiently, tailored to the needs of the service user.• We will develop appropriate key performance measurement and reporting for all new indemnity schemes. The redesign work will see us continue to develop our general practice indemnity schemes which will include the integration of migrated claims from the Medical Protection Society into the Existing Liabilities Scheme for General Practice from 1 April 2021.• Prepare for the launch of our re-tendered legal panel framework. This will include revised pricing and performance management incentives that are aligned to our strategic objectives and will meet the needs of our new indemnity schemes.
<p>Expand and evaluate alternative dispute resolution offers in Claims Management, targeting our approach to achieve the optimum result.</p>	<ul style="list-style-type: none">• Ensure that claimants and their representatives are aware of our use of a broader range of dispute resolution services. This should build upon the more collaborative way of working achieved during the global pandemic to achieve earlier resolution and avoid formal processes, where possible.• Ensure our new panel of mediation providers functions appropriately and efficiently while being delivered in a way that improves our understanding of when and how best to deploy mediation.• Build on the work of our claims intervention team to deploy and evaluate additional methods for achieving early resolution of claims such as early neutral evaluation.• Identify cases where our Safety and Learning function can add value to the mediation schemes so that learning is shared both locally and nationally.



Our key initiatives in 2021/22	What we will do
<p>Improve our use of a range of communication tools to extend the reach of our services into organisations to support the resolution of performance concerns.</p>	<ul style="list-style-type: none">• Deliver a range of education programmes to fit the needs of our core service users, including a suite of existing products and a range of new online training, podcasts and webinars.• Consider new and innovative ways to further assist the NHS on assessments and interventions to support remediation and return to practice, e.g. using technology to develop new services or more hands-on coaching and supporting of professional support remediation implementation.• Promote the benefits of Practitioner Performance Advice to ensure appropriate reach, where this will be of benefit, positioning us as the service of choice for medical directors, responsible officers and HR professionals to assist them to manage clinical performance issues. This will raise awareness of a key function that supports improved patient safety and keeps doctor, dentist, and pharmacist capacity working in the NHS.
<p>Continue to develop our Early Notification Scheme to meet its core aims, including accelerating investigations into relevant incidents to determine eligibility for compensation and delivering appropriate support for eligible families without the need for costly and slow litigation.</p>	<ul style="list-style-type: none">• Continue to work across the maternity system to drive improvements in safety and harm reduction. This includes working with partners including the royal colleges, NHS England and NHS Improvement, and the Healthcare Safety Investigation Branch in the development and dissemination of best practice and delivering the aims of the Early Notification Scheme.• Support the management of immediate concerns arising from cases to drive improvements in providers and working across the system to further the development of a safe and fair learning culture for families and staff.• Produce a range of materials, such as case stories, on line learning products and publish a national report with co-designed recommendations from thematic reviews undertaken from early notification cases• Continue to scope options to develop our approach to the assessment and delivery of compensation packages in consultation with patients and their representatives.



Our key initiatives in 2021/22

What we will do

Develop cross organisational partnerships relating to primary care and dispute resolution guidance for Primary Care Appeals.

- By quarter 4, Primary Care Appeals will have established and delivered an external training and stakeholder programme for its services.
- Review existing Primary Care Appeals generic guidance with a view to extending its scope, finalising and publishing by quarter 4.

By the end of 2021/22, we will have:

1. deployed and evaluated additional methods for achieving early resolution of claims such as early neutral evaluation;
2. achieved greater assurance around the appropriate usage of Practitioner Performance Advice;
3. implemented a more focused approach for the Early Notification Scheme so that we are doing more to impact the right cases; and
4. delivered an external training and stakeholder programme for Primary Care Appeals services.



Intelligence

providing analysis and expert knowledge to drive improvement



Since our strategy launched in 2017, we have aimed to routinely share our intelligence with others, where we can, to drive improvement.

This includes:

1. implementing a framework which provides an overarching approach to the identification and management of significant concerns identified by NHS Resolution functions;
2. undertaking thematic reviews across a range of topics, delivering in-depth insights and learning in priority areas, working collaboratively with stakeholders to identify issues and potential solutions while ensuring these are shared with front-line clinicians and with boards;
3. sharing data to help our Clinical Negligence Scheme for Trusts members better understand their claims and risk profiles so they can prioritise their safety activity; and
4. developing our links with partner organisations both nationally and internationally to explore shared challenges and solutions for healthcare indemnity.

While doing so we have been:

1. strengthening our IT systems and contingency measures so as to maintain alignment with ever evolving cyber security threats, successfully maintaining our Cyber Essentials Plus accreditation and making use of effective security measures, including NHS Digital Secure Boundary;
2. retaining our ISO 27001 status demonstrating a robust approach to information and data management;
3. building up our business intelligence capacity and capability to report on management information and key performance indicators; and
4. exploring how new technologies such as artificial intelligence could further support the delivery of our strategic objectives.

We will continue to drive this work forward but, as we look to consolidate upon what's been achieved to date, our plans for 2021/22 are focused on further building our business intelligence capability and developing our systems architecture with the aims of:



Ensuring our Business Intelligence function is further integrated and aligned with the rest of the NHS;



Developing easy to use technology tools, including business dashboards;



Building a foundation for predictive and proactive analytics, including an improved data repository; and



Ensuring our new core systems have intelligent analytics capability built in.



We will take forward the following initiatives in 2021/22 and beyond to further consolidate and build on our efforts in relation to this strategic objective.



Our key initiatives in 2021/22	What we will do
Proceed with the next phase of our Core Systems Programme to deliver a systems and technological infrastructure that will streamline our processes, enable a step change in the efficiency of our services and in how we make use of the data to support achievement across all of our strategic priorities.	<ul style="list-style-type: none">• Procure a new core system in 2021 and commence the necessary implementation activity.• Deliver a clear technical architecture roadmap and identify opportunities for use of NHS platforms and services• Move towards a strategic approach to technology and supplier management.
Deliver an improved platform for NHS employers to undertake pre-employment checks.	<ul style="list-style-type: none">• Having undertaken key procurement activity in 2020/21, deliver the improved platform by quarter 2.
Continue to pilot activity to identify the right opportunities for NHS Resolution to deploy process automation and artificial intelligence.	<ul style="list-style-type: none">• Take forward the work of our “technology innovation lab” to continue explore the possibilities of new technology such as automation and artificial intelligence.
Develop our approach to business intelligence.	<ul style="list-style-type: none">• Implement an improved data repository for data analysis and reporting. This will enable us to be more responsive to members’ requests for data and facilitate research into claims and cases• Deliver a data reporting/visualisation tool to enable departments to run and present their own reports to benefit the running of services as well as sharing data more effectively with service users.• Continue to review data metrics and definitions to ensure alignment and consistency in reporting across the business e.g. factsheets, management information, annual reports etc.• Support the work of the Data Alliance Partnership, which aims to reduce the burden to the front line associated with data collection.



Our key initiatives in 2021/22	What we will do
Contribute data and expertise to important issues regarding equality, diversity and inclusion within the healthcare system.	<ul style="list-style-type: none">Analyse the information held by Practitioner Performance Advice and Primary Care Appeals in relation to disputes and concerns and share this information in order to inform debate and drive improvement.
Ensure effective reporting of activity and understand the impact of the Practitioner Performance Advice service.	<ul style="list-style-type: none">Deliver a research and evaluation programme to ensure we learn from the cases we manage and share that with front-line clinical staff in order to drive improvement.
Undertake thematic reviews of claims data, where possible leveraging the benefits of our view across the general practice and secondary care pathways.	<ul style="list-style-type: none">Continue to appoint clinical/research fellows to examine data generated from all of our indemnity schemes. This will include a review of data involving assaults on staff and a thematic review of diabetes-related, lower limb complications looking across the interactions between general practice and secondary care. We will also continue to develop a programme of work to support the Getting it Right First Time programme.
Ensure we respond to the evolving regional structures for health and social care.	<ul style="list-style-type: none">Review how our teams and services will best serve the evolving regional models, including improving links with Health Education England, Academic Healthcare Science Networks and safety collaboratives and regional leads where there are shared programmes of work.

By the end of 2021/22, we will have:

1. procured our new core system and commenced implementation;
2. launched a new platform to undertake pre-employment checks;
3. delivered a new data repository to support future thematic reviews;
4. improved our range of intelligence reporting tools;
5. built upon our “innovations lab” so as to routinely identify and drive improvements and innovations through digital solutions;
6. used our data to deliver a range of products covering topics including assaults on staff and diabetes-related, lower limb complications; and
7. increased awareness and learning from claims in relation to a range of thematic reviews.



Intervention

delivering in partnership,
interventions and solutions that
improve safety and save money

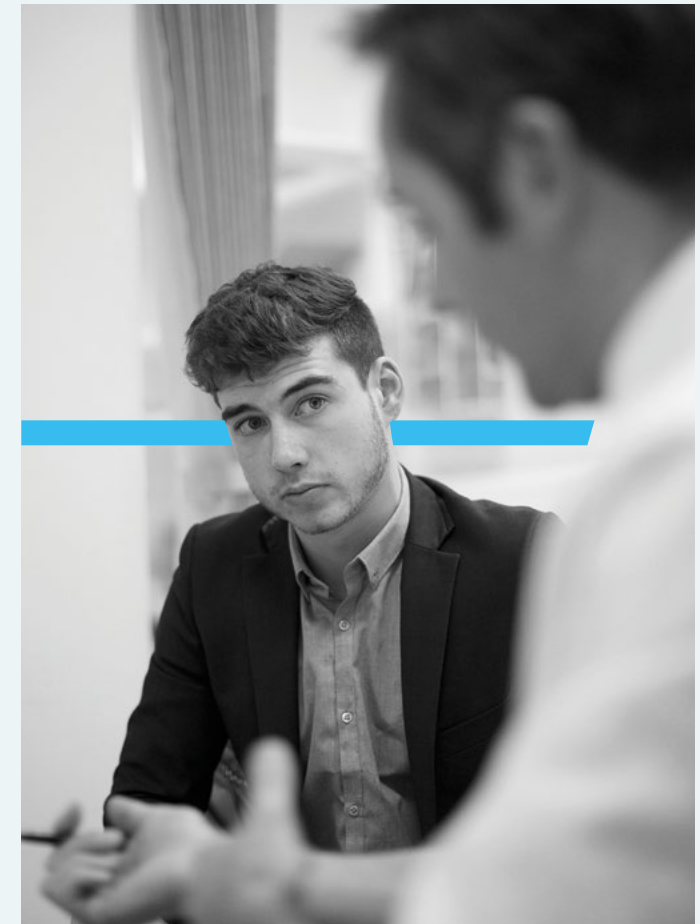


Since 2017, we have taken a number of steps to ensure our indemnity schemes provide an important platform for sharing insights into what works as well as being a powerful financial lever to incentivise change.

Our focus has understandably been on maternity services given how that specialty accounts for 40% of all clinical claims payments and just under 70% of the estimated annual cost of harm in relation to our Clinical Negligence Scheme for Trusts. Our approach has involved:

1. Deploying in-house clinical staff to undertake 'deep dive' research into the causes of maternity incidents and the adequacy of the investigations that follow.
2. The launch of our Early Notification Scheme, moving upstream to capture incidents, share learning in real time and apply what we know to support the hospital in their response. This includes undertaking early liability investigations on appropriate incidents and taking steps to accelerate the payment of justified compensation.
3. The launch of our Maternity Incentive Scheme, using our pricing lever to reward trusts who are able to demonstrate delivery against safety actions informed by our research as well as support from key stakeholders across the maternity system.

We have also made good progress in working with and through others to deliver impactful change, building relationships with key stakeholders in the system. This has been particularly so in the maternity sphere but also in other key areas including general practice and emergency medicine. Building relationships with key people in other parts of the healthcare and justice systems and progressing collaborative working across the patient safety system has helped us to support the implementation of the National Patient Safety Strategy and progress our strategic aims through the membership of relevant groups and committees while bringing intelligence back into the organisation to determine our future priorities and plans. We have also appointed an academic partner who will provide us with expert support to ensure our interventions are delivering the intended impacts and, through effective evaluation, we do more of what we know works.





Intervention

delivering in partnership, interventions and solutions that improve safety and save money

We will take forward the following initiatives in 2021/22 and beyond to further consolidate and build on our efforts in relation to this strategic objective.



Our key initiatives in 2021/22	What we will do
Ensure all of our services continue to respond to the impacts of the Covid-19 pandemic.	<ul style="list-style-type: none">• Continue to work with the healthcare system to identify and implement service changes to support the response to the pandemic while also advising on potential claims risks and suggested mitigations. This includes the work to operationalise the Clinical Negligence Scheme for Coronavirus and the Coronavirus Temporary Indemnity Scheme from both an operational as well as accounting perspective.• Identify and agree opportunities for additional communications to provide service users with support and advice during the Covid-19 pandemic.
Develop our digital communications channels to enable our stakeholders to interact with us online and provide the best experience to users.	<ul style="list-style-type: none">• Develop virtual learning, training, events and workshops given the challenges presented by the Covid-19 pandemic and the opportunities this presents around achieving increased audiences for our online events and greater opportunities for sharing best practice using digital technologies.• Design and implement corporate capability, functionality and content to deliver a portfolio of learning events and education content using digital channels.
Ensure that our indemnity schemes, in particular the Clinical Negligence Scheme for Trusts, evolves to meet the changing needs of the healthcare system.	<ul style="list-style-type: none">• Progress work with NHS England and NHS Improvement to agree how our indemnity scheme pricing methodology needs to evolve to respond to developments in the payment mechanism for NHS activity. This will involve researching proposals to inform future improvements to our schemes and engaging with our secondary care indemnity scheme members on any resulting changes.• Ensure that our regulations, scheme rules, directions and statutory framework remain relevant to support the plans set out in the white paper: working together to improve health and social care for all as well as other developments in the NHS including the continued move towards digital including the likely increased use of artificial intelligence tools.• Routinely share our expertise with policy makers to help inform improvements so that patients who are eligible to receive compensation in healthcare-related claims do so in a fair, timely and cost-effective way.



Intervention

delivering in partnership, interventions and solutions that improve safety and save money



Our key initiatives in 2021/22	What we will do
<p>Ensure our indemnity schemes continue to contribute to harm reduction and safety improvement, improving engagement with clinicians and managers to achieve a greater awareness of how incidents can be prevented.</p>	<ul style="list-style-type: none">• Conclude year three of our Maternity Incentive Scheme and work with key maternity system partners to develop the scheme into its fourth year, stretching the safety action requirements and improving key areas such as the self-certification process.• Review the use of financial incentives with key system partners so as to explore the potential for using other incentive scheme(s) to support improvements.• Continue to build relationships with general practice stakeholders to ensure that our services develop in consultation and meet the needs of the changing way in which healthcare is delivered. This will include taking a deeper look at the needs of the general practice community to inform the way we interact with them. We will build on the year one awareness-raising phase of Clinical Negligence Scheme for General Practice and transition into the next phase of the plan, increasing the understanding of the Clinical Negligence Scheme for General Practice within the sector using a multi-channel approach to raise awareness.• Build on the success of recent organisation-wide focused events with clinicians and explore further opportunities to work collaboratively across the organisation so work is aligned and standardised resulting in the highest quality of education and learning support materials.• Contribute to wider NHS work on violence reduction – learning from claims on assaults and creating a culture of safety subgroup to support staff safety within the NHS.• Deliver a range of regional national events and resources. These will be published on our website, via social media and the channels of our partners such as the royal colleges. This will involve the continued development of the Faculty of Learning.



Intervention

delivering in partnership, interventions and solutions that improve safety and save money



Our key initiatives in 2021/22	What we will do
<p>Deliver a range of interventions to meet local NHS needs in complex Practitioner Performance Advice cases.</p>	<ul style="list-style-type: none">• Extend the reach of advice, assessment and intervention services to a range of healthcare providers, across the UK and overseas. In quarters 1 and 2 we will focus resources on primary care as we work with new providers and commissioners in helping them manage practitioner performance concerns.• Respond to a service improvement review of our professional support and remediation service in quarter 1, which helps clinicians back to safe and valued practice through action planning.• Expand the team delivering assisted mediations during quarter 1 through specialist training and improve our external network to increase visibility and learning opportunities.• Explore further development of the team review service, including specialist training for reviewers and an expansion into the provision of specialist behavioural interventions.• Deliver assessments and interventions and continue to shift services to remote delivery where applicable and acceptable to the customer.• Increase the number of new cases for Practitioner Performance Advice to an appropriate level by identifying and engaging key decision makers within the NHS who manage performance concerns. These will include medical directors, deputy medical directors and HR directors across secondary care.• Move forward with evaluation and research work to capture and disseminate learning from our casework, increase data transparency and demonstrate the value of practitioner performance advice.• Review operational excellence in respect of our assessment and remediation functions and look to develop new services which add value given the changing regulatory landscape, the particular challenges presented by the pandemic and issues highlighted by recent public inquiries.



Intervention

delivering in partnership, interventions and solutions that improve safety and save money



Our key initiatives in 2021/22	What we will do
Building local capacity and capability through the Practitioner Performance Advice service.	<ul style="list-style-type: none">• Update our educational materials to reflect changes within the NHS and professional regulation, as well as current best practice and key developments in case law.• Continue to engage through responsible officer networks, to better understand the particular challenges in the wider healthcare system relating to performance management and the differing regional needs of our users.• Extend our action learning offer to case investigators and case managers, whereby staff across the NHS team up with five peers to form a trusted learning group who help challenge thinking on how to manage day to day issues and develop realistic and pragmatic solutions to problems.



Intervention

delivering in partnership, interventions and solutions that improve safety and save money



Our key initiatives in 2021/22	What we will do
<p>Ensure that learning from the Early Notification Scheme helps the healthcare system to improve maternity and neonatal practice.</p>	<ul style="list-style-type: none">• Participate in and support key patient safety initiatives including the Maternity Transformation Programme Board (which will transition to a Long-Term Plan Board in 2021/22), the Royal College of Obstetricians and Gynaecologists' 'Each Baby Counts Learn and Support' programme as well as the Healthcare Safety Investigation Branch's work on investigations.• Publish the year two Early Notification Scheme report in 2021. Use the report as a platform to undertake a range of activity including local and national engagement events to support implementation of the report recommendations.• Develop learning resources derived from early notification cases to be disseminated to clinical teams. This is part of our ongoing development of the faculty of learning and will include the roll-out of e-learning that will be accessible to all midwives via the Royal College of Midwives' learning platform.• Draw on the latest research work with maternity partners to identify other sources of funding for maternity safety to focus improvements agreed with system partners.• Put greater focus on sharing learning from early notification cases at the Local Maternity System level.• Increase our engagement with patients and their families including progressing a patient advisory reference group for our Early Notification Scheme to help develop resources for families as well as case studies for learning.• Scope options to develop the approach to developing compensation packages for early notification cases in consultation with patients and their representatives.



Intervention

delivering in partnership, interventions and solutions that improve safety and save money



By the end of 2021/22, we will have:

1. researched proposals to inform future improvements to our schemes and engaged with scheme members on any resulting changes;
2. delivered year three of the Maternity Incentive Scheme and initiated year four;
3. moved to delivering more educational training online including the production of an e-learning module, accessible to all midwives;
4. published a range of products including the year two Early Notification Scheme report; and
5. improved our approach to evaluation of our training products and resources to ensure our products continuously improve to meet expectations and deliver the right outcomes.



Fit-for-purpose

offering best value and developing our people, relationships and infrastructure



Since 2017, we have implemented a number of changes to develop our people, relationships and infrastructure so that we routinely make the best of our resources to meet the different demands of the health and justice systems.

We have built a more robust and flexible workforce, equipping and empowering our staff through a range of development opportunities including a leadership development programme, our Claims Management apprenticeship programme as well as a comprehensive technical claims training programme. This has seen us achieve a silver Investors in People accreditation, launch our equality, diversity and inclusion strategy and a staff diversity network.

We have strengthened our IT systems and contingency measures so as to maintain alignment with ever evolving cyber security threats, successfully maintaining our Cyber Essentials Plus accreditation and making use of effective security measures, including NHS Digital Secure Boundary. We have also retained our ISO 27001 status demonstrating a robust approach to information and data management.

We have also conducted a thorough review of our IT systems requirements to understand the changes required to help meet our future demands. This will see us build upon our foundational improvements by developing a data repository for reporting as well as commencing the journey to implement our new core systems. We also successfully updated our finance system and will use this to continuously improve the quality of our financial information and reporting.

We have strengthened our approach to corporate governance, building on our quality assurance processes (including audit and compliance) as well as improving governance over the change portfolio in line with the relevant Government Functional Standard and having non-executive scrutiny for all major projects/programmes. We also work to the Government Commercial Operating Standards and Public Contract Regulations to ensure effective and consistent procurement and drive continuous improvement through enhanced contract management.

The pandemic has seen us implement a number of innovative changes, at pace, in order to continue to deliver effective services. We will ensure that we retain and normalise the best parts of this experience as we recover our services and reintegrate our staff.



Fit-for-purpose

offering best value and developing our people, relationships and infrastructure

The work that we will continue into 2021/22 and beyond to further this strategic objective will see us:



Our key initiatives in 2021/22	What we will do
Deliver our 'Ways of Working' programme and London accommodation move while reviewing options for our Leeds base.	<ul style="list-style-type: none">• Complete the London office move within budget and on time and evaluate its impact by the end of the financial year. The move will incorporate both staff co-design and Covid-19 requirements across all of our offices with revised policies, new ways of working and new approaches to create a safe, flexible, collaborative and inspiring workplace for our staff.• Provide technological solutions that will support staff in collaborating effectively whether at home or in the office.• Commence planning for our Leeds office move in line with the Government's wider estates strategy and our Ways of Working programme.



Fit-for-purpose

offering best value and developing our people, relationships and infrastructure



Our key initiatives in 2021/22	What we will do
<p>Ensure we have the right tools, skills and resources in place to deliver our services and to develop and support our staff through a period of significant change.</p>	<ul style="list-style-type: none">• Procure a strategic partner to support us with the challenging transformational journey we have ahead of us. This will deliver value for money by ensuring we are able to access the right expertise at the right time while focusing on how we can transfer the knowledge into our organisation for the benefit of future initiatives.• Build on the certifications in place for Investors in People by implementing our improvement plan in line with the Investors in People framework as well as the priorities set out in our workforce and organisational development strategy and integrating our internal work around 'Being fair' within our organisational development work.• Take steps to minimise the use of agency staff and short term contracts by continuing recruitment activity.• Look for other opportunities across the organisation to maximise apprenticeship opportunities.• Respond appropriately to emerging themes from the staff survey to understand and improve staff experience, ensuring staff are supported and take responsibility to look after their health and wellbeing.• Progress delivery against our equality, diversity and inclusion action plan so that NHS Resolution has a culture where individual differences and diversity are welcomed and are integral to the organisation's success.• Introduce our values and behaviours framework to develop our staff to manage effectively.• Revisit our approach to talent management and succession planning with particular attention to steps we can take to improve the diversity of our organisation at senior levels.• Develop our internal communications function through the implementation of an organisational intranet.



Fit-for-purpose

offering best value and developing our people, relationships and infrastructure



Our key initiatives in 2021/22	What we will do
Improve our approach to information management.	<ul style="list-style-type: none">• Build on the work in 2020/21 (including our ISO 27001 recertification) by developing and delivering an action plan to transfer public records to the National Archives and ensure that we implement improved information management practices as part of our key projects and programmes.• Review roles and responsibilities to ensure that we can provide assurance on fitness for purpose from an information governance perspective across our change programme.
Deploy greater use of evaluation across communications activities so as to measure impact.	<ul style="list-style-type: none">• Develop and deliver a series of integrated communications campaigns across the year in order to support key strategic aims and to demonstrate the impact of these campaigns using evaluation data.
Confirm supplier for appointments of advisers on current market rent cases in Primary Care Appeals.	<ul style="list-style-type: none">• Seek advice regarding procurement, liaise with potential supplier and confirmed arrangements by quarter 1.
Progress work to embed the Policy, Strategy and Transformation function.	<ul style="list-style-type: none">• Ensure the Programme Management Office sets governance standards for the change portfolio in line with the Government Functional Standard, particularly as we embark upon multi-year programmes of complex, inter-related change.• Standardise and embed processes for key activity such as horizon scanning and stakeholder engagement, working collaboratively with internal and external stakeholders. This will be of particular importance in 2021/22 given the ongoing need to respond to events as they unfold – e.g. when considering indemnity solutions to support the response to/recovery from the pandemic.• Develop the organisation's 2022 – 2027 strategy.



Fit-for-purpose

offering best value and developing our people, relationships and infrastructure



By the end of 2021/22, we will have:

1. moved to our new London office, leveraging the benefits of the move as well as enjoying improved ways of working across all of our office locations;
2. engaged and led our staff with a strong welfare emphasis, building on our equality, diversity and inclusion strategy and action plan and Diversity Matters network;
3. enabled our colleagues with better collaboration tools to support staff whether working from home or in the office;
4. developed an action plan to further improve our approach to information management in key areas;
5. procured a strategic partner to support us with our transformational change journey; and
6. have developed our next strategic plan informed by improved horizon scanning and stakeholder engagement.

Part 3:

Measuring our performance



We have reviewed our key performance indicators to ensure that these provide an appropriately balanced view of quality, cost and delivery while taking into account customer feedback.

Resolution



Progress against our business plan commitments and KPI performance are routinely monitored via an internal controls framework through our established committee structure, which includes bimonthly reporting to the board. We will be closely monitoring performance throughout the year, especially given the potential impact of the ongoing response to and then recovery from the pandemic on our ability to deliver and/or measure our desired performance.

Please note that Claims Management KPI targets are not published as this information could affect our ability to manage claims effectively.

Resolution	Area	Target
To respond to a letter of claim involving a clinical matter within the pre-action protocol period	Claims Management	Internal
To respond to a letter of claim involving a non-clinical matter within the pre-action protocol period	Claims Management	Internal
To respond to a letter of claim within the agreed time frame agreed between the parties	Claims Management	Internal
Time to resolution from claims decision to agreement of damages	Claims Management	Internal
The volume of cases that are repudiated initially with a subsequent payment agreed	Claims Management	Internal
Reduction in the volume of cases which enter formal court proceedings	Claims Management	Internal
The movement in the financial reserves placed on a claim is managed within a target range	Claims Management	Internal
"First step" letters sent out within 7 days of receiving the appeal or dispute	Primary Care Appeals	90%



Resolution



Resolution	Area	Target
Appeals or disputes where 14 or more days' notice of hearing has been given	Primary Care Appeals	100%
Appeals where decision maker agreed with recommendation of case manager	Primary Care Appeals	80%
Outcome of quality audits for appeals and dispute files	Primary Care Appeals	90%
Average number of weeks taken to resolve appeals and disputes – Internal input only	Primary Care Appeals	15 weeks
Average number of weeks taken to resolve appeals and disputes – additional input	Primary Care Appeals	19 weeks
Average number of weeks taken to resolve appeals and disputes – oral hearing	Primary Care Appeals	25 weeks
Average number of weeks taken to resolve disputes – current market rent valuation input required	Primary Care Appeals	33 weeks



Intelligence



Intelligence	Area	Target
Healthcare Professional Alert Notices issued/released (where justified) within target working days.	Practitioner Performance Advice	90%
Healthcare Professional Alert Notices revoked (where justified) within seven working days.	Practitioner Performance Advice	90%



Intervention



Intervention	Area	Target
Positive feedback from scheme members and beneficiaries visited on recognition of products.	Safety and Learning	At least 60%
<p>Response to scheme members and beneficiaries</p> <p>1) 95% response rate to scheme members and beneficiaries following a request for contact within three working days.</p> <p>2) Participation in 18 regional engagement events for scheme members and beneficiaries which include two national sharing and learning events.</p> <p>Eight safety and learning products to be made available for scheme members and beneficiaries.</p>	Safety and Learning	<p>95%</p> <p>18 events</p> <p>8 products</p>
Practitioner Performance Advice education events rated by participants at least four out of five for effectiveness/impact.	Practitioner Performance Advice	90%
Requests for advice from Practitioner Performance Advice responded to within two working days (or within an alternative timeframe requested by the employing/contracting organisation).	Practitioner Performance Advice	90%
Assessments and other interventions delivered within the target timeframe.	Practitioner Performance Advice	90%



Intervention



Intervention	Area	Target
Assessment and other intervention reports produced/issued within the target timeframe.	Practitioner Performance Advice	90%
Percentage of exclusions/suspensions critically reviewed in line with the following timescales: Stage 1: after initial four weeks. Stage 2: at three months. Stage 3: at six months.	Practitioner Performance Advice	90%
Decisions on referrals for assessments and other interventions communicated to the referrer within 13 working days of receipt of all referral information.	Practitioner Performance Advice	90%

Fit-for-purpose



Fit-for-purpose	Area	Target
Accuracy of budget and in-year financial management of NHS Resolution's indemnity schemes.	Finance	Between 95% and 100% of in-year target
Undertake annual customer satisfaction survey to in-form service development.	Membership and Stakeholder Engagement	Complete in 2021/22
Indemnity scheme member participation in our member satisfaction survey to ensure engaged member base.	Membership and Stakeholder Engagement	60% of our CNST ¹ and LTPS ² indemnity scheme members
Evidence of increasing scores covered by annual customer satisfaction surveys year on year.	All	Increasing scores in 50% of subject areas covered
Overall approval rating in the 2020/21 customer satisfaction survey.	All	60%
Availability of core systems.	Digital, Data and Technology	95%
Availability of extranet and claims reporting services.	Digital, Data and Technology	97.5% in core hours
Respond to critical security alerts, (NHS Digital CareCert)	Digital, Data and Technology	Within 24 hours of receipt

¹ Clinical Negligence Scheme for Trusts

² Liabilities for Third Parties Scheme



Fit-for-purpose

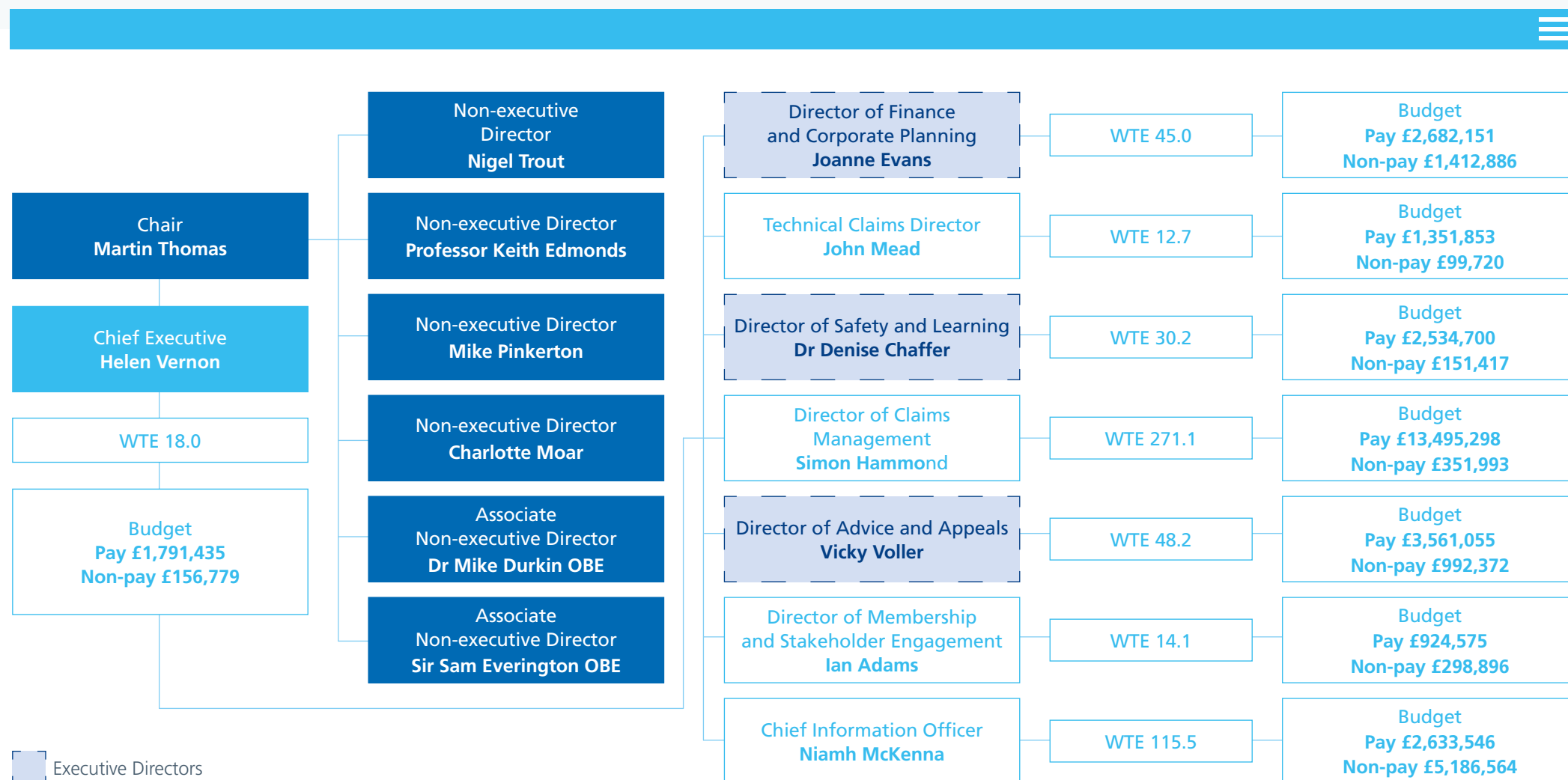


Fit-for-purpose	Area	Target
Helpdesk to respond to calls within two hours of receipt.	Digital, Data and Technology	90%
Vacancy rate.	All	<10%
Uptake of annual staff appraisals.	All	90%
Engagement for the staff survey.	All	>75%
Voluntary turnover of staff during six-month probationary period.	All	<85%
Prompt payment of suppliers within 30 days.	Finance and Corporate Planning	95%

Part 4:

Our people







We are an organisation that is planning to grow due to a number of factors:



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



The increasing scope of core operational delivery flowing from our general practice indemnity schemes;



Being asked to take on additional responsibility in relation to coronavirus-related schemes, including the resources needed to prepare for this work; and



Planned transformational changes in our claims operations and core systems which will deliver a positive return on investment in a range of areas through improved productivity and efficiency as well as the ability to deliver more impactful outcomes.

Our people are critical to our success and so we have a 2021/22 business plan priority to support them through all of these planned changes including progressing work set out in our equality, diversity and inclusion strategy, as well as a range of training and support.

Part 5:

Our resources





The following graphs and tables set 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 Negligent Scheme for Trusts relative to our other activities.

NHS Resolution receives funding for its schemes in two ways:

- Income from members of our Clinical Negligence Scheme for Trusts, 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 Department of Health and Social Care (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 that we are required to manage within. The key dimensions are programme (relating to frontline expenditure i.e. NHS), and administration (relating to departmental requirements).



Our total expenditure budget for 2021/22 is currently £2,650,181k. The majority of this, £2,612,556k, is spend on resolving claims.

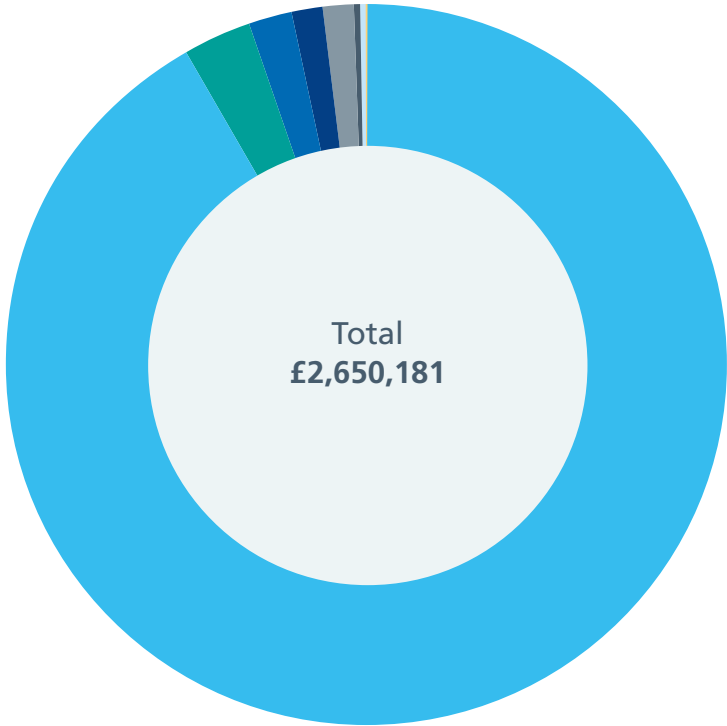
Our total administration costs are £37,625k and represent less than 2% of our overall expenditure.

The tables show the various elements of our budgetary framework that we are managing within. The revenue resource limit is the budget total for our revenue expenditure net of income.

Expenditure budget (£000) 2021/22

- Clinical Negligence Scheme for Trusts (£2,431,235)
- DHSC Clinical Liabilities (£84,087)
- Liabilities for Third Parties Scheme (£51,421)
- Existing Liabilities Scheme (£31,941)
- Administration (£37,625)
- Property Expenses Scheme (£8,900)
- DHSC Non-clinical Liabilities (£3,779)
- Ex-Regional Health Authority (£1,193)

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.



Current annual budget 2021/22



Grant-in-aid funding	£000
Programme	
Department of Health and Social Care clinical liabilities	84,087
Existing Liabilities Scheme	31,941
Department of Health and Social Care non-clinical liabilities	3,779
Ex-Regional Health Authority	1,193
Clinical Negligence Scheme for General Practice	TBC
Existing Liabilities Scheme for General Practice (Medical and Dental Defence Union of Scotland and the Medical Protection Society)	TBC
Clinical Negligence Scheme for Coronavirus	TBC
Coronavirus Temporary Indemnity Scheme	TBC
Administration of general practice indemnity arrangements	TBC
Administration of Clinical Negligence Scheme for Coronavirus	TBC
Administration of Coronavirus Temporary Indemnity Scheme	TBC
Total grant-in-aid funding – programme	121,000



Grant-in-aid funding	£000
Administration	
Administration	6,273
Total grant-in-aid funding - administration	6,273
Other funding – depreciation and impairments	1,703
Total revenue resource Limit	128,976

Income and expenditure	£000
Income – programme	
Clinical Negligence Scheme for Trusts	2,455,980
Liabilities for Third Parties Scheme	56,900
Property Expenses Scheme	9,000
Practitioner Performance Advice service	1,028
Total income – programme	2,522,908



Expenditure	£000
Expenditure – programme	
Clinical Negligence Scheme for Trusts	2,431,235
Liabilities for Third Parties Scheme	51,421
Property Expenses Scheme	8,900
Department of Health and Social Care clinical liabilities	84,087
Existing Liabilities Scheme	31,941
Department of Health and Social Care non-clinical liabilities	3,779
Ex-Regional Health Authority	1,193
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	30,324
Practitioner Performance Advice service	1,028
Total expenditure – programme	2,643,908



Expenditure	£000
Expenditure - administration	6,273
Total expenditure	2,650,181
Ring fenced depreciation and impairments	
Depreciation	1,703
Impairments	–
Total ring fence depreciation and impairments	1,703
Net expenditure (expenditure less income)	128,976
Revenue resource limit less net expenditure	–

Annually managed expenditure provision 2021/22

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. The AME budget has yet to be confirmed.



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

Capital expenditure plan 2021/22	£000
Capital expenditure	8,400
Capital expenditure	8,400

Part 6:

High Level Risks



Our system of internal control is designed to eliminate risk where possible and manage residual risk to a reasonable level, rather than to eliminate all risk of failure to achieve our strategic objectives.

We have an internal governance framework to support the senior management team in their decision making and to provide assurance on the effectiveness of internal controls. We place effective identification and control of risk at the heart of good decision making.

Risks are monitored and escalated to the appropriate risk register and managed in line with a risk appetite decided upon by the board.

Our operational risk review group considers and reviews the risks that could impact the delivery of our business plan and makes recommendations to the senior management team.

A comprehensive annual internal audit plan is approved by our Audit and Risk Committee. The plan offers insight into and assurance that existing internal controls are adequate and suggests improvements where required.

Our supportive risk management framework ensures:



Integration of risk management into activities across the organisation as well as policy making, planning and decision making processes.



Adverse incidents, risks and complaints are minimised by effective risk identification, prioritisation, treatment and management.



Risk management is an integral part of our culture and encourages learning from incidents.



Assurance is provided to the board that strategic and operational risks are being managed.

In delivering our strategic priorities using a strategic risk register enables the senior management team to mitigate threats and exploit opportunities by considering appropriate treatment plans and business plan priorities:

High level strategic risk	Treatment plan	Business plan priority
NHS Resolution's core systems become obsolete.	Take forward the next phase of our review of our Core Systems Programme so that we have the right system and technological infrastructure to make the necessary step changes. This will involve starting the development of our new platform and associated services.	Priority 6: Make a step change in our technology and data analytics capabilities and infrastructure.
Data security and integrity is compromised e.g. through cyber-attack, or unauthorised/ inappropriate disclosure of data.	Strengthen our IT systems and contingency measures so as to maintain alignment with ever evolving cyber security threats, successfully. Maintain our Cyber Essentials Plus accreditation and make use of effective security measures including the NHS Digital Secure Boundary.	Priority 6: Make a step change in our technology and data analytics capabilities and infrastructure.
Fail to identify through our work and/or appropriately act on significant concern so that patient/staff safety/ public protection are or have the potential to be compromised.	Consider how we further develop and share our experience as well as learning from inquiries. Develop our business intelligence offering to use our data to identify emerging concerns.	Priority 3: Build on our unique role in sharing learning with the health system. Priority 6: Make a step change in our technology and data analytics capabilities and infrastructure.



High level strategic risk	Treatment plan	Business plan priority
Fail to recognise and respond to changes in the environment in which NHS Resolution operates.	Development of a strategic stakeholder engagement strategy to ensure we are engaging with the right organisations to support the delivery of our strategic vision. Further build our Policy, Strategy and Transformation team.	Priority 2: Further develop our new indemnity schemes (for general practice and our Covid-19-related schemes) while using our expertise to support wider improvements including how healthcare-related claims are managed. Priority 4: Responding to the changing health landscape including reviewing our indemnity scheme pricing and the role of incentives in light of wider system changes.
Failure to deliver our core services alongside our planned growth and transformational change initiatives.	Ensure adequate resourcing of core business delivery and transformation activity. Enhance cross organisational planning.	Priority 1: Deliver the next phase of our strategy to move claims, concerns and disputes into a neutral and less adversarial space. Priority 5: Develop and support our people through a period of significant change, building on our Investors in People accreditation, including a renewed focus on equality, diversity and inclusion.

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