

Delivering fair resolution and learning from harm

Our strategy to 2022



Our strategy at a glance

From 1st April 2017 we will bring together our three functions under the umbrella of our new name, NHS Resolution. This document sets out our strategic direction and how over the next five years, we will build upon our combined strengths to transform the way in which we use valuable NHS resources to benefit patients, resolve concerns and help to improve safety.

Our three functions

NHS Litigation Authority (NHS LA) – providing indemnity schemes for the NHS in England and resolving claims for compensation fairly.

National Clinical Assessment Services (NCAS) – resolving concerns about the performance of practitioners.

Family Health Services Appeals Unit (FHS AU) – ensuring the prompt and fair resolution of appeals and disputes between primary care contractors and NHS England.

Our new name

NHS Resolution – delivering fair resolution and learning from harm to improve safety.

We operate in line with values developed with our staff: **professional, expert, ethical and respectful.**

Our primary focus for the future is to **resolve concerns fairly**. However, we also have a duty to use what we know, to help to prevent the same thing happening again. We are not a patient safety body and we cannot succeed in isolation, however we have a unique contribution to make to the patient safety system.

We will achieve this by focusing on four priorities:

1. Resolution

We will resolve concerns and disputes fairly and effectively.

2. Intelligence

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

3. Intervention

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

4. Fit for purpose

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

The benefits will be:

- Tackling the rising costs of harm to the healthcare system;
- Improving the experience of patients and healthcare staff when something goes wrong; and
- Increased and earlier support for those providing NHS care who are involved in incidents or are concerned about performance.



Ian Dilks / Chair



Helen Vernon / Chief Executive

Foreword

Our strategy signals a move to an organisation which is more focused than before on prevention, learning and early intervention to address the rising costs of harm in the NHS. This means a shift upstream, where we are well placed to be more involved when something goes wrong, as well as identifying opportunities for prevention.

The process of claiming compensation need not be adversarial and come at a high cost. It is our intention to challenge existing models for delivering compensation to keep cases out of the courts wherever possible, minimise legal costs and deliver resolution in its broadest sense, which is about more than just money.

We will extend our use of mediation and other forms of alternative dispute resolution (ADR) which we have used to good effect throughout our 21 year history.

It is our experience that when something goes wrong in healthcare, the patient's main concern is to make sense of the situation and understand what it means for them and their family, including any long term consequences.

Patients and their families also want assurance that the NHS has learnt from the incident to prevent it happening again.

By supporting our NHS trust members to be candid, provide explanations and manage concerns without the fear of

subsequent legal consequences, we hope to improve the experience for those involved and jointly deliver the learning which goes hand-in-hand with any claim for compensation.

We already deliver an advice service via the NCAS. We will build on this to make 'peer support' available for healthcare staff who find themselves struggling with aspects of communication or process when an incident occurs.

As opportunities arise, the dispute resolution service delivered by our FHSAU will be extended to

other areas where there is a need for an impartial and independent adjudication of a contractual dispute in the NHS.

It is important that we pay compensation quickly where this is due. We will also maintain a robust approach to the thousands of cases which are brought against the NHS every year where there is no entitlement to compensation or the claim is excessive and build

upon our rigorous response to claims fraud. We anticipate that claimant legal costs will continue to be a challenge and we will take a more prominent role in informing policy development based on evidence.

Our relationship with the NHS is paramount in this and our strategy is informed by wide consultation with our member trusts, NCAS clients and Arm's

Length Body (ALB) colleagues, as well as with our own staff.

A shift in direction means not only increased integration laterally, into a single organisation, but also a commitment to work in partnership with our colleagues in both the healthcare and civil justice systems. Working through and with others will be critical to our success.



Introduction

Our strategy envisages an extension of our role to be more involved in incidents at an earlier stage. This is how we will become more effective in preventing situations from escalating into unnecessary court action and resolving concerns in ways other than by litigation. This will improve the experience for those who are injured as well as ultimately addressing the level and cost of negligent harm.

The environment we work in:

We work at the interface of the civil justice and the healthcare systems. We have the ability to inform and develop solutions in both.

We are limited in what we can do. For example, we cannot change the law and we are not a regulator. Delivery of our strategy depends on close working with others but also on others delivering things that are not within our control.

The rising costs of clinical negligence are a significant concern to the NHS. In 2017/18

we will collect £1.949 billion from our members to meet these costs. By 2019/20 (the end of the spending review period), that is projected to rise to £2.691 billion.

This will translate into an increase of 17% annually on average in contributions to our main indemnity scheme, the Clinical Negligence Scheme for Trusts (CNST) for that period. The provision for future payments is also significant and rising. This was £56.4 billion as at 1st April 2016 and will need to be paid out over time for incidents which have already happened.

Claims for seriously injured patients, such as those who

suffer brain damage at birth, are usually paid by way of a lump sum up front together with annual payments for the rest of that person's life (periodical payment orders, or PPOs). This means that the injured patient is financially secure and money which would otherwise be paid up-front is instead retained for patient care.

However, the costs of meeting these annual payments will only increase in the long-term as more patients are compensated.

This is unsustainable, particularly given the financial challenges facing the NHS. It is also to a degree, unavoidable, without significant law reform.

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Our historic remit has been focused on claims and constrained by the time lag between an incident occurring and a claim being notified. Actions in-between may exacerbate the situation and harm the relationship of trust, which can be so important in achieving resolution of a claim for compensation. Over the next five years we will extend our activity into this space.

External drivers lie in the legal framework which governs the basis on which compensation can be recovered and the funding arrangements for bringing a claim for compensation. Our role there is to inform and propose solutions and will in the future be driven by even greater analysis of the data which we hold.

Our datasets (claims brought against the NHS in England and concerns about practitioners) are unique in the area of safety and learning. They are of most value when combined (legally) with data held elsewhere. The indemnity schemes provide both a platform for sharing learning and a financial lever for improvement and can be used for the wider benefit of patients.

We will ensure that the services we offer are aligned with those who have leadership and accountability for safety, such as NHS Improvement and commissioners and that we complement their efforts and those of our NHS provider members.

Finally, our indemnity schemes, advice and dispute resolution services must also adapt and respond to the changing structure of a health service which in five years time will look very different. A flexible and comprehensive indemnity offer which responds to the NHS Five Year Forward View and provides the best value to the service, notwithstanding the rising cost, will mean changes to our regulations as well as to our operational structure and the way in which we work.

Our purpose

Healthcare provision in the NHS is very safe but, on rare occasions, things go wrong, it is then important that those involved are properly informed and supported, unnecessary costs are contained and that we learn in order to improve. Negligence comes at significant personal and financial cost for the NHS, not all of which is visible. Compensation arises not just for clinical errors, but also for injuries to employees and members of the public in the course of their employment or in accidents on NHS premises. Healthcare staff can be deeply affected when they are involved in an incident. The indemnity schemes we run minimise

unnecessary cost and spread this over time. They provide economies of scale and offer the best possible value in the expert management of claims for compensation. This protects patients by preserving funds for care.

Through NCAS, similarly we protect patients and public funds by managing concerns about practicing clinicians without wasteful and unnecessary exclusions and suspensions. Applying the very best expertise in the field to achieve a fair outcome.

FHSAU saves significant sums for the service by negating the need for protracted and expensive

contractual disputes, applying its expertise and trusted model of adjudication to this complex area in a fair and independent way and offering excellent value.

This matters because without an NHS body with the relevant expertise which is committed to this purpose, costs both visible and hidden will quickly escalate and right and fair outcomes will be sacrificed.

Our strategy envisages doing more, to save more money for patient care and to work with, and through others, to drive improvement.

Our services have a shared purpose: to provide expertise to the NHS on resolving concerns fairly, share learning for improvement and preserve resources for patient care.

What will stay the same?

- 1 Our core delivery – the expert management of claims, concerns and disputes according to established principles of law.
- 2 Saving money for patient care by the robust defence of claims where no compensation is due, including testing cases at trial and in the higher courts.
- 3 Challenging over-charging by claimant lawyers, fighting fraud and excessive claims for compensation.

What will be different?

- 1 Moving upstream to provide support closer to the incident with learning and local resolution.
- 2 Reducing legal costs by keeping cases out of formal court proceedings and deploying alternative models for dispute resolution.
- 3 Increased insight into what drives the costs of harm and developing interventions to respond to these, in partnership with others.

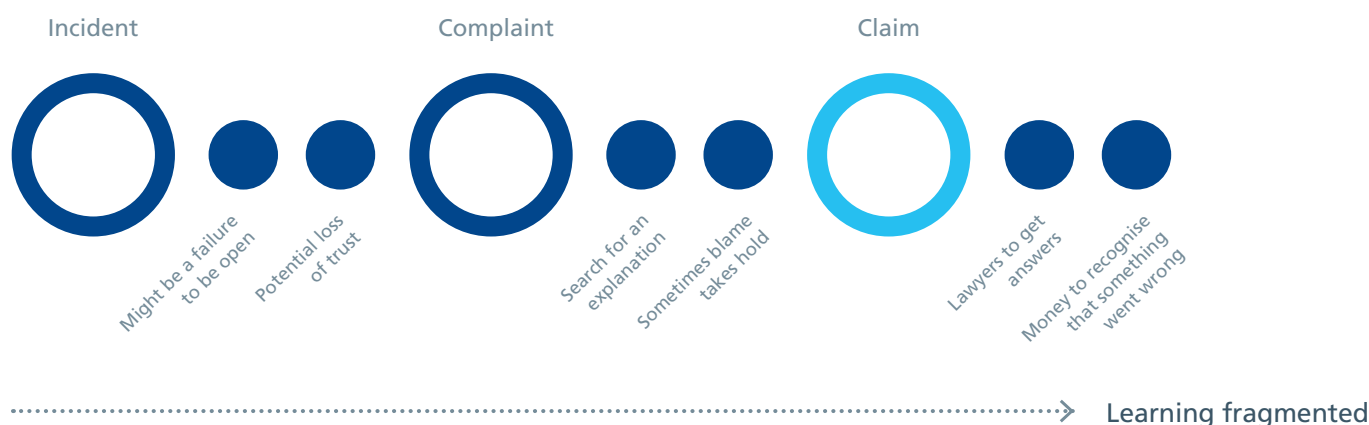


Our role

Moving upstream in practice means a change in approach by us and by others at every stage of the process after an incident occurs, bringing the collective capabilities of our operational arms into play in a different way.

This does not mean that it will be our role to investigate every incident resulting in harm in the NHS. We will however increase our involvement in cases of brain injury at birth and deliver support to the NHS in the areas we know can influence effective resolution.

Current (worst case scenario)



Future (best case scenario)



Our priorities

We will achieve this by focusing on four priorities:

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2. Intelligence

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3. Intervention

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4. Fit for purpose

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

Resolve concerns and disputes fairly and effectively

What we know

The current system for delivering compensation can be costly and could work better. Legal costs are disproportionate and cases are often pitched into litigation prematurely. High numbers of claims are brought where compensation is not recovered and claims for damages can be excessive, resulting in the parties taking polarised positions.

We know that claims are often pursued in search of an explanation or acknowledgement that something has gone wrong. Patients and healthcare staff do not want to find themselves in court proceedings, particularly when care is ongoing. Our experience of mediation and other forms of ADR is that a more effective solution can be found, when the court process is set aside, and the ambiguity and range of views which often exists can be properly explored.

The claims we handle fall broadly into two categories which need different approaches.

33% of annual expenditure comes from obstetrics, which represents 10% of claims received. The share of the provision relating to obstetrics is very much higher given the growing PPO liability. The bulk of this cost involves brain injury at birth and so will be the main area of focus for our shift upstream. For lower value claims, legal costs exceed damages threefold and so our efforts there will be focused on how these claims can be resolved in a more proportionate way.

Our aims

- To challenge the status quo in the legal environment, reducing litigation and increasing the use of ADR.
- To reduce the unnecessary costs attached to claims and inform policy initiatives designed to achieve this outcome.
- To extend the reach of NCAS into organisations that are currently not using its services, particularly when there is a serious incident or safety concern.

What we will do in year one

- Research why people claim with the help of pilots with claimant firms and capture whether expectations are being delivered. What we find will inform the changes we make.
- Push ahead with the use of mediation for healthcare disputes and test 'point of incident' mediation where the relationship between the family and the NHS trust is at risk following an incident.
- Put more of our resources into the early investigation of claims, particularly where these involve brain damage at birth so that early decisions can be made and explained to the patient, the family and healthcare staff.

Over five years we will

- Deliver a programme of education and practical support to NHS trusts in being open when an incident occurs, so that those who are harmed receive a prompt and transparent explanation and an assurance that lessons have been learned.
- Develop a network of peer support for healthcare staff who find themselves involved in an incident or claim, making the most of the skills of our NCAS team in supporting practitioners in difficulty.
- Target legal costs, getting the very best for the NHS from our contracts for legal services, building our own teams and applying external legal resource only where it adds value. We will inform legal costs reform and use our data to identify and address overcharging by claimant lawyers.
- Make a cultural shift, training and setting standards for our staff and legal panel to ensure a sympathetic, personalised approach and tone is taken with all cases and that we reflect on the use of legal jargon, putting ourselves in the shoes of the injured person. We will pay particular attention to how our teams interact with 'litigants in person'.
- Extend the reach of our NCAS team and increase the demand for its services where they can have the most impact.

We will know we have succeeded when:

- We see a drop in the number of 'frustration' claims which have only been made because of a failing earlier in the process, such as lack of candour.
- Formal litigation in the courts and the associated legal costs reduce.
- The number of concerns about healthcare which are resolved by mediation increases.
- The income generated by our advice and assessment services increases and we meet the challenge to reduce our Grant in Aid funding for administration.

Provide analysis and expert knowledge to the healthcare and civil justice systems, to drive improvement

What we know

There are multiple drivers of the costs of negligence. These include the level of activity undertaken, the type and amount of harm caused, how incidents are handled and the legal environment and framework by which compensation is determined. We have a unique insight into these drivers. There are some we can control, such as how claims are handled. There are some where we can work with others to deliver improvement, such as the response to an incident. Finally, there are some where we can inform solutions but cannot deliver change, such as legal reform.

Both the healthcare and legal systems are undergoing rapid change. The ambition of the NHS Five Year Forward View for the integration of health and social care provision means that new organisational structures will emerge. Consultations on costs reform and the small claims limit and a review of the court discount rate will influence future trends in claims volumes and values.

The impact of the historic volume and value of clinical negligence claims, together with a growing PPO liability, means an increasing financial pressure on trusts. This will sharpen the focus on what can be done to contain the position and there will be a growing appetite for data analytics to support this effort.

In the meantime, improved technology will open up opportunities to undertake analysis in ways which have not proved possible before. Sharing of data across the healthcare system, within legal constraints, in order to learn and improve safety will need to increase.

Our aims

- To understand and respond to the drivers of cost and our customers' needs at a deeper level.
- To share what we know to inform policy development and help organisations to address issues at a local level.
- To diagnose the issues driving costs and use this information to devise and signpost interventions.

What we will do in year one

- Explore the use of innovative technology to mine the 21 years' of data we have on what goes wrong in healthcare, including learning from our international equivalents.
- Create a dynamic model with actuarial support which enables changes to the various drivers of cost to be modelled and used to inform policy development.
- Increase the focus of NHS trusts on the drivers of their claims costs by helping them to triangulate their claims data with other locally held data sources (such as incidents and complaints) and working with the 'Getting it Right First Time' (GIRFT) initiative to integrate claims data into national dashboards.
- Put in place memoranda of understanding with all of our partners such as the regulators, Parliamentary and Health Service Ombudsman (PHSO) and the Royal Colleges to include ways of working, shared objectives and data sharing arrangements and how we will inform the regulators of outlying or other practice to protect future patients.

Over five years we will

- Review international practice on the pricing of risk in indemnity schemes to further improve the CNST pricing methodology and build a 'forward view' for all specialties.
- Use the platform of membership of the indemnity schemes to publish and share best practice.
- Focus on maternity as the single biggest driver of claims costs, moving upstream to improve our insight into maternity incidents resulting in brain damage and sharing what we know with the Royal Colleges, NHS Improvement, the CQC and commissioners as well as across our membership.
- Publish annually, in-depth analysis of high cost and/or high volume areas of claims, drawing on national data to inform on trends and the potential for improvement, for example, learning from inquests, mental health claims, orthopaedics and emergency care.
- Build an understanding of what constitutes an effective response to an incident (candour, investigation and learning) in conjunction with others such as PHSO and the Healthcare Safety Investigation Branch (HSIB), how this contributes to claims costs and how effectively this is being managed.
- Ensure that indemnity costs, including the rising cost of PPO liabilities, are integral to the financial planning cycle of the NHS working in partnership with the Department of Health (DH), NHS Improvement and NHS England to inform this at a national level, whilst increasing the information we provide to NHS trusts at an earlier stage.
- Use the expertise and communication channels of our legal panel to ensure that the NHS is informed promptly of legal decisions, regulatory change and trends and helped to share this information rapidly with frontline staff.
- Evaluate interventions taken in maternity and other areas such as the 'Sign up to Safety' incentive scheme, share the outcomes and consider the case and mechanism for further financial incentives.
- Review themes common in requests for advice from employing organisations and practitioners to identify areas for interventions and product development for earlier identification of issues at an individual and member level.

We will know we have succeeded when:

- The data we hold can be analysed and shared in a granular way and we are using the very latest technology to achieve this, in line with the best international comparators.
- We have published and seen distributed widely, insight into high value and high volume claims areas and have evidence that this is being used by those who have responsibility for safety improvement to inform their actions.
- The pricing for our main indemnity scheme responds to evidence of improvements in safety in order to incentivise further improvement, across all specialties.

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

What we know

There are many organisations and initiatives in the healthcare system which have the express aim of improving safety. We are not a patient safety body now, nor are we aspiring to be one. However, in order to move upstream to manage risk and costs, we need to influence providers. There are three channels for doing so: the membership channel, actions with commissioners and actions with regulators. The challenge is to turn good ideas for improvement into practice, to demonstrate collective impact and to ensure that our efforts complement and support each other.

We have a unique relationship with the healthcare system with every provider trust in England being a member of our indemnity schemes. This creates a platform for sharing solutions coupled with the financial leverage that the pricing of the indemnity schemes provides. There are some significant gaps in the continuum between incidents and claims.

We have learned from our recent consultation that trusts would welcome more support in responding effectively and transparently when concerns are raised.

Commissioners have responsibilities for improving the quality of services and there is potential for us to work together in using the levers and opportunities we have. We are not a regulator but as we get closer to the incident and overcome the obstacle of time-lag, we can take a greater role in informing the regulators where we find concerns, whilst providing a supportive role for improvement.

Our aims

- To work in partnership with NHS trusts, patients and healthcare staff to improve the way in which the NHS responds to incidents.
- To inform and support the implementation of policy initiatives in order to deliver the policy intention.

- To play a unique role in incentivising safety improvement, using the indemnity schemes as both a platform for learning and a lever for change.

What we will do in year one

- We will extend our involvement closer to the incident and in the case of brain injury at birth, will ask trusts to report incidents to us without delay.
- We will review these incidents to establish whether an appropriate investigation has been undertaken and the family involved and kept informed, to offer peer support to healthcare staff involved, preserve the records, undertake an early investigation into legal liability and share learning from the event (working with others such as the Royal College of Obstetricians and Gynaecologists).

Over five years we will

- Use the data obtained through the early reporting of brain injury at birth to inform the pricing of the indemnity scheme and the value of the provision.
- Use the platform of membership to develop and share a range of products and training tools, courses, workshops, events and webinars in areas such as candour, the inquest process and the effective management of complaints and claims, drawing on the expertise of our panel firms and NCAS. We will look for educational partners to accredit our courses.
- Investigate the options for using levers within our control effectively at a system, organisation and individual level to support the early prevention of incidents, claims and disputes and incentivise members to improve patient care.
- Inform and support implementation of initiatives to change the law to obtain the best outcome for patients including legal costs reform to improve the claims process, 'Safe Space' and 'Rapid Resolution and Redress'.
- Encourage increased disclosure through the NCAS process with increased levels of referrers disclosing to the referee and greater information on diversity.
- Work with the National Guardian and others to support healthcare staff to speak up freely and to develop a culture where it is normal to raise issues about safety, without fear of subsequent legal processes.
- Develop a range of tailored assessment and intervention products, including assisted mediation, for managing concerns about practitioner performance.

We will know we have succeeded when:

- We are capturing all maternity incidents which will result in a multi-million pound claim within three months, removing the time-lag which currently exists between such an incident and the eventual claim.
- We have increased visibility of the liability relating to these incidents and are able to facilitate learning and interventions.
- We are successfully delivering the change envisaged in policy initiatives which we have informed and we are able to demonstrate the benefits for example a reduction in claimant legal costs in areas where fixed costs are applied.
- Providers take action and are able to demonstrate improvements in safety in response to price incentives delivered under the indemnity schemes.
- Good ideas which are shared via the platform of the indemnity schemes are implemented.
- Litigation is no longer seen as a barrier to safety.

Be fit for purpose by offering best value and developing our people, relationships and infrastructure

What we know

We are an efficient organisation offering good value to the NHS but we can always improve. Our structure has developed organically and our staffing levels and administration costs are low relative to the liability we manage. Investment in our people and infrastructure will be required to deliver our strategy and influence the overall costs to the NHS. We will find savings by improving our efficiency wherever we can whilst putting more of our resources to earlier investigation of those cases which drive our expenditure. This will reduce the costs which arise in court proceedings.

Our business processes can make better use of technology in order to automate certain tasks. Our website and digital capabilities require an upgrade in order to improve our communication channels.

Cyber security will continue to be an ever present risk which we will need to monitor continually in order to respond and implement robust security measures. Information security is of paramount importance to us and we want to maintain our ISO 27001 certification.

Our workforce will need to be increasingly customer and patient focussed. We will develop transferrable skills which will enable our staff to work across the operational arms giving us a flexible workforce, skilled in resolving concerns in different arenas.

Our aims

- To ensure that we have the right skills and resources in place to deliver our services and the change required.
- To offer the best value together with the highest quality service so that we are unrivalled by any competitor where we have commercial equivalents.

What we will do in year one

- Develop a regionally aligned operating model and a workforce strategy which reflects a customer and patient focused organisation.
- Map, re-engineer and increase automation of our processes to drive out unnecessary activity, make efficiency savings and ensure that the time of our staff is spent purely on adding value.
- Deliver a new single intranet and website to support effective internal and external communication and a move to increased on-line interaction.
- Review our regulations and directions to ensure that our core services can deliver for new models of care delivery.

Over five years we will

- Improve and tailor our communications to ensure that information makes it to the right person at the right time and that we are better connected with those who have the ability to positively influence risk, safety and financial exposure.
- Undertake a further review of our core systems, extranet and digital capabilities to ensure that they are fit for purpose for the long term.
- Use the connections our NCAS advisors have with trust medical directors to share case studies, claims data, and best practice in risk management routinely.
- Seek more regular feedback from trusts via face-to-face contact and digital channels.
- Continue to enhance our cyber security and renew our ISO 27001 accreditation in order to safeguard the integrity of our IT and data systems and enhance our reputation around data security.
- Implement our workforce strategy by reviewing our skills, experience and competencies as well as our job descriptions and structure to identify gaps, use our resources more effectively, develop career paths and plan for succession to key roles.
- Explore the potential to share patient and expert groups with our ALB partners, particularly in areas of high shared interest such as maternity.
- Work with the other ALBs to obtain maximum benefit from any procurement activity we undertake, including extending our legal services offer via our legal panel tender and pooling our resources for talent management and apprenticeships.

We will know we have succeeded when:

- Interaction with our organisation is straightforward and seamless from the perspective of a customer, NHS trust, patient, member of the public or employee.
- Information is shared rapidly and we have evidence that it is seen and acted on by the target audience, be that an NHS trust board or front-line healthcare staff.
- Our workforce can work flexibly across functions and access opportunities for work-shadowing, coaching and mentoring to develop their skills and we have succession plans in place for all key roles.

What this means for patients – how we will monitor and evaluate the benefits

We wish to move away from formal legal proceedings where possible. The process rarely benefits either those who are injured and find themselves in the process to recover compensation or ‘future’ patients for whose care public funds need to be preserved and for whom lessons need to be learned to prevent repeated incidents.

There are necessary steps which must be taken to strike the balance between protecting public funds and delivering compensation, but there are also shared aims which mean that even where there is disagreement as to what happened there is still an opportunity for patients and the healthcare system to work around differences to find resolution.

Our strategy will see more patients receiving their compensation entitlement without court proceedings. Healthcare staff will spend more time in delivering care, including the care inherent in managing the immediate aftermath of

an incident, and less time in protracted and uncertain court proceedings.

In supporting healthcare staff by developing a Peer Support and Advice service, we will help them to manage incidents locally and without fear, preserving the relationship with the patient and their family. Learning will be evidenced and shared, ultimately helping to improve safety for all patients.

In responding to the NHS Five Year Forward View with indemnity which responds to different models of care delivery, the patient journey will be seamless

and there will be no need to deal with different insurers and no risk of being unfairly precluded or restricted from obtaining due compensation if something goes wrong.

Evaluating the benefits will be challenging as it inevitably means assessing that the patient experience is better than it would otherwise be, or that an incident has not occurred due to improved learning. A reduction in the indemnity spend which releases money for patient care would be another measure however the current upward trajectory is a function of past events which have already occurred.

We will:

- Monitor the ‘litigation rate’ and set ourselves a target to keep claims for compensation out of court whilst trying new approaches to resolution.
- Increase the number of cases which are mediated and evaluate the patient’s experience of the process.
- Work with the claimant legal market to capture patient expectation of the compensation process, the ‘motivation to claim’ and the extent to which changes to the process improve how these expectations are met.
- Reduce unnecessary legal costs and improve the ratio of legal costs to damages whilst pursuing a long-term aim to ‘turn the curve’ of indemnity spend.
- Capture patient stories and share and learn from them.





Consulting on the future

In 2016 we undertook a comprehensive consultation on our main indemnity scheme, the CNST. This has equipped us with valuable feedback to form this strategy and our plans for reforming the scheme for the next five years.

These plans are captured in our report on the consultation. In the past two years, we have also undertaken customer surveys across our functions and used that feedback to improve our services. Finally, we have started to work more closely with our partners, both the health ALBs and more broadly across the healthcare and civil justice systems.

For example in 2016, for the first time, we issued our prices for NHS members in October in order to support the financial planning process.

We do not intend to stop there and see consultation as a critical part of our future development, so that we are constantly assessing how our work supports that of others and ensuring that our priorities are aligned. It is our aim to be integral to the healthcare system and to play an active part in informing and shaping future plans.

This means ensuring that our plans are directly linked to those of our partners and in particular, the NHS Five Year Forward View, and the two-year NHS business planning cycle.

With that in mind, we will refresh our strategy regularly, being accountable to the DH through our annual business plans. Our financial planning will extend as far as possible into the future as feasible given the inherent uncertainties surrounding the liabilities.

We will continue to consult and to carry out regular customer surveys and the level of face-to-face engagement with our stakeholders will increase significantly.

Contact us

We would like to hear from you.

If you have any comments or questions on our strategy to 2022, please get in touch by email at:

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