



Department
of Health &
Social Care



Resolution

Non-Executive Director of NHS Resolution (formerly the NHS Litigation Authority)

Information pack for applicants

Closing date: Midday on 15th February 2018

Reference no: SP17-14



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Dear candidate,

NHS Resolution launched in April 2017 a new five year strategy, *Delivering fair resolution and learning from harm*, which extended its role beyond the historic narrow remit of claims management. Later in 2017 saw the publication of the National Audit Office (NAO) report on *Managing the costs of clinical negligence in trusts* and the report of the Public Accounts Committee (PAC) following their consideration of the NAO report. Against this backdrop and the increasing focus on the costs of clinical negligence NHS Resolution (and its predecessor NHS Litigation Authority) has probably never received as much attention as it is at the present time.

Both the NAO and the PAC reports largely validated and supported key elements of NHS Resolution's new strategy and business plan and recognised that the increases in costs in recent years are largely driven by factors outside our control. We do though have to deliver on our ambitious strategy; both NAO and PAC made some helpful additional recommendations and we have a key role to play in supporting the development of the Cross-Government strategy to tackle the rising costs that has been requested by the NAO. The challenges are considerable. At the end of last financial year our provision for liabilities in the secondary care sector in England stood at £65 billion, this year we will collect almost £2 billion to meet claim payments and as the NAO concluded these figures are set to rise further.

In addition to our traditional role in the secondary care sector the Government announced late last year the plan to create a new State backed scheme to provide indemnity cover for General Practitioners from April 2019 and for this to be administered by NHS Resolution. What this means in practice is still under consideration by ministers and the Department of Health and Social Care but whatever the outcome it will mean significant change for NHS Resolution.

To ensure that the Board has the right skills to steer the organisation through these changes we are looking for two individuals who have the experience, expertise, insight and enthusiasm to contribute to the future development of all parts of NHS Resolution and its role in the system, both in terms of strategy and the implementation of plans to deliver this strategy in collaboration with others. Specifically we wish to recruit expertise in the primary care sector in the light of the new role in GP Indemnity and from the commercial sector to bring additional experience in areas such as strategy development and managing change.

We have a unitary Board and a strong but still relatively new executive team. Day-to-day operations are the responsibility of our Chief Executive, Helen Vernon, who took up the position in December 2014 and three other Executive Directors who are keen to work with the Non-Executives to implement our new strategy and further the development of NHS Resolution within the system.

Thank for your interest. Further details, including our new strategy, *Delivering fair resolution and learning from harm*; *Our strategy to 2022*, our Business Plan for 2017/18 and our 2016/17 annual report, are available at <https://resolution.nhs.uk/>. Further information is also available from our website at <http://www.nhsla.com/Pages/Home.aspx>

Yours sincerely,

Ian Dilks
Chair

SECTION 1 – The Role

1.1 Role and Responsibilities of a Non-Executive Director (a NED) for NHS Resolution

Introduction

Ministers are seeking to make 2 NED appointments to the board of NHS Resolution. One NED will bring commercial expertise, and the other will bring primary care expertise.

Role and Responsibilities of the a NED

As a NED of NHS Resolution you will be responsible for the good governance of the organisation, including the expenditure of considerable sums of public money. You will ensure that NHS Resolution promotes the values of the NHS and places a high priority upon helping the NHS improve the safety of patients. You will play a key role in ensuring that the organisation meets the needs of member organisations (NHS Trusts, commissioners and other service providers, including in the next 12-18 months, primary care services) and is focused upon providing excellent services and good value for money. You will provide appropriate challenge, scrutiny and support at Board level ensuring that the organisation learns from things which go wrong in the NHS and shares that learning, to improve the safety and standard of care.

Key responsibilities

Strategy

- Develop and promote the strategic focus of NHS Resolution through constructive debate and challenge at Board level
- Support the maintenance and development of effective relationships with external stakeholders, including member organisations and partner bodies in the health and social care system. Where appropriate, to act as a good ambassador for the organisation
- Help to strengthen the reputation of NHS Resolution through ensuring that it provides timely and relevant expertise to the NHS

Performance

- Ensure the Board acts in the best interests of the public and other stakeholders and is fully accountable for the services provided and the expenditure of public funds
- Set ambitious targets for all aspects of NHS Resolution's work to ensure that it delivers high quality services, decision making and advice to its customers and other key stakeholders

- Scrutinise the performance of senior NHSR staff and Executive members of the Board to ensure that financial and other performance targets are met and that the organisation delivers on its Strategy and the objectives of the Business Plan and Framework Agreement

People

- Ensure that NHS Resolution has appropriate policies to promote the interests and training of its staff, so that they can provide an excellent service to customers

Qualities required for the role of NED of the NHS Resolution

To be considered, you must be able to demonstrate that you have the qualities, skills and experience to meet all the essential criteria for appointment.

Essential Criteria

- An ability to analyse complex and sometimes conflicting data and to draw balanced conclusions from information presented to you
- Excellent communication skills and the ability to gain the confidence of senior stakeholders
- First class team-working skills, with an ability to work in a corporate manner on the board of national public body

In addition:

For the NED who will bring commercial expertise:

- Strong commercial skills, to provide effective advice in areas such as strategic business development, customer relations and managing change

For the NED who will bring primary care expertise:

- An in-depth understanding of primary care, to provide effective advice on the strategic and operational management of primary care services, and other areas such as improving practitioner performance and promoting and managing change

Remuneration

- £7,883 for a time commitment of 2-3 days month
- remuneration is taxable, and subject to National Insurance contributions, both of which will be deducted at source under PAYE before you are paid. Remuneration is not pensionable
- you may claim travel and subsistence expenses, which are properly and necessarily incurred in carrying out your role and responsibilities as a NED of the NHS Resolution in line with travel and subsistence policy and rates for the NHS Resolution. A copy of the policy and rates can be obtained from NHS Resolution

Time commitment

2-3 days month

Location

London

Tenure of office

Ministers determine the length of the appointment, which is likely to be for 3 years

Accountability

Non-Executive Directors are appointed by the Secretary of State and are accountable to the Secretary of State via the Chair for carrying out their duties and for their performance.

For further information regarding the role of NHS Resolution (formerly the NHS Litigation Authority) and the role of Non-Executive Director for the commercial and primary care role contact:

Ian Dilks

Tel: 020 7811 2705

Email: ian.dilks@nhsla.com

1.2 NHS Resolutions role and responsibilities

Body Role and Responsibilities

In April 2017, the NHS Litigation Authority (NHS LA) brought together its three main functions under the umbrella of a new name, NHS Resolution, and launched a five-year strategy *Delivering fair resolution and learning from harm* <https://resolution.nhs.uk/our-strategy>. Its three main functions are:

- Managing claims for compensation on behalf of the NHS in England
- Dealing with concerns about the performance of individual doctors, dentists and pharmacists, and
- Resolving appeals and disputes between primary care contractors and NHS England

NHS Resolution's new strategy expands its historic remit of claims management and gives it an enhanced purpose to provide expertise to the NHS to resolve concerns fairly, share learning for improvement and preserve resources for patient care. Through its new strategy, NHS Resolution will:

- Improve the experience for patients, families and healthcare staff, with support for candour and the learning which goes hand in hand with a claim for compensation
- Resolve concerns and disputes fairly and effectively to deliver resolution in its broadest sense, which is about more than just money
- Provide analysis and expert knowledge to the healthcare and civil justice systems, to drive improvement
- Expand its role of sharing learning through the development of interventions, in partnership with others, to improve patient safety, prevent future harm and save money

The rising cost of clinical negligence in the NHS was the subject of scrutiny in 2017 by the National Audit Office and the Public Accounts Committee, and NHS Resolution is working with the Department of Health and Social Care, the Ministry of Justice and others, to address the recommendations arising from those reviews. This work is aligned with NHS Resolution's strategy to support the NHS to manage concerns transparently at an early stage and to investigate the cause of claims in order to drive improvement.

NHS Resolution will also be focused in 2018-19 on working with the Department of Health and Social Care and others, to design an efficient and effective scheme that meets the needs of general practice. This follows the announcement by the Secretary of State for Health in October 2017 of a new state-backed GP indemnity scheme and the Department's decision to appoint NHS Resolution as the scheme administrator on his behalf.

In 2018-19, NHS Resolution will administer spend across its indemnity schemes of over £2 billion. It employs approximately 300 staff. Further information about NHS Resolution, its five year Strategy and its Business Plan for 2017-18 can be obtained from its website <https://resolution.nhs.uk>.

Section 2: How to Apply

2.1 Making an application

Thank you for your interest in the appointment of NED to NHS Resolution.

To make an application please email your CV, a supporting letter and completed monitoring forms to:

appointments.team@dh.gsi.gov.uk – please quote ref: SP17-14 in the subject field.

If you are unable to apply by email you may send your application by post to:

Kully Kanda Department of Health, Room 1N09, Quarry House, Quarry Hill, Leeds, LS2 7UE

Applications must be received by **midday on 15th February 2018**.

In making an application please note the following:

Supporting letter

The supporting letter is your opportunity to demonstrate how you meet each of the criteria set out in the person specification. It will benefit the Advisory Assessment Panel if you can be clear which particular evidence you provide relates to which criteria. Providing separate paragraphs in relation to each criterion is common practice. Please write all acronyms in full first.

Please ensure your full name, the role to which you are applying and the corresponding reference number for the post are clearly noted at the top of your letter.

Please limit your letter to two pages, and type or write clearly in black ink.

Conflicts of interest

If you have any business or personal interests that might be relevant to the work of NHS Resolution, and which could lead to a real or perceived conflict of interest if you were to be appointed, please provide details in your Supporting letter.

If appointed, you will also be required to declare these interests on appointment and they will be entered into a register which is available to the public.

Standards in public life and ensuring public confidence

Given the nature of public appointments, it is important that those appointed as members of public bodies maintain the confidence of the public and Government. If there are any issues in your personal or professional history

that could, if you were appointed, be misconstrued, cause embarrassment to Ministers or NHS Resolution or cause public confidence in the appointment to be jeopardised, it is important that you bring them to the attention of the Assessment Panel and provide details of the issue/s in your Supporting letter. In considering whether you wish to declare any issues, you should also reflect on any public statements you have made, including through social media.

The panel may explore any issues you declare with you before they make a recommendation on the appointment.

Failure to disclose such information could result in an appointment being terminated, as those who hold public appointments are expected to demonstrate the highest standards of corporate and personal conduct, and are required to subscribe to the *Code of Conduct for Board Members of Public Bodies*, as part of agreeing to the terms and conditions of appointment. You can access this document at:

<https://www.gov.uk/government/publications/board-members-of-public-bodies-code-of-conduct>

There are also circumstances in which individuals may not be considered for appointment, due to them not meeting certain eligibility criteria for appointment. For further information, please refer to Section 2.3: Disqualification from Appointment.

CV

Please ensure your CV includes:

- your full name, title, home address, personal contact telephone numbers (land line and mobile) and personal email address
- similar contact details for two referees who will support your application. One referee should be the person to whom you are/were accountable in your current/most recent appointment or position of employment. Please indicate the relationship of each referee to you. References will be requested for short-listed candidates prior to interview
- brief details of your current or most recent post and the dates you occupied this role. Please identify any past or present Ministerial appointments

Monitoring form

Please complete the monitoring form. Diversity monitoring information will not be seen by the Advisory Assessment Panel assessing your application.

If you are appointed to this role, please note that any political activity you declare will be published in accordance with the Governance Code on Public Appointments.

Guaranteed Interview Scheme

The Department of Health and Social Care operates a Guaranteed Interview Scheme (GIS) for disabled people. The Equality Act 2010 defines a person as disabled if they have a physical or mental impairment and the impairment has a substantial and long term adverse effect on their ability to carry out normal day to day activities. Under the GIS a disabled candidate will be selected for interview if they meet the **essential criteria** for the post.

If you wish to apply under the GIS please complete the GIS form and return it with your application.

All applications will be acknowledged by email after the closing date.

Contacts

For further information regarding the selection process, please contact:

Kully Kanda
Appointments Team
Tel: 0113 2546769
Email: Kuldeep.Kanda@dh.gsi.gov.uk

For further information regarding the role of the NHS Resolution and the role of NED please contact:

Ian Dilks
Tel: 020 7811 2705
Email: ian.dilks@nhsla.com

Please quote reference SP17-04 on all correspondence.

If you choose to apply, we would like to thank you in advance for your time and effort in making an application.

2.2 The Selection Process

The Appointments Team will deal with your application as quickly as possible and will advise you of the likely timetable at each stage.

Timetable:

- Closing date: Midday on 15th February 2018
- Shortlisting: 1st March 2018
- Interviews: 15th & 22nd March 2018

- William Vineall, Director, Acute Care and Quality Policy, DHSC (panel Chair)
- Ian Dilks, Chair of NHS Resolution (panel member)
- Soraya Dhillon, Non-Executive Director, NHS Digital (independent panel member)

The Independent Panel member is independent of both the Department of Health and Social Care and NHS Resolution.

After the closing date for applications:

- the Advisory Assessment Panel will assess candidates' CVs and supporting letters to determine who it believes best meet the criteria for the role, and who will be invited to interview. The Advisory Assessment Panel will rely only on the information you provide in your CV and letter to assess whether you have the skills and experience required. Please ensure that you provide evidence to support how you meet all of the essential criteria
- your application may be "long-listed", subject to the volume of applications received, before it is passed to the Advisory Assessment Panel for consideration. You should be aware that in this situation, your application might not be considered in full by all of the panel.
- the Advisory Assessment Panel will select for interview only the strongest applicants who it feels have demonstrated that they best meet the criteria set out in the person specification. However, if you have applied under the GIS and you meet all of the essential criteria, then you will also be invited for interview
- if you are invited to interview and if you are unable to attend on the set date then an alternative date can only be offered at the discretion of the Advisory Assessment Panel
- the Appointments Team will email to let you know whether or not you have been invited to be interviewed. It is our intention that interviews will take place in a central London location

- if invited to interview, the Advisory Assessment Panel may invite you to make a brief presentation at the start of the interview and will go on to question you about your skills and experience, including asking specific questions to assess whether you meet the criteria set out for the post
- The Advisory Assessment Panel will also explore with candidates any potential conflicts of interest or any other issues arising from candidate's personal and professional history which may impact on an appointment decision (see section 2.1 for further details)
- candidates who the panel believe are 'appointable', will be recommended to Minsiters who will make the final decision. Minsiters may choose to meet with shortlisted candidates, before or after interview, before making a decision. Candidates should therefore be prepared for a short time gap between interview and a final appointment decision being made. Candidates who have been interviewed will be kept informed of progress
- if you are successful, you will receive a letter from Minister appointing you as a Non-Executive Director of NHS Resolution, which will confirm the terms on which the appointment is offered
- if you are unsuccessful at interview, you will be notified by the Appointments Team. We appreciate it takes a lot of time and effort to apply for roles and that feedback is a valuable part of the process. As a result, the letter will provide the details of who you may approach for feedback on your interview and application, if you so wish
- for further information on how we will manage the personal information that you have provided to us through your application, see **Section 2.4**

Queries

For queries about your application, please contact Kully Kanda on 0113 2546769

Standards in public life

You will be expected to demonstrate high standards of corporate and personal conduct. All successful candidates will be asked to subscribe to the *Code of Conduct for Board Members of Public Bodies*, you can access this document at: <https://www.gov.uk/government/publications/board-members-of-public-bodies-code-of-conduct>

Diversity and equality of opportunity

The Department of Health and Social Care values and promotes diversity and encourage applications from all sections of the community.

Governance Code on Public Appointments

The Governance Code on Public Appointments, published by the Cabinet Office, sets out the principles that should underpin all public appointments. The Governance Code can be found at <https://www.gov.uk/government/publications/governance-code-for-public-appointments>.

The Commissioner for Public Appointments

The regulation of public appointments against the requirements of the Governance Code is carried out by the Commissioner for Public Appointments. The Commissioner provides independent assurance that public appointments are made in accordance with the principles set out in the Code. The Commissioner is appointed by the Queen and is independent of the Government and the Civil Service. Further about the role of the Commissioner is available from <http://publicappointmentscommissioner.independent.gov.uk>

If you are not completely satisfied

DHSC will aim to process all applications as quickly as possible and to treat all applicants with courtesy. If you have any complaints about the way your application has been handled, please contact Lucy Wall in the Department of Health and Social Care by emailing Lucy.Wall@dh.gsi.gov.uk

If after receiving a comprehensive response from the Department you are still concerned, you can write to the Commissioner for Public Appointments. Please contact:

The Commissioner for Public Appointments
1 Horse Guards Road
London SW1A 2HQ

Tel: 0207 271 8938

Email: publicappointments@csc.gsi.gov.uk

2.3 Disqualification from Appointment

Disqualification from appointment

There are circumstances in which an individual may not be considered for appointment. The disqualification criteria for NHS Resolution (legally known as the NHS Litigation Authority) are set out in *The National Health Service Litigation Authority Regulations 1995* and subsequent amendments:

7(1) A person shall be disqualified for appointment as the chairman or as a non-officer member if—

- (a) he has within the preceding five years been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed on him a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;
- (b) he is the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order, or a debt relief restrictions order or interim debt relief restrictions order under Schedule 4ZB to the Insolvency Act 1986.

(c) he has been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body;

(d) he is a person whose tenure of office as the chairman, a member, a director or a governor of a health service body other than a clinical commissioning group has been terminated on the grounds—

- (i) that it was not in the interests of the health service body or of the health service that he should continue to hold the office,
- (ii) of non-attendance of meetings
- (iii) of non-disclosure of a pecuniary interest, or
- (iv) of misbehaviour, misconduct or failure to carry out his duties

(da) he is a person who has been removed from office as the chair or a member of the governing body of a clinical commissioning group; and

(e) he is a chairman, member or an executive director of, or the National Health Service Commissioning Board or the chair or a member of the governing body of a clinical commissioning group.;

(ea) he is the chair, chief executive or a member of Health Education England, the Health Research Authority, the National Institute for Health and Care Excellence or the Health and Social Care Information Centre.

(f) he has had his name removed, by a direction under section 46 of the Act, from any list prepared under Part II of the Act, and has not subsequently had his name included in such a list; or

(g) he is the chairman or another member of the Independent Regulator of NHS Foundation Trusts.

(2) For the purposes of paragraph (1)(a), the date of conviction shall be deemed to be the date on which the ordinary period allowed for making an appeal or application with respect to the conviction expires or, if such an

appeal or application is made, the date on which the appeal or application is finally disposed of or abandoned or fails by reason of its not being prosecuted.

(3) For the purposes of paragraph (1)(c) a person shall not be treated as having been in paid employment by reason only of his having been-

(a) in the case of an NHS foundation trust, the chairman, a governor or a non-executive director of the trust

(b) in the case of a clinical commissioning group, the chair or a member of the governing body of the group, or

(c) in the case of any other health service body, the chairman or a member or director of a health service body in question.

For more information on the disqualification criteria, please refer to the full document *The National Health Service Litigation Authority Regulations 1995* and subsequent amendments:

The National Health Service Litigation Authority Regulations 1995

<http://www.legislation.gov.uk/uksi/1995/2801/contents/made>

The Health Authorities (Membership and Procedure) Amendment Regulations 1997

<http://www.legislation.gov.uk/uksi/1997/2991/contents/made>

The Health Authorities (Membership and Procedure) Amendment Regulations 2000

<http://www.legislation.gov.uk/2000/696>

The National Health Service Litigation Authority (Amendment) Regulations 2000

<http://www.legislation.gov.uk/2000/2433>

The Health and Social Care (Community Health and Standards) Act 2003 (Supplementary and Consequential Provision) (NHS Foundation Trusts) Order 2004

<http://www.legislation.gov.uk/2004/696>

The Enterprise Act 2002 (Disqualification from Office: General) Order 2006

<http://www.legislation.gov.uk/2006/1722>

The NHS Commissioning Board Authority (Abolition and Transfer of Staff, Property and Liabilities) and the Health and Social Care Act 2012 (Consequential Amendments) Order 2012

<http://www.legislation.gov.uk/2012/1641>

The Tribunals, Courts and Enforcement Act 2007 (Consequential Amendments) Order 2012

<http://www.legislation.gov.uk/2012/2404>

The National Treatment Agency (Abolition) and the Health and Social Care Act 2012 (Consequential, Transitional and Saving Provisions) Order 2013

<http://www.legislation.gov.uk/2013/235>

The Care Act 2014 (Health Education England and the Health Research Authority) (Consequential Amendments and Revocations) Order 2015

<http://www.legislation.gov.uk/2015/137>

The National Health Service Litigation Authority (Amendment) Regulations 2015

<http://www.legislation.gov.uk/2015/1683>

Further advice about disqualification from appointment/ the eligibility criteria can be provided by contacting Cheryl Lynch on Tel: 020 7210 5143.

2.4 How we will manage your personal information

Your personal information will be held in accordance with the Data Protection Act 1998. You will not receive unsolicited paper or electronic mail as a result of sending DHSC any personal information. No personal information will be passed on to third parties for commercial purposes.

When we ask you for personal information, we promise we will:

- only ask for what we need, and not collect too much or irrelevant information
- ensure you know why we need it
- protect it and insofar as is possible, make sure nobody has access to it who shouldn't
- ensure you know what choice you have about giving us information
- make sure we don't keep it longer than necessary
- only use your information for the purposes you have authorised

We ask that you:

- provide us with accurate information
- inform us as soon as possible of any changes or if you notice mistakes in the information we hold about you

If you apply for a post, we will share some of the information you provide with the members of the selection panel for the post to which you are applying, so that your CV and supporting letter can be assessed.

The diversity monitoring information you provide will not be used in the selection process and will therefore not be shared with the Advisory Assessment Panel assessing your application at any stage. However, panels may review the political activity response at the interview stage. This in no way acts as a bar to appointment. Further information on this is provided in the attached Monitoring form.

The Commissioner for Public Appointments regulates and monitors appointments to public bodies to ensure procedures are fair. The Department of Health and Social Care is required by the Commissioner for Public Appointments to retain information about the people who apply for public appointments within his remit, and make this information available to him for audit purposes, if requested to do so. Information you provide in your application may therefore be made available to the Commissioner for Public Appointments and the Commissioner's auditors on a confidential basis in order

to help fulfil either the Commissioner's formal complaints investigation role or for audit purposes.