Chair of NHS Resolution

Information pack for applicants

Closing date: midday on 4th May 2020
Reference no: VAC-1674

Follow us on Twitter @appointmentsdh

Contents

Section 1 – The Role ........................................................................................................... 2
  1.1 Role and Responsibilities of the Chair of NHS Resolution ................................. 2
  1.2 NHS Resolution role and responsibilities ............................................................ 5

Section 2: How to Apply ....................................................................................................... 8
  2.1 Making an application ............................................................................................. 8
  2.2 The Selection Process ........................................................................................... 12
  2.3 Disqualification from Appointment ...................................................................... 15
  2.4 How we will manage your personal information ................................................ 17
Section 1 – The Role

1.1 Role and Responsibilities of the Chair of NHS Resolution

Introduction

Ministers are seeking to make a Chair appointment to the board of NHS Resolution (NHSR).

Role and Responsibilities of the Chair

NHS Resolution has many of the characteristics of a financial institution but operates within the public sector across the boundaries between the health and justice systems.

The Chair of NHS Resolution will be accountable to the Secretary of State for Health and Social Care and will:

- provide leadership, challenge and direction to the organisation ensuring that NHS Resolution:
  - is focused upon delivering excellent services that provide value for money and meet the needs of member organisations (NHS Trusts, general practice, commissioners and other service providers) and patients; and
  - provides insight and analysis to support members and others in the system to learn from things which go wrong in the NHS and shares that learning to improve patient safety and the standard of care;

- ensure that NHS Resolution carries out its statutory functions under the National Health Service Litigation Authority Regulations 1995, and meets the Government’s policies and priorities, complying with directions and guidance issued by the Secretary of State;

- in partnership with the Chief Executive, set the tone for excellent working relationships between NHS Resolution and key stakeholders to ensure confidence in the work of NHS Resolution of those who use its services, system partners and government;

- working with the Board, ensure accountability for expenditure and effective management of resources, seeking efficiency savings and achieving cost reductions where possible (both in the running of the organisation and in its operational activity) and that the strategy and supporting business plans are delivered; and

- ensure high standards of governance and effectiveness of the Board, including supporting the recruitment of new members and ensuring their effective induction and development, providing guidance and support to them, and advising the Department of Health and Social Care on their performance.
Qualities required for the role of the Chair

The Department of Health and Social Care values and promotes diversity and encourages applications from all sections of the community. The boards of public bodies should reflect the population they are there to serve. Boards also benefit from fresh perspectives, and we are always keen to encourage candidates with private sector experience to consider applying for our roles.

Essential Criteria

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.

- Ability to provide strong strategic leadership to NHS Resolution, including chairing the board, demonstrated by a significant career record of achievement;
- Ability to interpret and act upon performance information and appropriately challenge management recommendations;
- Excellent communication and influencing skills; and
- An ability to gain the respect and confidence of stakeholders, including Ministers, and collaborate effectively to lead and support change in a large, complex system.

Remuneration

- The Chair is remunerated at £63,000 per annum.
- 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 the Chair of NHSR, in line with travel and subsistence policy and rates for the NHSR. A copy of the policy and rates can be obtained from the NHSR.

Time commitment

2 to 3 days per week. The NHS Resolution Board meetings take place every two months. Board meeting dates for July and September are 15th July and 16th September.

An Annual General Meeting will be held around the end of July/beginning of August to present the 2019-20 Annual Report and Accounts, but the date has not been confirmed yet.
Location

London

Tenure of office

Ministers determine that the length of the appointment will be up to 3 years.

Accountability

This Chair is appointed by the Secretary of State and is accountable to the Secretary of State via a senior Departmental official for carrying out their duties and for their performance.

For further information regarding the role of NHSR and the role of the Chair please contact:

Name: William Vineall
Tel: 020 7210 2817 / 07887 832414
Email: William.Vineall@dhsc.gov.uk

The Department of Health and Social Care has appointed Odgers Berndtson to provide executive search support to this recruitment campaign. For an informal discussion about the role, please contact:

Carmel Gibbons
Tel: 020 7529 1128
Email: Carmel.Gibbons@odgersberndtson.com
1.2 NHS Resolution role and responsibilities

Introduction from Ian Dilks, Chair of NHS Resolution (NHSR)

“The last few years have seen major changes to NHS Resolution’s role and standing in the system as a result of both its revised strategy and the new clinical negligence scheme for GPs. It has been a pleasure and privilege to Chair the organisation through this period of significant change.

Although the course is set for the next few years some of these changes are still at an early stage and need to be embedded, there is now a need to progress the development of our infrastructure to support the enhanced role and the NHS will continue to evolve. I am sure therefore that the next Chair will also find the role both challenging and rewarding.”

Ian Dilks
Chair of NHSR

Overview

NHS Resolution’s purpose is to provide expertise to the NHS to resolve claims and concerns fairly, share learning for improvement and preserve resources for patient care.

The organisation, formerly known as the NHS Litigation Authority, was re-launched as NHS Resolution in April 2017 with a new five-year strategy ‘Delivering fair resolution and learning from harm’, which gives it a greater emphasis on prevention, learning and early intervention. Its four strategic aims are:

- **Resolution** – resolving concerns and disputes fairly and effectively;
- **Intelligence** – providing analysis and expert knowledge to the healthcare and civil justice systems, to drive improvement;
- **Intervention** – delivering in partnership, interventions and solutions that improve safety and save money;
- **Fit for purpose** – offering best value and developing our people, relationships and infrastructure.

Three years on, NHS Resolution is making good progress against its strategic aims and undergoing a significant programme of transformation which impacts across the whole organisation. Key achievements since 2017 include:

- Embedding its Early Notification scheme for brain injuries at birth which is transforming the experience for affected families;
- Working with system partners to implement a successful incentive scheme for improving maternity safety;
• Reducing the number of claims moving into formal litigation through the increased use of mediation and other forms of alternative dispute resolution:

• Supporting the development of a just and learning culture in the NHS, including through the publication of its Being Fair guidance.

In addition, since April 2019, NHS Resolution has taken on the operation of the new state-backed indemnity scheme for general practice, a development which was not envisaged at the time of its 2017 strategy. It is also working closely with the Department and cross-government partners on addressing the rising cost of clinical negligence following reports from the National Audit Office and Public Accounts Committee in 2017.

Key priorities for the year ahead include consolidating the Clinical Negligence Scheme for General Practice (CNSGP) and communicating their enhanced offer to primary care, and initiating and taking forward a series of complex change projects ranging from implementing a new operating model across its claims function, planning for the replacement of its core systems to deliver improved business intelligence, and preparing for an office relocation to Canary Wharf in early 2021.

To recognise the progress made to date and re-focus its objectives for the remaining strategy period, NHS Resolution recently published a refresh of its strategic plan for 2019-2022.

**Key functions**

NHS Resolution’s four areas of business are:

• **Claims Management** – delivers expertise in handling clinical and non-clinical negligence claims against the NHS in England. The main scheme is the Clinical Negligence Scheme for Trusts (CNST); members include all NHS trusts, CCGs and some independent sector providers of NHS-funded care.

• From 1 April 2019, NHS Resolution has operated the new state-backed scheme for general practice, the CNSGP.

• **Safety and Learning** – draws learning from claims to drive safety improvement, from working with individual trusts (allowing members to target safety activity to specific clinical areas) to collaborating with others to share learning across the system at a national level. Following the implementation of the CNSGP, this now includes learning from across primary and secondary care.

• **Practitioner Performance Advice** – provides advice, support and interventions in relation to concerns about the individual performance of doctors, dentists and pharmacists.

• **Primary Care Appeals** – offers an impartial tribunal service for the fair handling of appeals and disputes between NHS England and primary care contractors (GPs, dentists, opticians and pharmacists).
Key Facts

- **Number of staff**: approx. 370 with plans to increase to circa 430 in 2020-21.
- **Spend**: NHS Resolution spent £2.4bn on clinical negligence claims in 2018-19, and the annual ‘cost of harm’ incurred was approximately £9bn.
- **NHS Resolution manages the second-highest liability in Government.** As at 31 March 2019, the provision for future claims liabilities stood at £83.4bn.
- **Legislative basis**: NHS Resolution is a Special Health Authority. It was established as the NHS Litigation Authority in 1995 and re-launched as NHS Resolution in 2017. Its legal name remains NHS Litigation Authority.

Links to relevant docs

- **Our strategy to 2022**
  

  (NB. The 2020-21 Business Plan is expected to be published in early April 2020)

- **Early Notification scheme progress report**
  

- **Evaluation of NHS Resolution’s claims mediation service**
  
  [an evaluation of our claims mediation service](https://resolution.nhs.uk/wp-content/uploads/2019/07/NHS-Resolution_Being-fair-Website2.pdf)

- **Being Fair guidance**
  
Section 2: How to Apply

2.1 Making an application

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

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

appointments.team@dhsc.gov.uk – please quote VAC-1674 in the subject field.

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

Daniel Clemence Department of Health and Social Care, Room 1N09, Quarry House, Quarry Hill, Leeds, LS2 7UE

Applications must be received by midday on 4th May 2020.

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 specific 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 NHSR, 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 on 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 (including any convictions or bankruptcy) that could, if you were appointed, be misconstrued, cause embarrassment to Ministers or NHSR 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 and blogs. Due diligence may be carried out on any publicly available information and shared with the Advisory Assessment Panel.

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:


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

If you wish to discuss any queries on conflicts, please see the contacts section.

CV

Please ensure your CV includes:

- Your full name, title, home address, personal contact telephone numbers (land line and mobile), personal email address and details of any twitter accounts and LinkedIn accounts including your twitter handle/username.

- 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.

Political activity information is primarily for monitoring purposes only, however if you are shortlisted for interview, this information will be shared with the selection panel. The reason for this is that it is appreciated that such activities may have given you relevant skills, including experience gained from committee work, collective decision-making, resolving conflict and public speaking. If you have had such experience and you consider it relevant to your application for this post, you should also take the opportunity to include it separately in your supporting statement. If possible, you should not, however, identify the relevant political party in your statement.

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**

The Department of Health and Social Care has appointed Odgers Berndtson to provide executive search support to this recruitment campaign. For an informal discussion about the role, please contact:

Carmel Gibbons  
Tel: 020 7529 1128  
Email: Carmel.Gibbons@odgersberndtson.com
Or Samantha Larkin, PA to Carmel Gibbons  
Tel: 020 7529 6314  
Email: Samantha.Larkin@odgersberndtson.com

For further information regarding the selection process, please contact

Daniel Clemence  
Appointments Team  
Tel: 0113 2545335  
Email: Daniel.Clemence@dhsc.gov.uk

For further information regarding the role of NHSR and the role of the Chair please contact:

William Vineall  
Tel: 020 7210 2817 / 07887 832414  
Email: William.vineall@dhsc.gov.uk

Please quote reference VAC-1674 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 4th May 2020
- Shortlisting complete: 04 June 2020
- Interviews held: 03 July 2020

The selection panel will be:

- Lee McDonough, Director General for Acute Care and Workforce (panel chair),
- William Vineall, Director, Acute Care & Quality Policy (panel member)
- Richard Douglas, Non-Executive Director, NHS England as the Independent Panel Member

The Governance Code on Public Appointments requires all Advisory Assessment Panel members to declare any political activity within the last five years.

All panel members have declared that they have not taken part in any political activity within the last five years.

After the closing date for applications:

- The Department of Health and Social Care may commission a pre-assessment of candidate applications which would then be provided to the Panel for consideration and to inform the shortlisting process. By applying, you are agreeing to your application being shared with another party for pre-assessment. The pre-assessor and the panel are reliant on the information you provide in your CV and supporting letter to assess whether you have the skills and experience required. Please ensure that you provide evidence to support how you meet all the essential criteria. It is the responsibility of the panel to determine who it believes best meet the criteria for the role, and who will be invited to interview.

- Interviews will be held on 03 July 2020.

- 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 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 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 Ministers who will make the final decision. Ministers 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 Ministers appointing you as the Chair of NHSR, which will confirm the terms on which the appointment is offered.

• Please note that due to the volume of applications that are received it is not possible to routinely provide feedback to those not shortlisted for interview

• If you apply under the GIS scheme and you are not shortlisted for interview, we can provide a summary of the assessment of your written application, if you choose to request feedback.

• 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 prepare for and attend an interview, and that feedback is a valuable part of the process. Following interviews, the letter which confirms the outcome of the appointment process 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 the status of your application, please contact Daniel Clemence on: Daniel.Clemence@dhsc.gov.uk
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

The Department of Health and Social Care 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 Charlotte Broughton in the Department of Health and Social Care by emailing Charlotte.Broughton@dhsc.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 or Email: publicappointments@csc.gov.uk
2.3 Disqualification from Appointment

Accountability

The Chair is appointed by the Secretary of State and accountable to the Secretary of State for carrying out their duties and for their performance.

Disqualification from appointment

There are circumstances in which an individual may not be considered from appointment. For more information on the disqualification criteria, please refer to The National Health Service Litigation Authority Regulations 1995 (and subsequent amendments): https://www.legislation.gov.uk/uksi/1995/2801/made

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.

Further advice about Disqualification from Appointment can be provided by contacting Cheryl Lynch on 020 7210 5143.
2.4 How we will manage your personal information

Your personal information will be held in accordance with the General Data Protection Regulation. You will not receive unsolicited paper or electronic mail because of sending the Department of Health and Social Care 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 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 to help fulfil either the Commissioner’s formal complaints investigation role or for audit purposes.