

NHS Resolution **Resolution through** **collaboration**

2025/26 Business Plan



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Our strategy at a glance

Who we are

We are part of the NHS, operating at arm's length from the Department of Health and Social Care.

Our services

Indemnity and Claims Management: Comprehensive cover and claims management for NHS services.

Advice: Supporting the NHS with concerns about practitioner performance.

Appeals: Offering impartial resolution of primary care contracting disputes.

Safety and Learning: Using the information we hold to support improvement.

Our priorities



Fair resolution

All of our services will focus on fair and timely resolution, keeping patients and healthcare staff out of litigation and other formal processes to minimise distress and cost.



Data and insights

We will contribute our unique data and insights to learn from harm and the response to harm across the health and justice systems.



Maternity and neonatal

We will draw on our unique position and work with our system partners to support maternity and neonatal safety improvements.

Our strategy is driven by our priorities, supported by our people and systems.

Our values

Professional: we are dedicated to providing a professional, high quality service.

Expert: we bring unique skills, knowledge and expertise to everything we do.

Ethical: we are committed to acting with honesty, integrity and fairness.

Respectful: we treat people with consideration and respect and encourage supportive, collaborative and inclusive team working.

Introduction

Welcome from our Chair and Chief Executive

Welcome to our 2025/26 business plan. This discusses in detail our financial and delivery plans for the first year of our three-year strategy – *Resolution through collaboration*.

The challenges faced by the health service are serious, with the costs of clinical negligence currently amounting to £5.1 billion annually¹ against a background of constrained public finances. NHS Resolution has delivered reliable and comprehensive indemnity solutions for the NHS for 30 years, offering the best value for public funds and supporting open, compassionate care in which litigation (where required) is not seen as a barrier to transparency.

Over the next three years, we will continue to focus on supporting trusts to deliver safe, personalised and compassionate patient care with a specific focus on our work in maternity and neonatal care, recognising it remains an important area of concern for the NHS.

Our focus will remain on ensuring fair and timely resolution, keeping patients and healthcare staff out of litigation and other formal processes to minimise distress and cost. In addition, we will continue to provide expert advice and support on the management of concerns about the performance of doctors, dentists and pharmacists, whilst also continuing to fairly and promptly resolve appeals and disputes between primary care contractors and commissioners.

This year we will continue to embed our Claims Evolution Programme and deliver its benefits, using our expert workforce more effectively to ensure efficiency and effectiveness. We will also enter the final stages of implementing our new case management system, CaseHub. CaseHub moves us to a state-of-the-art technology platform for the future, making it easier for our members to interact with NHS Resolution whilst increasing our analytical capability and enable us to learn more from the cases we handle.

¹ The cost of harm represents the cost of claims resulting from incidents from a specific financial year. For further information, please see [2023/24 Annual Report and Accounts](#) (page 72).

We will share our insights with frontline clinicians, legal teams and trust boards to learn from and improve the system-wide response to harm whilst ensuring that options for patients are clearly explained and that we continuously improve the impact of our products and services.

We will draw upon our unique position and work with our system partners to support maternity and neonatal safety improvements. This year, we will see the conclusion of the evaluations of our Maternity Incentive Scheme (MIS) and Early Notification (EN) scheme. Findings from both evaluations will support our continued efforts to contribute to improved maternity and neonatal care

Underpinning our in-year work plan is a commitment to our people-centred activity, in addition to identifying where we can be as effective and efficient as possible in delivering our core services. As part of this work, we will explore options to use artificial intelligence (AI) and other digital tools for improved data analysis.

We are grateful to our NHS partners, our sponsoring department and to our own staff for their continued commitment and hard work to ensure we deliver all that we set out to achieve in our ambitious annual plan.

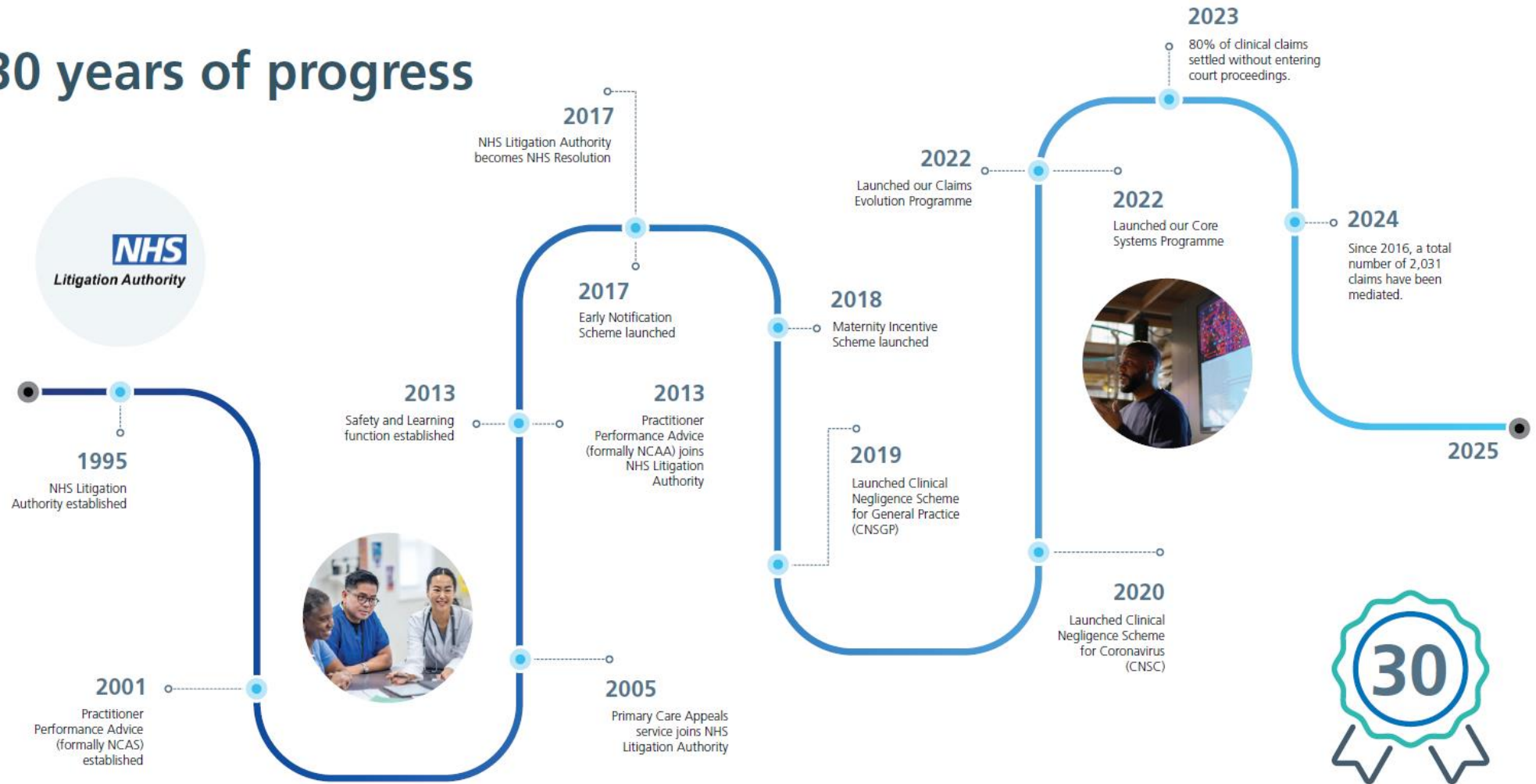


Who we are and what we do

We are part of the NHS, operating as an arm's-length body of the Department of Health and Social Care (DHSC), tasked with:

- Administering a range of **indemnity schemes** to cover the risks involved in delivering general practice and secondary healthcare services in England and handling associated compensation claims.
- Providing **expert advice and support on the management of concerns** about the performance of doctors, dentists and pharmacists.
- **Resolving contracting disputes** between primary care contractors and commissioners of primary care, operating independently and transparently.
- Using our unique perspective across the causes of claims, performance concerns and contracting disputes to provide insights back to the NHS to help to **improve safety and manage risk**.

30 years of progress



Our priorities for 2025/26

We will focus on the efficient delivery of our core services, and to a high standard. In parallel we will drive forward necessary and planned changes and improvements to our services and how we operate, to ensure we are keeping pace with wider changes in the NHS and justice systems. We will take advantage of opportunities such as developments in technology and any upcoming changes in the legal environment.

Strategic priority 1: Fair resolution

What success will look like: All of our services will focus on fair and timely resolution, as far as possible keeping patients and healthcare staff out of litigation and other formal processes to minimise distress and cost.

In 2025/26, we will:

- Deliver a range of dispute resolution options including resolution meetings, mediation, early neutral evaluation and stock takes. This will include procuring a new legal panel framework.
- Implement effective processes to manage any changes in the legal market such as Fixed Recoverable Costs (FRC).
- Continue to deliver and continuously improve the Early Notification (EN) Scheme and complete its formal evaluation in collaboration with THIS Institute. We will collaborate with stakeholders to further develop the scheme, including the EN family liaison service.
- Deliver the next phase of our Claims Evolution Programme, using our expert workforce more effectively to reduce the amount we spend on external lawyers. Specifically, we will be focusing this year on:
 - expanding our Pre-Litigation service, increasing the volume of low and medium-value claims that are being managed in-house

- testing processes for managing higher-value claims in-house whilst exploring whether alternative suppliers could deliver further cost efficiencies
- exploring how technology such as our new system, CaseHub, could enable future process efficiencies

In 2025/26 our [Practitioner Performance Advice](#) service will strengthen its capabilities in order to provide an impartial advisory service and respond to a sustained increase in the number of new advice cases Advice has seen over the last couple of years. The service will deliver:

- a consistently excellent case advice service, PLR applicant check process and HPAN scheme.
- an assessment and intervention service that facilitates opportunities for reflective practice and behaviour change.

This work will be enabled and supported by a programme of continuous improvement and we will further develop CaseHub to realise the benefits the system can offer. We will also invite senior healthcare leaders to join a reference group that will inform our service development endeavours, making sure that what we do is aligned with what our service users genuinely need.

Our [Primary Care Appeals](#) service will continue to provide prompt and fair resolution of appeals and disputes between primary care contractors, or those wishing to provide primary care services, and the commissioners of primary care services. In 2025/26, we will deliver resources and training to our key stakeholder to build capacity for fair resolution and continue to respond to changing casework requirements to ensure effective use of resources to support primary care delivery.

Across all of our functions, we will also continue to operate and continuously improve our framework to manage concerns referred to our Significant Concerns Group. We will further modernise our operations, including the implementation of SharePoint which will support more effective working practices and improved governance in relation to documentation.

Strategic priority 2: Data and insights

What success will look like: We will contribute our unique data and insights to learn from harm and the response to harm across the health and justice systems.

In 2025/26, our [Safety and Learning](#) function and our Advice service will continue to work in partnership with others in the health system to ensure that we collectively prioritise and rigorously test the work that we do, ensuring that it adds value, can be implemented, contributes towards improvement and will give staff practical tools to implement necessary change.

In 2025/26, we will:

- Work with stakeholders at every level, from frontline clinicians to legal teams and leaders to improve the system-wide response to harm and ensure that options for patients are clearly explained.
- Deliver evidence driven expert views and practical tools through Advice insights and education programmes, to encourage learning with the wider healthcare sector and build local capacity and capability to resolve concerns in a fair, timely and proportionate way.
- Work closely with the DHSC, other government departments and other arm's-length bodies, contributing our data and expertise. We will continue to support efforts to explore options for change as part of our national role as experts in healthcare compensation claims arising from healthcare.
- Support the sharing of our data and insights by migrating our Claims and Appeals services to CaseHub. By the end of the year, the implementation of our Core Systems Programme will be complete. As part of our business-as-usual activity, we will continually improve and update the functionality of CaseHub.

Strategic priority 3: Maternity and neonatal care

What success will look like: Our Early Notification (EN) and Maternity Incentive Schemes (MIS) will help to drive tangible improvements both in outcomes but also the response to harm, drawing on learning from obstetric and neonatal claims.

We recognise that avoidable errors in maternity and neonatal services still occur and that incidents have devastating consequences for the child, mother and wider family, as well as the NHS staff involved. We can never reverse the damage that has been caused, but we can play our part to support those affected by these incidents and bring in measures to contribute to improved maternity and neonatal care.

In 2025/26, we will:

- Continue to deliver and improve the Maternity Incentive Scheme (MIS) and complete its formal evaluation in collaboration with THIS Institute.
- Support a just and learning culture in maternity and neonatal services.
- Support cross-system action to tackle maternal and neonatal health inequalities.
- Continue to offer our maternity team reviews via our Advice service.
- Work collaboratively with partner organisations who contribute to the delivery of safe maternity and neonatal care, including via the MIS Clinical Advisory Group and representation on national steering groups and committees.
- Deliver timely investigations and fair support and compensation to harmed individuals where negligence has caused the harm.

Our governance

Governance framework and structures

We report on the organisation's performance to the NHS Resolution Board and to the DHSC on a regular basis in accordance with our Framework Agreement with the DHSC.

Our chief executive, as NHSR's accounting officer, and the NHS Resolution Board are responsible for advancing NHS Resolution's strategic aims and objectives in alignment with our overall strategic direction.

The NHS Resolution Board has four committees to enable it and our accounting officer to discharge their responsibilities.

The four committees are as follows:

- Audit and Risk Committee (ARC)
- People Committee (PC)
- Remuneration and Terms of Service Committee (RemCo)
- Reserving and Pricing Committee (RPC)

The committees are each made up of members of the NHS Resolution Board and chaired by a non-executive director. In addition, appointments of independent members who are not full board members are made to ARC, RPC and PC to provide access to a broader range of relevant skills and experience.

Further information on our governance structures and the role of the Board and its committees can be found on our website [here](#).

Executive leadership

The senior management team (SMT) includes the directors from across the organisation. Our chief executive, as NHR's accounting officer, reports on the work of the SMT to the Board and holds members of the SMT to account for delivering against agreed objectives which are linked to delivery of our strategy and business plan. The SMT discusses issues concerned with the activity of NHS Resolution for which the SMT has oversight of and/or approval is required. This includes resource management, planning and performance, governance arrangements, complaints and stakeholder management. The SMT reviews particular areas of our activity or areas of development and considers any changes in the internal and the external environment that may have an impact on NHS Resolution and its services. There are regular risk review sessions to ensure we have controls and treatments in place to mitigate risks and bring them within appetite.

SMT governance sub-groups

We have established internal governance groups that provide operational leadership on matters related to business plan delivery. These groups provide assurance to the SMT through regular reporting and the escalation of any risks or issues that could impact our business objectives.

Governance and accountability

We have in place a system of internal controls/governance which includes policies, procedures, practices and organisational structures designed to provide reasonable assurance that objectives will be achieved and that any risks will be eliminated where possible.

Capacity to handle risk

Through our risk management framework, we regularly consider the risks and issues that could have an impact on the achievement of our business objectives. This includes consideration of the controls we have in place to mitigate those risks and, where required, developing plans to bring those risks within appetite. Risk reporting and escalation is set out in our risk management policy and procedure, which is published on our website [here](#).

Management assurance

Our assurance framework brings together governance and quality linked to our strategic objectives. Its purpose is to ensure that systems and information are available to provide assurance on identified strategic and operational risks and that such risks are being controlled and objectives achieved.

Internal audit

Our internal audit plan is developed in conjunction with management and the Audit and Risk Committee to focus on areas of risk, and provide insight, advice and assurance on our internal controls. Further information on our assurance and controls can be found in the Governance section of our Annual Report and Accounts, which can be found [here](#).

Our performance

We review our performance metrics annually to ensure they continue to reflect our strategic priorities and the external environment. These metrics are monitored through our internal performance framework, including bimonthly performance reporting to NHS Resolution’s Board, as well as through quarterly accountability meetings with DHSC.

Table 1: Annual Key Performance Indicators

Fair Resolution

No	Annual KPI	Area	Target ²
1	Time to resolution from claims decision to agreement of damages	Claims Management	Internal
2	Reduction in volume of cases that enter litigation before appropriate dispute resolution	Claims Management	Internal
3	80% of pharmacy appeals where decision maker agreed with the recommendation of the case manager	Primary Care Appeals	80%
4	90% of advice and other case interventions delivered within target timeframe	Practitioner Performance Advice	90%
5	90% of all exclusions/suspensions critically reviewed (where due)	Practitioner Performance Advice	90%

² KPIs with internal targets are not reported externally due to commercial sensitivity.

6	Reduction in the time from notification to a decision on entitlement to compensation on an Early Notification Scheme case compared to a similar cerebral palsy case received via the traditional claims route	Claims Management	Internal
7	Significant concerns ³ <ul style="list-style-type: none"> • Demonstrate that concerns raised through our Significant Concerns Group have included relevant qualitative information • Demonstrate that concerns raised through our Significant Concerns Group have appropriate steps taken (combination of appropriate steps and actions completed) • Demonstrate that concerns raised through our Significant Concerns Group have appropriate steps taken in a timely way 	Organisation-wide	100%

Data and insights

No	Annual KPI	Area	Target
8	Demonstrate engagement with the system to share learning products/services; respond to feedback on these; and review evidence of uptake/implementation	Safety and Learning	90%
9	90% of delegates rate the workshops not less than 4 out of 5 for overall quality	Practitioner Performance Advice	90%

³ This KPI has been included to monitor the effectiveness of the framework's operation to manage concerns which have been referred by individual functions to the cross-organisational Significant Concerns Group. More information about NHS Resolution's Significant Concerns Group can be found on pages 52–53 of [NHS Resolution's 2022/23 Annual Report and Accounts](#).

Maternity

No	Annual KPI	Area	Target
10	EN clinical review within 30 days of acceptance within the Early Notification Scheme	Safety and Learning	100%
11	Incentive Scheme reverification processes completed within their respective predefined timescales	Safety and Learning	90%

All services

No	Annual KPI	Area	Target
12	Management of budgets within net Departmental Expenditure Limits. Measured as income from members plus budget from DHSC vs expenditure.	Finance	No overspend, underspend within 5%

Strategic risks

We routinely consider the challenges and risks to NHS Resolution in relation to the delivery of our strategic priorities, business plan and budget.

For the 2025–28 strategic period, our risk management focus will be on the following areas:

Strategic risk	Action we will take
The rising cost of clinical negligence	Identifying further opportunities that are within our direct control to effectively manage the rising cost of clinical negligence within the current legal frameworks we operate in.
Ensuring that our services remain fit-for-purpose	Regularly reviewing the capability within our existing resources to implement continuous improvement initiatives across all of our services, alongside our business-as-usual work.
Changes in the external environment	We will take a proactive approach to planning for and implementing policy changes that require changes to our business processes.

Our people

Our people are key to our success. On the first year of our 2025–28 strategy, we will review the support and development we provide to our staff to make the most of the skills and expertise that they bring to our organisation. Talent management, succession planning, learning and development, and training needs (including leadership, management, practical and technical skills) will be specifically aligned to our strategic objectives.

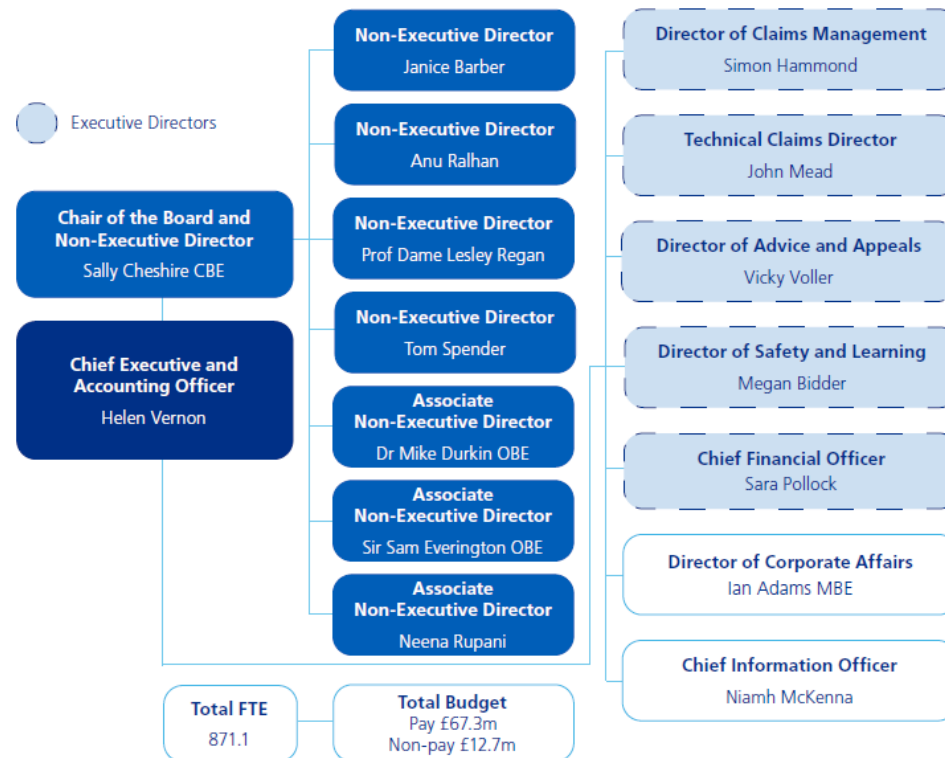
With the launch of CaseHub, we will ensure that our people are supported with the practical and technical challenges of adopting a new system whilst simultaneously reshaping our teams to meet the requirements for ongoing system development and support.

As our Claims Evolution Programme moves into the next phase, we will ensure that we support our teams with the highest quality technical training and equip them with the tools and processes to deliver its objectives. We will ensure that our managers are developed and supported to lead their teams whilst being empowered to respond in a timely and compassionate way to people issues, with streamlined clear policies, training and guidance.

A review of all our functions will ensure that they are right-sized for the delivery of our services and operating efficiently.

Overview of our resource and full time equivalent (FTE) for 2025/26

Figure 1: Overview of our resource and full-time equivalent (FTE) for 2025/26⁴



⁴ The pay and non-pay figures have been rounded up to one decimal place. There is also additional Practitioner Performance Advice income of £1m, offsetting associated expenditure, giving an overall envelope of £79.0m.

Our resources

This section sets out our revenue funding streams and planned expenditure against them. The relative size of the various schemes we operate are shown in the graphs and highlight the scale of the Clinical Negligence Scheme for Trusts (CNST) relative to our other activities.

NHS Resolution receives funding in two ways:

- Income from members of our indemnity schemes and from customers of training and other services offered.
- Grant-in-aid funding (cash financing) for services determined by the DHSC (Tables 3 to 5 show the various elements of our budgetary framework). The Revenue Resource Limit is the budget total for our revenue expenditure net of income.

As illustrated in Figure 2, our total expenditure budget for 2025/26 is currently £3,387.6 million, the majority of which (97.7%) is spent on resolving claims. Our total administration costs represent less than 2.3% of our overall expenditure.

Of the above £3,387.6 million, NHS members contribute £3,057.0 million in income as part of indemnity scheme membership, and total funding from DHSC is £330.6 million. Additionally, we plan to generate £1.0 million of income to cover the cost of delivering Advice services not stated as free to customers outside of England.

Our planned growth relates to our Claims Evolution Programme which involves insourcing work to deliver greater financial savings against NHS legal costs. As the implementation of our new case management system comes to an end in the first year of our strategy, we expect reduction in our staff numbers within supporting functions. Our ongoing focus will remain on continuous improvement, with greater opportunities for identifying and delivering efficiencies with the application of new technology.

Figure 2: A breakdown of NHS Resolution's total expenditure budget for 2025/26

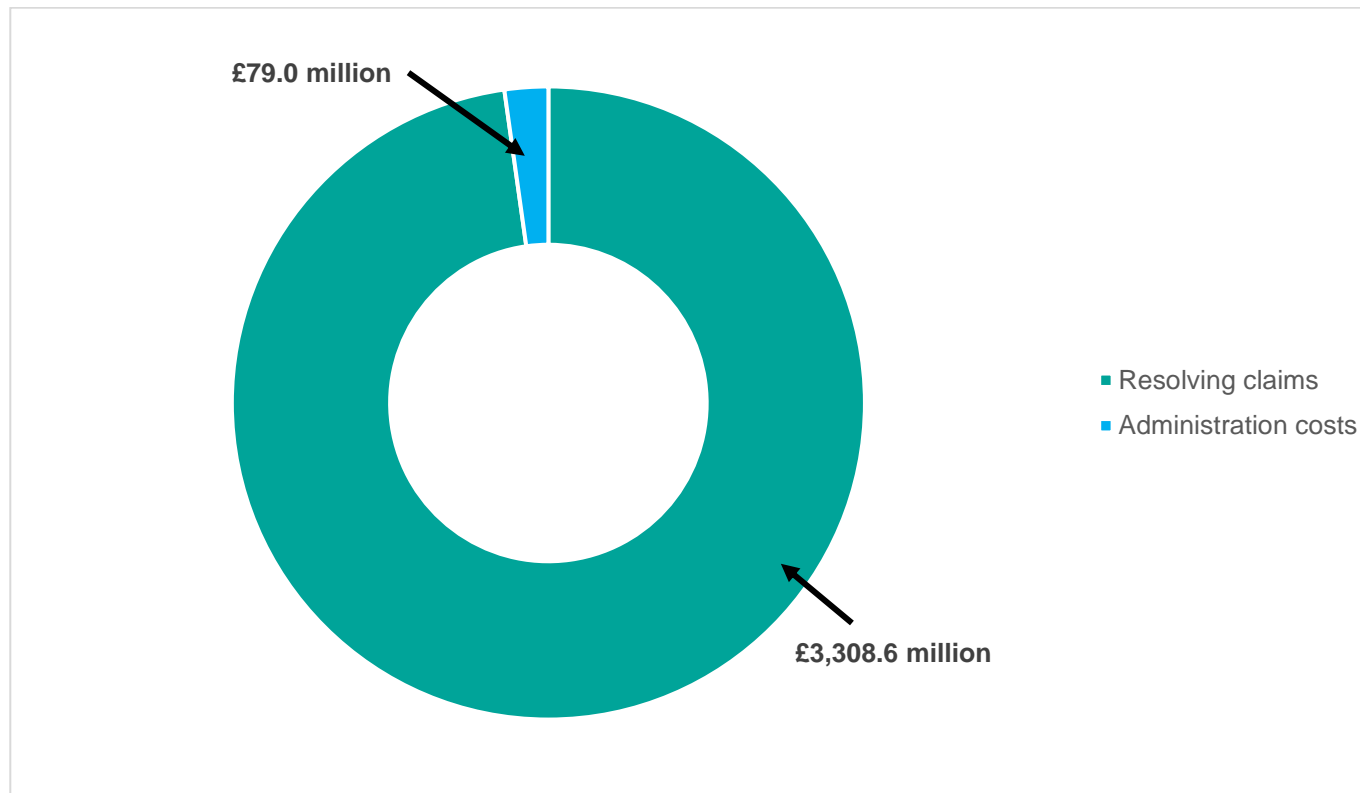


Table 3: Current annual expenditure 2025/26

Indemnity scheme expenditure	£m
Clinical Negligence Scheme for Trusts	2,951.0
Liabilities for Third Parties Scheme	42.0
Property Expenses Scheme	8.0
Department of Health and Social Care clinical liabilities	95.3
Existing Liabilities Scheme	32.3
Department of Health and Social Care non-clinical liabilities	8.3
Ex-Regional Health Authority	1.6
Clinical Negligence Scheme for General Practice	72.2
Existing Liabilities Scheme for General Practice (MPS and MDDUS)	95.3
Clinical Negligence Scheme for Coronavirus	2.4
Total Indemnity Scheme Expenditure	3,308.6

Administration expenditure	£m
Member-funded Schemes Administration	55.9
Administration of General Practice Indemnity Schemes	16.2
Administration of Coronavirus Indemnity Schemes	0.6
Grant in Aid Expenditure for Practitioner Performance Advice and Primary Care Appeals	6.3
Total Indemnity Scheme Expenditure	79.0

Table 4: Current annual budget 2025/26 – ring-fenced depreciation and impairments

Ring-fenced depreciation and impairments	£m
- Depreciation	2.5
- Impairments	
Total ring-fenced depreciation and impairments	2.5

Capital expenditure

Table 5: Capital expenditure

Capital expenditure	£m
Capital expenditure 2025/26	0.6
Total capital expenditure	0.6

How to contact us

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