NHS Resolution
2026/27 Business Plan

Resolution through collaboration

Contents

Our 2025-28 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 2026/27 business plan, which sets out our financial and delivery plans for the second year of our 2025–28 strategy – *Resolution through collaboration*. This year, we continue our commitment to delivering fair, timely and effective resolution for patients, healthcare staff and the wider NHS, while driving forward improvements that keep pace with changes in the health and justice systems and support the delivery of safer healthcare for patients.

We are fully committed to supporting the delivery of the NHS 10-year plan with its three strategic policy shifts, and our priorities for the coming year reflect our ongoing focus on **ensuring that our services continue to minimise both distress and cost by keeping patients and staff out of litigation and other formal processes wherever possible, and by evolving our processes to deliver the best possible outcomes.** We welcome the recent reports on the costs of clinical negligence by the National Audit Office and the Public Accounts Committee respectively. Both reports have provided valuable insights and we are proud that both reports recognised NHS Resolution's achievements in increasing the proportion of claims resolved without litigation and in reducing both costs and emotional distress for patients and staff. The reports also highlighted our innovative claims management approaches, such as the Early Notification (EN) scheme for maternity, claims mediation and stock-take meetings, which continue to contribute to more effective and compassionate resolution of claims. We will continue to work with ministers and officials across Government to tackle the wider issues raised by the reports, including supporting the work of David Lock KC.

Our Practitioner Performance Advice service will deliver expertise needed by frontline organisations to support the fair, timely and proportionate resolution of performance concerns, enabling the retention of a skilled and valued clinical workforce to deliver safe and effective patient care. At the heart of our approach is understanding the root causes of concerns, the context and culture in which concerns arise, and engaging in meaningful dialogue on these issues with our frontline service users, practitioners and stakeholders.

Our Primary Care Appeals service will deliver a fair, prompt and cost-effective appeals function that avoids the need for the parties to pursue costly and prolonged legal processes, involving judicial review or civil litigation. We will continue to be responsive to the

changing healthcare landscape to achieve resolution, supporting local resolution of disputes by providing training and resources to build capacity and capability at a provider level.

We will **leverage our unique data and insights to learn from harm and improve the response to the issues we see across the health and justice systems**. We are proud to be a trusted source of data, learning and practical tools for our partners across the NHS and, in line with the conclusions of the Dash review, we will explore new opportunities to maximise the impact of our learning resources. Our unique perspective – gained from managing claims, supporting practitioner performance and resolving primary care disputes – enables us to develop resources that drive improvement and support safer care. We are committed to sharing these resources widely with the system, whether through education materials, learning events or digital platforms. We are also committed to engaging with artificial intelligence (AI) and other digital tools to drive efficiencies and enhance our data analysis, always taking a balanced approach that respects data sensitivity and aligns with government guidelines.

We will continue to **drive improvements in safety in maternity and neonatal care** through our EN scheme and Maternity Incentive Scheme (MIS) and our wider work in this area, as reflected in our strategic priority. We will do this by responding to findings from the independent evaluations of our schemes, which will help us develop these schemes to ensure they continue to drive safety improvements and support families and NHS staff affected by incidents. We will also support the work of our partner organisations and the wider maternity and neonatal system through our chairing of the system-wide MIS Collaborative Advisory Group.

We recognise the importance of adapting to the external environment, including developments in policy, technology and the wider NHS landscape. The integration of our continuous improvement programmes, CaseHub and our Claims Evolution Programme, into business-as-usual will help us deliver more efficient and responsive services. As we look ahead, we will continue to support our people, invest in their development and maximise the use of AI and digital tools to provide more comprehensive analysis and improve transparency and efficiency across our services.

Thank you for your continued support as we work together to resolve, learn and improve for the benefit of patients, staff and the NHS as a whole.

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 and resolution 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 **improve safety and manage risk**.

30 years of progress

1995
NHS Litigation Authority established

2001
Practitioner Performance Advice (formally NCAS) established

2013
Safety and Learning function established

2013
Practitioner Performance Advice (formally NCAA) joins NHS Litigation Authority

2005
Primary Care Appeals service joins NHS Litigation Authority

2017
NHS Litigation Authority becomes NHS Resolution

2017
Early Notification Scheme launched

2018
Maternity Incentive Scheme launched

2019
Launched Clinical Negligence Scheme for General Practice (CNSGP)

2020
Launched Clinical Negligence Scheme for Coronavirus (CNSC)

2022
Launched our Claims Evolution Programme

2022
Launched our Core Systems Programme

2023
80% of clinical claims settled without entering court proceedings

2024
Since 2016, a total number of 2,031 claims have been mediated

2025

30

Our priorities for 2026/27

We will continue to focus on the efficient delivery of our core services 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 system and partnering with others to improve patient safety. We will take up opportunities such as developments in technology, including the continued deployment of AI and any upcoming changes in the legal environment.

Strategic priority 1: Fair resolution

What success will look like: All of our services will continue to minimise both distress and cost by keeping patients and staff out of litigation and other formal processes wherever possible, and evolve to deliver the best possible outcomes.

In 2026/27, our Claims Management service will:

- Work closely with the NHS and claimant representatives to understand and respond to changes in the legal environment, to collectively ensure that we are delivering fair and effective management of claims.
- Continue to deliver a range of dispute resolution options including resolution meetings, mediation, early neutral evaluation and stock-takes. This will be supported by a new legal panel framework.
- Continue the expansion of our pre-litigation service so that it becomes the standard way for managing low- and medium-value claims.
- Continue the testing and expansion of managing higher-value claims in-house, reducing our reliance on external suppliers to manage claims at pre-litigation stage. We will also continue to explore alternative suppliers and technological solutions to deliver further cost and process efficiencies.
- Evolve our EN scheme and processes as part of our response to the findings of our EN evaluation and as part of our ongoing commitment to strengthen our collaboration with the Maternity and Newborn Safety Investigations team.

In 2026/27 our Practitioner Performance Advice service will:

- Strengthen its capabilities through our Fit for Future change programme. As we continue to see a sustained increase in the number of new advice cases, the service will embed changes to roles, ways of working and processes, with a focus on strengthening leadership capacity to be able to progress workstreams on continuous professional development and quality assurance.
- Deliver fair, respectful and expert advice and interventions which ensure the resolution achieved is focused on service quality, retention and practitioner experience. We will also proactively challenge management practice that puts patients and/or practitioners at risk.

In 2026/27 our Primary Care Appeals service will:

- Continue to deliver a fair, prompt and cost-effective appeals function, acting in accordance with our directions and relevant regulations. We will ensure that we remain responsive to a changing primary care landscape.

Across all of our functions, we will continuously improve our approach to emerging and significant concerns. This will include ensuring effective systems are in place to share information internally and externally where we see instances of harm or potential harm.

Strategic priority 2: Data and insights

We will continue to work closely with the DHSC and others, 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.

What success will look like: We will leverage our unique data and insights to learn from harm and improve the response to the issues we see across the health and justice systems.

In 2026/27 our Safety and Learning and Advice functions will:

- Continue to work with stakeholders at every level, from undergraduate healthcare professionals to Board-level executives, to improve the regional and system-wide response to harm, including considering how the professional and statutory duties of candour are effectively fulfilled, and just and learning cultures are embedded. We will do this in collaboration with system partners and professional bodies, including the National Quality Board.

- Continue to work in partnership with others in the health system to ensure that we collectively prioritise and rigorously test the work we do and the data and insights we provide, ensuring that it adds value, can be implemented, contributes towards improvement and will give staff practical tools to implement necessary change. This will include considering new methodologies to evaluate the impact of our work.

- Deliver a wider suite of learning resources, education materials and practical tools, including insights publications, expert views and practice perspectives.

- Roll out our Compassionate Conversations Train the Trainer model to trusts and launch a practitioner insight learning tool, all of which help to build local capacity and capability to resolve concerns in a fair, timely and proportionate way. This will be in addition to our core education programmes including Maintaining High Professional Standards, Case Manager and Case Investigator training.

In 2026/27 our Appeals function will:

- Be responsive to our Appeals operating environment and identify any learning resources and training needed by our key stakeholders in order to build capacity and capability for the fair resolution of disputes at a local level.

Strategic priority 3: Maternity and neonatal care

We recognise that avoidable harm in maternity and neonatal services still occurs, with devastating consequences for the baby, parents and wider family, as well as for the NHS staff involved. We can never reverse the resulting damage, but we can play our part to support those affected by avoidable harm and work with the system to improve maternity and neonatal care.

What success will look like: We will evolve our Early Notification and Maternity Incentive schemes by responding to findings from their independent evaluations to drive improvements in safety and to continue to contribute to wider maternity and neonatal safety improvements, as reflected in our strategic priority.

In 2026/27, we will:

- In line with our strategic commitments, continue to work collaboratively with partner organisations who contribute to the delivery of safe and effective maternity and neonatal care, including via the MIS Collaborative Advisory Group and representation on national and regional steering groups and committees.

- Publish the MIS evaluation and launch MIS Year 8 as a transitional year, drawing on findings from the evaluation and emerging national priorities, consolidating MIS's role as both a driver of safety improvement and a mechanism for shared accountability across the maternity and neonatal system. Develop the scheme further for Year 9, considering recommendations from the National Maternity and Neonatal Investigation and Taskforce, and ensuring our work supports identified priorities where possible.

- Complete the EN scheme evaluation and draw on the findings to evolve the scheme, including reviewing the role of our Maternity Voices Advisory Group to ensure it effectively represents the families we support.

- Continue to develop our Family Liaison service, so that families receive personalised support where possible.

- Continue to ensure our Advice service supports the management of resolution of individual and team performance concerns in maternity and neonatal services.

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 NHS Resolution'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, PC and RPC 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.

Executive leadership

The senior management team (SMT) includes the directors from across the organisation. Our Chief Executive, as NHS Resolution'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 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.

Management assurance

Our assurance framework brings together governance and quality processes and measures 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.

Capacity to handle risk

Through our risk management framework, we ensure that controls are in place to mitigate risks and that plans are developed to actively manage and monitor key risks as they arise. Scenario planning and horizon scanning enable us to anticipate changes in the internal and external environment, even where such factors cannot be accurately forecast.

Emerging risks are identified and assessed with established escalation and assurance processes, enabling a timely and effective response to new challenges. Risk reporting and escalation is set out in our risk management policy and procedure, which is published on our website.

Internal and external audit

Our internal audit plan is developed in conjunction with management and the ARC 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. External audit, through the National Audit Office provides assurance and external oversight of our accounts and focus on delivering value for money.

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.

Under our framework agreement with DHSC, we report quarterly on four of our most strategically important performance metrics taken from our set of annual key performance indicators (KPIs). A summary of performance for 2025/26[1] and the preceding two years is presented in Annex A. Overall, we have demonstrated a sustained improvement across key fair resolution and financial KPIs over the three-year period. The proportion of cases entering litigation before appropriate dispute resolution remains consistently well below the <15% target, improving further from 5.1% in the previous year to 3.7% in 2025/26, reflecting effective early resolution.

Performance under the EN scheme has also continued to strengthen, with decision times reducing year on year from a 3.57 years baseline to 3.08 years in 2025/26, evidencing faster decision making compared to the traditional route. Financial performance remains strong, with budgets managed within Departmental Expenditure Limits within the required target. While reported time to resolution has increased over the period, figures for 2025/26 are not directly comparable with previous years due to a system change affecting case closure points; performance throughout the year has otherwise remained stable, with the apparent increase attributable to this change rather than a deterioration in delivery. Further information on NHS Resolution's performance can be found in our Annual Report and Accounts.

Table 1: 2025/26 Annual KPIs

Fair resolution

No	Annual KPI	Area	Target
1	Time to resolution from claims decision to agreement of damages	Claims Management	*TBC (based on year-end position)*

[1]2025/26 data refers to data as of 31 December 2025.

2	Reduction in volume of cases that enter litigation before appropriate dispute resolution	Claims Management	<15%
3	90% of determinations, excluding hearings, being resolved within their target time	Primary Care Appeals	90%
4	90% of Advice and other case interventions delivered within target time frame	Practitioner Performance Advice	90%
5	75% of all exclusions/suspensions critically reviewed (where due)[2]	Practitioner Performance Advice	75%
6	Reduction in the time from notification to a decision on entitlement to compensation on an EN scheme case compared to a similar cerebral palsy case received via the traditional claims route	Claims Management	3.22 years
7	Significant concerns • 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%

[2] KPI target revised to reflect a more balanced assessment of performance in the current external operating environment; methodology updated to align with the NHS Performance Framework.

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[3]	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%

Maternity and neonatal

No	Annual KPI	Area	Target
10	EN clinical review completed within 30 days of receipt of all required documents[4]	Safety and Learning	100%
11	Average participant self-assessment score improvement of at least +12% between pre- and post-Governance and Board reporting workshop evaluations[4]	Safety and Learning	85%

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%

[3] KPI methodology revised to focus on the impact of our engagement.
[4] This KPI reflects the key role that the MIS plays in strengthening governance, oversight and safety in maternity and neonatal services.

Strategic risks

We routinely consider the challenges and risks to the delivery of our strategic priorities, business plan and budget, including alternative scenarios and emerging risks.

For the 2025–28 strategic period, our risk focus is on the following areas:

Strategic risk	Action we will take
Disruptors to our strategy and business delivery	We will proactively identify and respond to developments that could disrupt our strategy or business delivery. This includes horizon scanning, scenario planning and adapting our processes and services to remain fit-for-purpose and sustainable. Where appropriate, we will work with partners to influence and implement policy changes, and continue to identify opportunities within our control to manage the impact of rising clinical negligence costs.
Ensuring that our services remain fit-for-purpose	Regularly reviewing the capability within our existing resources to implement continuous improvement initiatives across our services. Where appropriate, we will adopt digital technologies to enhance efficiency and support innovation, ensuring these advancements complement our business-as-usual activities.
Workforce capacity and capability	We will invest in the growth and development of our people, ensuring we have the right skills and capacity to deliver our strategic priorities and adapt to changing demands.

Our people

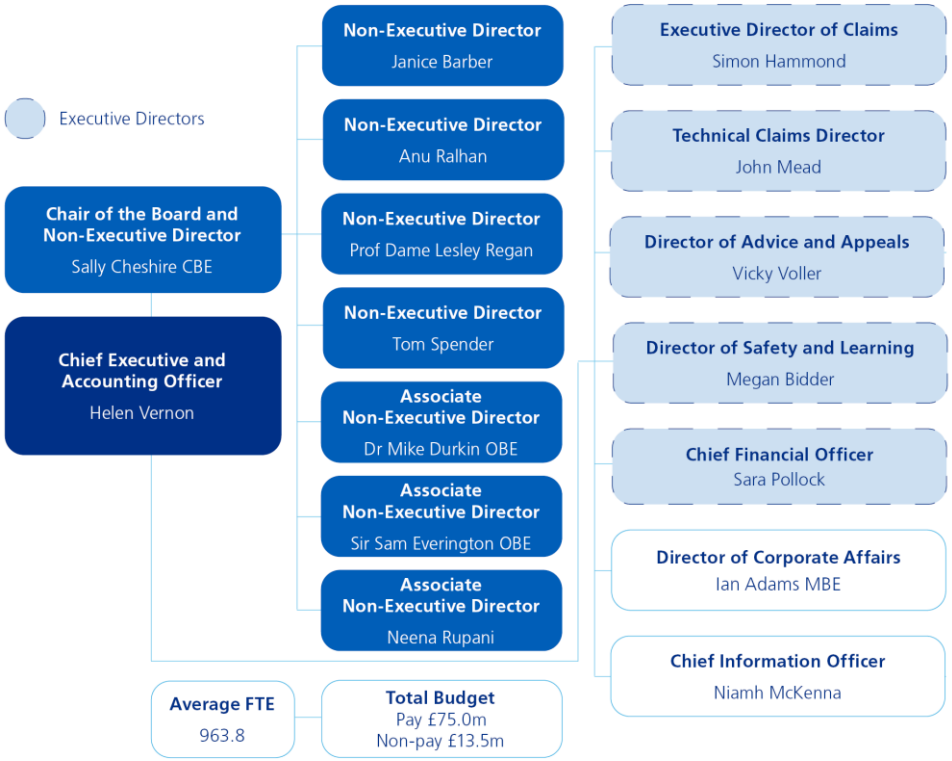
We will always consider our people to be our most important asset. As set out in Year 2 of our People Plan, our primary focus will be the ongoing growth and development of our staff to ensure they are adequately supported and equipped to deliver our strategic priorities. This will be enabled by a range of learning and development interventions identified as part of our corporate learning needs analysis.

We will commence the scoping for a Corporate Competency and Behavioral Framework which sets out the expected skills and behaviours of our people. This will support our ambition of being a focused and efficient organisation, balanced with a strong emphasis on our values and leaders actively supporting their teams.

Our intention is to continue to build a culture of continuous improvement, where our staff feel supported, enabled and recognised.

Overview of our resource and full time equivalent (FTE) for 2026/27

Figure 1: Overview of our resource and FTE for 2026/27[5]



[5] 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 £87.5m. The FTE figure provided is the average full-time equivalent staff budgeted throughout 2026/27. At year end, the March 2027 budgeted FTE is 1,005. A decision has been made to add a Director of People, which will be added into the SMT structure during 2026/27 following the completion of a recruitment process.

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 Two to Four 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 2026/27 is currently £3,654.2 million, the majority of which (97.6%) is spent on resolving claims. Our total administration costs represent less than 2.4% of our overall expenditure.

Of the above £3,654.2 million, NHS members contribute £3,300.1 million in income as part of indemnity scheme membership, and total funding from DHSC is £355.0 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 is concentrated within our Claims Evolution Programme, which involves insourcing work to deliver greater financial savings against NHS legal costs. We will see the stabilisation of staff numbers within our supporting functions, with the ongoing focus on continuous improvement and the application of new technology.

NHS Resolution has successfully implemented changes within the organisation that have resulted in tangible savings over the past few years, including starting the implementation of the Claims Evolution Programme. We maintain a drive for efficiencies and continuous improvement across all service and support areas through internal working groups and as part of the annual business planning cycle, providing quarterly updates to DHSC.

Figure 2: A breakdown of NHS Resolution's total expenditure budget for 2026/27

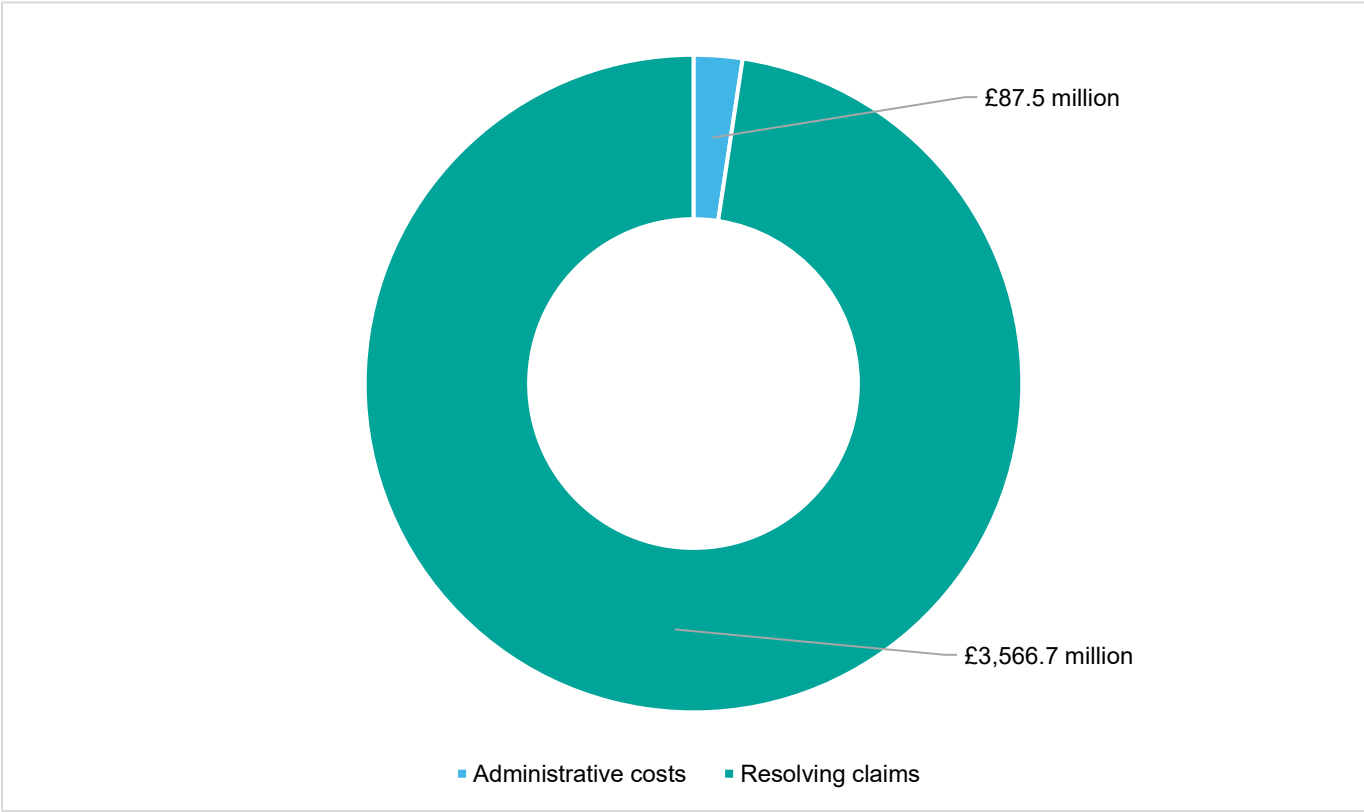


Table 2: Budgeted annual expenditure 2026/27

Indemnity scheme expenditure	£m
Clinical Negligence Scheme for Trusts	3,187.7
Liabilities to Third Parties Scheme	42.9
Property Expenses Scheme	8.6
Department of Health and Social Care clinical liabilities	93.7
Existing Liabilities Scheme	30.9
Department of Health and Social Care non-clinical liabilities	6.9
Ex-Regional Health Authority	1.6
Clinical Negligence Scheme for General Practice	113.1
Existing Liabilities Scheme for General Practice (Medical Protection Society and Medical and Dental Defence Union of Scotland)	79.6
Clinical Negligence Scheme for Coronavirus	1.6
Total indemnity scheme expenditure	**3,566.7**

Administration expenditure	£m
Member-funded schemes administration	60.9
Administration of General Practice Indemnity schemes	19.7
Administration of Coronavirus indemnity schemes	0.5
Grant-in-aid expenditure for Practitioner Performance Advice and Primary Care Appeals	6.4
Total indemnity scheme expenditure	**87.5**

Table 3: Current annual budget 2025/26 – ring-fenced depreciation and impairments

Ring-fenced depreciation and impairments	£m
- Depreciation	3.0
- Impairments	
Total ring-fenced depreciation and impairments	**3.0**

Capital expenditure

Table 4: Capital expenditure

Capital expenditure	£m
Capital expenditure 2025/26	1.0
Total capital expenditure	**1.0**

Annex A: Key performance indicators as reported to DHSC

Table 5: Key performance indicators as reported to DHSC (Fair resolution)

No	Annual KPI	Area	2023/24		2024/25		2025/26		2026/27
			Actual	Target	Actual	Target	Actual (Q3)	Target	Target
1	Time to resolution from claims decision to agreement of damages[6]	Claims Management	397	401	417	401	526	417	619
2	Reduction in volume of cases that enter litigation before appropriate dispute resolution	Claims Management	4.5%	<15%	5.3%	<15%	3.7%	<15%	<15%
6	Reduction in the time from notification to a decision on entitlement to compensation on an EN scheme case compared to a similar cerebral palsy case	Claims Management	3.57 Baseline		3.24	3.57	3.08	3.24	3.22

[6] While reported time to resolution has increased over the period, figures for 2025/26 are not directly comparable with previous years due to a system change affecting case closure points; performance throughout the year has otherwise remained stable, with the apparent increase attributable to this change rather than a deterioration in delivery. Further information on NHS Resolution's performance can be found in our Annual Report and Accounts.

	received via the traditional claims route								

Table 6: Key performance indicators as reported to DHSC (All services)

No	Annual KPI	Area	2023/24		2024/25		2025/26		2026/27
			Actual	Target	Actual	Target	Actual (Q3)	Target	Target
12	Management of budgets within net Departmental Expenditure Limits. Measured as income from members plus budget from DHSC vs expenditure	Finance	-2.2%	Within 5% underspend	-0.5%	Within 5% underspend	-7.6%	Within 5% underspend	No overspend, underspend within 5%

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