Board meeting summary

Wednesday 15 July 2026, 10:30 – 15:00

Present	
Sally Cheshire	Chair
Janice Barber	Non-Executive Director
Lesley Regan	Non-Executive Director
Anu Ralhan	Non-Executive Director
Tom Spender	Non-Executive Director
Neena Rupani	Non-Executive Director (Associate Board Member)
Helen Vernon	Chief Executive
Vicky Voller	Director of Advice and Appeals
Sara Pollock	Chief Finance Officer
Simon Hammond	Director of Claims Management
John Mead	Technical Claims Director (Associate Board Member)
Megan Bidder	Director of Safety and Learning

In attendance		
Ian Adams		Director of Corporate Affairs
Niamh McKenna		Chief Information Officer
Disa Young		Deputy Director of Corporate Affairs (PSC)
Tinku Mitra		Deputy Director of Corporate Affairs (Governance)
Mike Dodds		Deputy Director of Digital Transformation
Janet Smith		DHSC Sponsor Team representative
Maya Patel		DHSC Sponsor Team representative
Julia Wellard		Executive Personal Assistant (Minutes)

Apologies

Paul Smith sent apologies for the meeting.

Chair's welcome and opening business

The Chair welcomed attendees to the July Board meeting. It was noted that this would be Ian Adams' final Board meeting as Director of Corporate Affairs before leaving the organisation at the end of August to take up a new role. The Board thanked Ian for his leadership and support over the past 10 years.

Chief Executive's report

The Board considered the Chief Executive's report, which provided an update on key matters relating to NHS Resolution and its operating environment. The Board noted that the Annual Report and Accounts had been approved, certified and laid before parliamentary recess, with unqualified accounts. Members recognised this as a

significant achievement given the complexity of NHS Resolution's accounts, the challenges associated with a transition to new systems and the compressed timetable.

The Chief Executive reported that the 2026/27 Business Plan had been approved and would be published shortly. The Board noted that discussions with the Department of Health and Social Care on headcount had been constructive and that approval allowed the organisation to continue delivery of planned priorities.

The Board acknowledged the hard work of NHSR staff in these achievements.

External environment

The Board discussed ongoing work in relation to the NAO and PAC reports and the review by David Lock KC. The Board considered both the risks and opportunities, including the importance of maintaining focus on longer-term strategic improvement while exploring practical proposals to support fair and efficient resolution.

The Board discussed national policy developments and their relevance to NHS Resolution's role in the wider health system. Members noted the continued focus on patient voice, patient experience and openness, and considered how existing work on candour, learning and resolution supports these priorities.

National inquiries and reviews

The Board received updates on NHS Resolution's engagement with national inquiries and reviews, including the Northern Ireland Urology Services Inquiry, the Ockenden review into maternity services at Nottingham University Hospitals NHS Trust, and the Independent National Maternity and Neonatal Investigation [Amos review]. The Board recognised the difficult experiences described in the reports and kept those affected at the forefront of its consideration, while reflecting on how the learning could inform NHS Resolution's work and its contribution to the wider health system.

In relation to the Northern Ireland Urology Services Inquiry, the Board noted the historical context of the information which informed the Inquiry, and the need to consider how relevant learning should be applied to current processes. The Director of Advice and Appeals referenced the report's findings on the awareness and early use of Advice, the completeness of information provided by organisations when seeking advice, continuity and linking of advice across contacts, and the extent to which Advice should challenge omissions such as lack of medical management input. The findings also create an opportunity, and a capacity risk, as the Inquiry recommends greater use of Advice's services and external support within regional medical leadership structures although this is within the context of the NI review of Maintaining High Professional Standards MHPS in Northern Ireland.

In respect of the maternity reviews, the Board considered these in the context of how NHS Resolution identifies and escalates significant concerns through the significant concerns framework, including the respective roles of NHS Resolution, Care Quality

Commission, NHS England, DHSC, trusts and regional quality structures. Members emphasised the importance of defined trigger points for escalation, and clarity on ownership of actions when significant concerns are identified.

The Board also considered communications and engagement relating to the Maternity Incentive Scheme, including media coverage. Members noted the extensive work undertaken to revise the Maternity Incentive Scheme Year 8, including simplification, stronger governance, patient voice, inequalities and board accountability. The Board agreed that NHS Resolution should continue to highlight the learning and improvements made to the scheme while remaining sensitive to the experiences of families affected by poor care.

Fair Resolution

Group Actions

The Board considered an update on a specific Group. The Board requested a more strategic risk profile, rather than a detailed review of each group action and discussed the financial implications of group actions, including their effect on NHSR's pricing methodology, risk pooling and the impact on individual trusts.

Performance, risk and finance

The Board reviewed performance and risk, including financial performance, claims performance, operational capacity and delivery risks. Members noted that the organisation had met its financial targets for 2025/26 and discussed the ongoing challenge of managing large and volatile claims expenditure within an annual financial framework.

The Board received an update on the new case management system. It was noted that all claims and primary care appeals activity had now migrated onto the system. The Board recognised the work of the Digital, Data, Technology team and wider Directorate teams across Claims, Advice and Appeals.

The Board noted continued increases in Advice casework and the complexity of matters being raised. Members noted the importance of professional support and peer supervision for staff dealing with difficult casework.

The Board discussed cyber risk, including supply chain security and increased targeting of the legal sector. Members noted ongoing cyber incident response planning, phishing awareness work, and engagement with national cyber support arrangements.

DHSC and NHS England merger

The Board considered the implications of the DHSC and NHS England merger for NHS Resolution. Members discussed potential impacts on liabilities and indemnity arrangements, primary care appeals, digital services and data services currently provided by NHS England, and future responsibilities relating to the Maternity Incentive Scheme.

Primary Care Appeals

The Board received a report and presentation on the Primary Care Appeals function. Members noted the role of the team in providing an independent and cost-effective alternative to judicial processes for disputes between primary care contractors, prospective providers and commissioners. The Board discussed market entry for community pharmacies, sanctions for poor performance, contract variations, suspension payments, and the implications of the NHS 10 Year Plan's shift from acute to community care.

The Board noted the increasing complexity and volume of appeals, the importance of succession planning in a small specialist team, and the potential impact of AI on submissions and case management.

Complaints report

The Board considered the annual complaints report, noting that this was the first full year of operation under the revised complaints policy. Members noted the relatively low number of complaints compared with organisational activity, the low level of escalation and the continued prominence of individual claimants who are not represented by legal advisers among complainants. The Board discussed the increasing use of AI-generated complaints, the need for accessible guidance and signposting, and the importance of protecting staff from challenging interactions while maintaining a fair and responsive complaints process.

Committee updates and governance matters

The Board noted updates from the Audit and Risk Committee, People Committee and Reserving and Pricing Committee. The Board noted that the Annual Report and Accounts had been approved through the special Board process, that People Committee reporting had been revised to support more strategic discussion, and that people-related KPIs would be considered for inclusion in future Board performance reporting. The Board noted that Tom Spender would take over as Chair of the People Committee from September.

The Board approved the Fire Safety Policy, subject to confirmation that appropriate operational assurance had been provided by those responsible for estates and facilities.