NHS Resolution

8th Floor,
10 South Colonnade
Canary Wharf
London
E14 4PU
Telephone: 020 7811 2700

May 2024
FOI_6480

The following information was requested on 3 April 2024:

Can you please provide the following information under the Freedom of Information Act:

1. The number of closed and/ or settled clinical negligence claims which resulted in an award of compensation
2. The total amount of compensation awarded for those claims identified in question 1
3. The average amount of compensation awarded for those claims identified in question 1
4. The total costs (including compensation and legal costs) associated with those claims identified in question 1

If possible, please provide data for the years below, and breakdown your response by each individual year.

- *2023/24 (i.e. 1st April 2023 – 31st March 2024)*
- *2022/23 (i.e. 1st April 2022 – 31st March 2023)*
- *2021/22 (i.e. 1st April 2021 – 31st March 2022)*
- *2020/21 (i.e. 1st April 2020 – 31st March 2021)*
- *2019/20 (i.e. 1st April 2019 – 31st March 2020)*
- *2018/19 (i.e. 1st April 2018 – 31st March 2019)*

Our Response

Please find attached the requested information. This information only covers England and not the rest of the UK. The data for the financial year 2023/24 is currently unavailable and will be available on request from August 2024. Therefore, we have provided the information for the following financial years: 2018/19 – 2022/23.

Please note: We have recently changed the way we report on our FOIs to align better with our published documents. Streamlining our reporting on FOIs with our annual published reports may mean a variation in snapshot dates. This means this data may not align with previous similar requests and it may not be possible for you to compare this information with a previous request. For further information, please refer to https://resolution.nhs.uk/resources/understanding-nhs-resolution-data.

Claims notified/received in any given year will often relate to incidents that have occurred many years prior. Due to the nature of negligence claims and the level of investigation needed to bring them to a resolution, claims received and notified in a

specific year may take years to settle and close. They are not guaranteed to be settled and closed in the same year. As such, there will be a time gap between incident and claim closure.

Due to the way in which the data is extracted, it is also possible that the same claim may appear more than once in a claims volume dataset, across different year groups e.g., where the case has been closed (as unsuccessful), challenged, reopened and closed again at conclusion. This means information about volume of claims is most consistent with the data provided in each of our annual reports and accounts for the requested financial years.

However, for average damages each claim reflects the data as at the end of the most recent financial year (31 March 2023). This ensures the average damages data is calculated using each claim only once, based on the most recent annual data set. For more information on average damages please see the Supplementary Annual Statistics 2022-23 on our website.

Table 1 shows: - Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years 2018/19 and 2022/23 with a damages payment. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure, or for PPO matters, year of settlement.

Table 2 shows: - Average Damages Paid, of Clinical Claims Closed (or settled with a periodical payment order) between financial years 2018/19 and 2022/23 with a damages payment.

PPOs -
The information disclosed includes damages and costs paid up to the end of the settlement year (in Periodical payment order (PPO) cases) and up to the end of the closure year in non-PPO cases. It does not include PPO damages, which have been committed to but due to be paid after the settlement year.

The information disclosed about average damages includes damages paid up to 31 March 2023.

PPOs are an agreement between the parties, to pay an initial lump sum and regular future payments (PPO damages) related to the injured party's ongoing needs, usually care for life i.e., a percentage of the full value of the claim is paid at the point of settlement (lump sum damages) with the balance paid at regular intervals over subsequent years.

Further to our obligations to provide advice and assistance, you may find it helpful to review the work of the Getting It Right First Time team with whom NHS Resolution has

been working with to undertake in-depth analysis of our claims data. They have produced a number of reports from analysing our claims data, which has been shared following approval of the confidentiality advisory group to the use of confidential patient information for this purpose.

Please refer to Understanding NHS Resolution data guidance for further details on how our Claims database is categorised.

This concludes our response to your request.

If you are not satisfied with the service that you have received in response to your information request, it is open to you to make a complaint and request a formal review of our decisions. If you choose to do this, you should write to Tinku Mitra, Deputy Director of Corporate and Information Governance, Data Protection Officer for NHS Resolution, within 28 days of your receipt of this reply. Reviews of decisions made in relation to information requests are carried out by a person who was not involved in the original decision-making about the request.

If you are not content with the outcome of your complaint, you may apply directly to the Information Commissioner for a review of the decision. Generally, the Information Commissioner will not make a decision unless you have exhausted the local complaints procedure. The address of the Information Commissioner's Office is:

Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF

https://ico.org.uk/

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Data correct as at the end of every financial year for Table 1
Data correct as at the end of the most recent financial year for Table 2

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NB: Number of claims fewer than 5 (and any associated values, within the same row) are masked with a "#" (in accordance with Data Protection guidelines). Accordingly, some total values may also be approximated to prevent masked values to be deduced through reverse calculation.

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Data correct as at The end of every financial year

Table 1: Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years 2018/19 and 2022/23 with a damages payment. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure, or for PPO matters, year of settlement.

FOI View	Closed Settled
Clinical	Clinical
Claim_Outcome	Successful

Closure/ Settlement Year for PPOs	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2018/19	7,011	1,313,044,823	106,923,157	406,751,484	1,826,719,464
2019/20	7,644	1,204,871,761	108,676,682	407,792,628	1,721,341,072
2020/21	6,670	1,190,439,338	104,432,981	377,540,139	1,672,412,457
2021/22	7,818	1,494,136,579	127,827,371	485,120,537	2,107,084,487
2022/23	7,599	1,557,018,536	127,047,469	480,149,767	2,164,215,772
Grand Total	**36,742**	**6,759,511,036**	**574,907,660**	**2,157,354,555**	**9,491,773,251**

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Data correct as at the end of the 2022/23 financial year

Table 2: Average Damages Paid, of Clinical Claims Closed (or settled with a periodical payment order) between financial years 2018/19 and 2022/23 with a damages payment.

FOI View	Closed Settled
Claim_Outcome	Successful

Closure/ Settlement Year for PPOs	Average of Damages Paid
2018/19	216,755
2019/20	180,298
2020/21	201,080
2021/22	205,413
2022/23	204,844
Grand Total	**201,521**