NHS
Resolution

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April 2024
FOI_6510

The following information was requested on 21 April 2024 and 22 April 2024:

I am a Consultant neurosurgeon working on a project for the Society of British Neurological Surgeons (SBNS) on the harm caused by a missed diagnosis of Subarachnoid haemorrhage in NHS hospitals. Could you please let me have the following information:

Number of claims and amounts paid out by NHS Resolution for patients with a missed diagnosis of subarachnoid haemorrhage for the past 5 years?

[additional request made on 22 April 2024]

The project relates to patients in England who come to harm as a result of a missed or delayed diagnosis of non-trauma related subarachnoid haemorrhage (SAH).

SAH is a type of brain haemorrhage usually due to rupture of a brain aneurysm. The diagnosis is usually made in Secondary care (Emergency Departments) and a smaller number also by GP's. After diagnosis patients are transferred to Neurosurgery.

I would like to know the annual cost to the NHSR of claims relating to this mishap for the past 4 years please?

I have looked at the NHSR report for 2022/23 but the information was not available within the report.

Our Response

We only hold **claims** data for England (our schemes only cover England), not the UK. Although NHS Resolution may hold some information relating to claims such as what you have requested (England only claims), due to the way claims are recorded on our claims database, we will not be able to identify such specific cases. It might be helpful to explain that when claims are notified to NHS Resolution they are categorised against pre-defined cause, injury and speciality codes. Unfortunately, we do not have a code for *Subarachnoid haemorrhage*. Therefore, while there may be information held in our records, we are not readily able to identify the relevant files by searching the database. To do so would involve a manual review of all cases to identify which ones relate to claims involving *Subarachnoid haemorrhage.* NHS Resolution receives thousands of claims each year.

Therefore, we estimate that the cost of complying with the request in its entirety would exceed the 'appropriate limit'. Section 12(1) of the FOIA is a provision which allows a public authority to refuse to comply with a request for information where the cost of compliance is estimated to exceed a set limit (known as the 'appropriate limit'). The 'appropriate limit' for NHS Resolution is £450. This equates to 18 hours of work at the rate of £25 per hour set out in the 'Fees Regulations'.

We estimate that it would take on average 10 minutes to locate, retrieve and extract the requested information from an individual file. It may therefore be the case that we would be able to examine only 108 files within 18 hours.

In addition, given the complexity of clinical negligence claims and their litigation, it is possible for a single electronic or paper-based file to contain hundreds of documents in a variety of formats.

Please also note even if we were able to carry out a review of 108 random files we may not be able to provide you with the level of detail you require owing to Data Protection grounds.

We would need to supress low numbers or any information that could possibly lead to the identification of claimants, patients or individuals where disclosure would breach the General Data Protection Regulation. We would not be able to provide the information in the way you have set out your request.

It may be worthwhile reviewing our pre-defined cause, injury and speciality codes to see which codes may be relevant to your request.

For details of the claims data that we publish please refer to our Annual Report Statistics.

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 (*e.g.* on orthopaedic surgery claims). 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.

If you would like to know how data is categorised in our Claims database please see the following link: Glossary.

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 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
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