NHS Resolution

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January 2025
FOI_6916

The following information was requested on 13th December 2024:

In May of this year you provided a response to a Freedom of Information Request [Ref: FOI_6519] in relation to missed diagnoses of brain haemorrhages.

Could you supply me with an updated version of that response with all the tables updated to include information from the 2023-24 financial year.

Our Response

Thank you for your request for information. Please find attached the requested information. Please note we only hold information for England.

Please note: Our claims management system does not have a code for Subarachnoid Haemorrhage and as such the injury codes that you have requested may not relate to Subarachnoid Haemorrhage and may relate to other conditions or injuries.

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 data is extracted, it is also possible that the same claim may appear more than once in a dataset, across different year groups e.g. where the case

has been closed (as unsuccessful), challenged, reopened, and closed again at conclusion.

The data shows variation in numbers of cases received, closed per year and costs attributed to those claims. This is a reflection of the nature of individual claims received by NHS Resolution, which can vary significantly. In some cases, this can be affected by an adverse issue involving a number of patients. As such, these fluctuations cannot be interpreted as trends.

Please note, NHS Resolution started operating the state indemnity scheme for general practice in England in April 2019. The Clinical Negligence Scheme for General Practice (CNSGP) covers clinical negligence liabilities arising in general practice in relation to incidents that occurred on or after 1 April 2019.
On 6 April 2020, the Existing Liabilities Scheme for General Practice (ELSGP), was established to provide indemnity cover for NHS clinical negligence claims made against current and former GP members of medical defence organisations (MDOs) in respect of liabilities incurred before 1 April 2019. This is where terms have been agreed with MDOs in relation to indemnity provision for their GP members under the ELSGP.
There is a recognised time lag between incidents occurring and them being reported as claims so the increase in numbers from 20/21 to 22/23 is impacted by CNSGP (as would be expected for a maturing scheme) and ELSGP cases taken over from the MDOs. For more detail on this please see the NHS Resolution – Annual report and accounts 2022/23.

Table 1 shows: - Number of Clinical Claims and Incidents received between financial years 2020/21 and 2023/24 where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke.

Table 2 shows: - Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years 2020/21 and 2023/24 with a damages payment, where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke. 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 3 shows: - Number and Cost of Clinical Claims Closed between financial years 2020/21 and 2023/24 with **NIL** damages paid where the Primary Specialty is either

Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke.

Table 4 shows: - Analysis of Specialities of Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2023/24, where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke. 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 5 shows: - Analysis of Primary Injuries of Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2023/24, where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke. 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 6 shows: - Analysis of Primary Causes of Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2023/24, where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke. 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.

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.

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. The information disclosed includes lump sum damages, costs and any PPO damages paid up to the end of the year of settlement. It does not include PPO damages, which have been committed to but due to be paid after the settlement year.

Low Numbers

We have supressed low figures as we believe that disclosure of information with this level of granularity is exempt under Section 40(2) by virtue of section 40(3A) (a) of the FOI Act, where disclosure to a member of the public would contravene one or more of the data protection principles. The data protection principles are set out in Article 5 of the General Data Protection Regulation. We take the view that it would not be fair or lawful (given the sensitive and confidential nature of the information held) to disclose such information, and any disclosure would therefore contravene the first data protection principle.

In some instances, the low numbers of claims (fewer than 5) in each category, the likelihood exists that individuals who are the subject of this information may be identified either from this information alone, or in combination with other available information. In addition to this, as this information is considered to be sensitive personal data (the data subjects' medical condition); NHS Resolution believes it has a greater responsibility to protect those individuals' identities, as disclosure could potentially cause damage and/or distress to those involved. Where we are in the territory of such small numbers in the attached, we have used a '#' symbol in the relevant field.

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.

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, 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/

Freedom of Information Request# 6916
Data correct as at: The end of every financial year

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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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Table 1: Number of Clinical Claims and Incidents received between financial years 2020/21 and 2023/24 where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke.

Notified	Y

Year of Notification	No. of Claims
2020/21	197
2021/22	206
2022/23	210
2023/24	209
Grand Total	**822**

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Table 2: Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years 2020/21 and 2023/24 with a damages payment, where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke. 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.

ClosedSettled	Y
Claim_Outcome	Damages Paid

Year of Closure (Settlement Year for PPOs)	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2020/21	44	19,354,067	1,565,118	5,406,536	26,325,721
2021/22	70	46,747,936	2,961,637	9,374,771	59,084,343
2022/23	87	54,657,990	3,649,542	12,554,218	70,861,750
2023/24	69	23,146,779	2,987,868	9,047,048	35,181,695
Grand Total	**270**	**143,906,772**	**11,164,165**	**36,382,573**	**191,453,509**

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Table 3: Number and Cost of Clinical Claims Closed between financial years 2020/21 and 2023/24 with NIL damages paid where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke.

ClosedSettled	Y
Claim_Outcome	Nil Damages

Year of Closure	No. of Claims	NHS Legal Costs Paid	Claimant Legal Costs Paid
2020/21	85	600,572	145,797
2021/22	129	1,038,459	#
2022/23	136	1,498,120	29,155
2023/24	120	752,653	100,580

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Table 4: Analysis of Specialities of Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2023/24, where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke. 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.

ClosedSettled	Y
Claim_Outcome	Damages Paid

Year of Closure (Settlement Year for PPOs) ----- Primary Specialty	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2020/21					
Emergency Medicine	29	14,901,765	1,074,898	3,450,786	19,427,448
General Medicine	9	4,050,765	451,074	1,624,000	6,125,839
General Practice	#	#	#	#	#
Neurosurgery	#	#	#	#	#
2021/22					
Emergency Medicine	37	28,508,951	1,910,893	4,913,191	35,333,035
General Medicine	9	1,455,771	170,886	888,210	2,514,867
General Practice	17	6,531,205	329,909	1,652,069	8,513,184
Neurosurgery	7	10,252,009	549,949	1,921,300	12,723,258
2022/23					
Emergency Medicine	49	31,322,017	2,103,341	6,615,737	40,041,095
General Medicine	17	10,378,942	658,643	2,469,569	13,507,153
General Practice	15	3,535,274	440,643	1,848,412	5,824,329
Neurosurgery	6	9,421,757	446,916	1,620,500	11,489,173
2023/24					
Emergency Medicine	39	15,717,292	1,830,941	5,721,888	23,270,122
General Medicine	10	4,676,296	664,878	1,752,360	7,093,535
General Practice	18	2,693,190	461,953	1,462,800	4,617,943
Neurosurgery	#	#	#	#	#

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Table 5: Analysis of Primary Injuries of Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2023/24, where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke. 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.

ClosedSettled	Y
Claim_Outcome	Damages Paid

Primary Injuries	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Brain Damage	114	107,616,849	7,105,829	22,873,872	137,596,550
Stroke	98	30,469,920	3,384,397	10,487,649	44,341,966
Rupture	33	2,061,438	224,694	1,355,146	3,641,279
Aneurysm	25	3,758,565	449,244	1,665,905	5,873,715

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Table 6: Analysis of Primary Causes of Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2023/24, where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke. 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.

ClosedSettled	Y
Claim_Outcome	Damages Paid

Primary Causes	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Failure/Delay Diagnosis	112	68,147,788	5,219,584	16,292,677	89,660,050
Fail / Delay Treatment	110	62,333,316	4,729,359	15,479,589	82,542,264
Fail/Delay Referring To Hosp.	18	6,958,170	349,687	1,707,800	9,015,658
Failure To Perform Tests	17	3,508,916	462,532	1,453,063	5,424,511
Fail To Act On Abnorm Test Res	5	2,377,183	207,681	839,750	3,424,614
Wrong Diagnosis	#	#	#	#	#
Inappropriate Discharge	#	#	#	#	#
Failure To Interpret X-Ray	#	#	#	#	#