



Resolution

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September 2025
FOI_7320

The following information was requested on 15 July 2025 and clarified on 16 July 2025:

Follow up to [FOI_7247_Breakdown-of-Claims-data-for-Trusts.pdf](#)

Thanks so much for this.

Are you able to share details of which trust(s) had claims (with or without damages paid) for bodily harm/murder please?

[On 16 July 2025 you clarified]

To be clear on that subsequent request, please can we have the following information:

Name of trust where there was a claim for “bodily harm/murder” – with or without damages paid. How many. And the year (within the 2019-2024 time frame as before).

Our Response

Please find attached the requested information we are able to provide.

NB: 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 clinical 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 nil damages payment), 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 and resolved by NHS Resolution, which can vary significantly. As such, these fluctuations cannot be interpreted as trends.

We have provided data on [Clinical Negligence Scheme for Trusts \(CNST\)](#), which covers clinical negligence claims for incidents occurring on or after 1 April 1995.

Please note: these tables should not be interpreted as a league table. Larger member organisations and those which provide more complex treatments may receive more claims than smaller organisations or those providing low risk care. Inevitably, different institutions face different levels of risk because of the variations in the nature and complexity of the procedures they perform. In some circumstances, volumes of reported cases may be impacted by multiple claims notified in relation to one cause of action.

Please find attached the following tables:

Table 1 shows: - Number of CNST Claims and Incidents received between financial years '2019/20' and '2023/24' where the Primary Injury is '**Bodily Harm/Murder**'. Broken down by Year and NHS Trust.

Table 2 shows: - Number and Cost of CNST Claims Closed between financial years '2019/20' and '2023/24' with a damages payment, where the Primary Injury is '**Bodily Harm/Murder**'. Broken down by Year and NHS Trust. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

There were no claims during the financial year 2019/20 that met the above criteria.

Table 3 shows: - Number and Cost of CNST Claims Closed between financial years '2019/20' and '2023/24' with **NIL** damages paid where the Primary Injury is '**Bodily Harm/Murder**'. Broken down by Year and NHS Trust.

There were no claims during the financial year 2019/20 that met the above criteria.

Please note: the CNST scheme provides discretionary funding to support individual Trusts at inquests and to investigate any associated entitlement to compensation. Trusts will also make their own arrangements in relation to inquests. As such the volume of fatality cases will differ between Trusts depending on whether discretionary support from NHS Resolution has been requested and this data should not be used for comparison purposes.

Low Numbers

Please note we have suppressed 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 Freedom of Information 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.

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.

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 [Joanne Appleby](#), Deputy 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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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.

Table 1: Number of CNST Claims and Incidents received between financial years '2019/20' and '2023/24' where the Primary Injury is 'Bodily Harm/Murder'. Broken down by Year and NHS Trust.

Table 2: Number and Cost of CNST Claims Closed between financial years '2019/20' and '2023/24' with a damages payment, where the Primary Injury is 'Bodily Harm/Murder'. Broken down by Year and NHS Trust. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

Table 3: Number and Cost of CNST Claims Closed between financial years '2019/20' and '2023/24' with NIL damages paid where the Primary Injury is 'Bodily Harm/Murder'. Broken down by Year and NHS Trust.

Freedom of Information Request# 7320

Data correct as at: The end of every financial year



Please note: the tables broken down by Trusts should not be interpreted as a league table. Larger member organisations and those which provide more complex treatments may receive more claims than smaller organisations or those providing low risk care. Inevitably, different institutions face different levels of risk because of the variations in the nature and complexity of the procedures they perform. In some circumstances, volumes of reported cases may be impacted by multiple claims notified in relation to one cause of action.

Table 1: Number of CNST Claims and Incidents received between financial years '2019/20' and '2023/24' where the Primary Injury is 'Bodily Harm/Murder'. Broken down by Year and NHS Trust.

Notified	Y
Year of Notification -- Latest Trust Name	No. of Claims
2019/20	
Tavistock and Portman NHS Foundation Trust (The)	#
Pennine Care NHS Foundation Trust	#
2020/21	
Liverpool Heart and Chest Hospital NHS Foundation Trust	#
Rotherham Doncaster and South Humber NHS Foundation Trust	#
Pennine Care NHS Foundation Trust	#
Greater Manchester Mental Health NHS Foundation Trust	#
Gloucestershire Health and Care NHS Foundation Trust	#
Lancashire and South Cumbria NHS Foundation Trust	#
2021/22	
Mersey Care NHS Foundation Trust	#
Calderdale & Huddersfield NHS Foundation Trust	#
Rotherham Doncaster and South Humber NHS Foundation Trust	#
Oxleas NHS Foundation Trust	#
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	#
South Western Ambulance Service NHS Foundation Trust	#
Blackpool Teaching Hospitals NHS Foundation Trust	#
Oxford Health NHS Foundation Trust	#
2022/23	
Central and North West London NHS Foundation Trust	#
North West Ambulance NHS Trust	#
Cornwall Partnership NHS Foundation Trust	#
Birmingham & Solihull Mental Health NHS Foundation Trust	#
Berkshire Healthcare NHS Foundation Trust	#
2023/24	
Countess of Chester Hospital NHS Foundation Trust	18
Barts Health NHS Trust	#
Birmingham & Solihull Mental Health NHS Foundation Trust	#
Greater Manchester Mental Health NHS Foundation Trust	#
Lancashire and South Cumbria NHS Foundation Trust	#
Leeds & York Partnerships NHS Foundation Trust	#
Norfolk and Suffolk NHS Foundation Trust	#
Coventry and Warwickshire Partnership NHS Trust	#
East London NHS Foundation Trust	#
Grand Total	49

Please note: the tables broken down by Trusts should not be interpreted as a league table. Larger member organisations and those which provide more complex treatment receive more claims than smaller organisations or those providing low risk care. Inevitably, different institutions face different levels of risk because of the variations in the nature and complexity of the procedures they perform. In some circumstances, volumes of reported cases may be impacted by multiple claims notified in relation to one cause of action.

Table 2: Number and Cost of CNST Claims Closed between financial years '2019/20' and '2023/24' with a damages payment, where the Primary Injury is 'Bodily Harm/Murder'. Broken down by Year and NHS Trust. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

ClosedSettled	Y
scheme	CNST
Claim_Outcome	Damages Paid

Year of Closure -- Latest Trust Name	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2020/21					
Calderdale & Huddersfield NHS Foundation Trust	#	#	#	#	#
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	#	#	#	#	#
Great Ormond Street Hospital for Children NHS Foundation Trust	#	#	#	#	#
Kent and Medway NHS and Social Care Partnership Trust	#	#	#	#	#
Nottinghamshire Healthcare NHS Foundation Trust	#	#	#	#	#
West Midlands Ambulance Service NHS Foundation Trust	#	#	#	#	#
2021/22					
Gloucestershire Health and Care NHS Foundation Trust	#	#	#	#	#
Pennine Care NHS Foundation Trust	#	#	#	#	#
2022/23					
Calderdale & Huddersfield NHS Foundation Trust	#	#	#	#	#
Rotherham Doncaster and South Humber NHS Foundation Trust	#	#	#	#	#
2023/24					
Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust	#	#	#	#	#
East London NHS Foundation Trust	#	#	#	#	#
Grand Total	13	734,342	192,136	419,429	1,345,907

Please note: the tables broken down by Trusts should not be interpreted as a league table. Larger member organisations and those which provide more complex treatments may receive more claims than smaller organisations or those providing low risk care. Inevitably, different institutions face different levels of risk because of the variations in the nature and complexity of the procedures they perform. In some circumstances, volumes of reported cases may be impacted by multiple claims notified in relation to one cause of action.

Table 3: Number and Cost of CNST Claims Closed between financial years '2019/20' and '2023/24' with NIL damages paid where the Primary Injury is 'Bodily Harm/Murder'. Broken down by Year and NHS Trust.

ClosedSettled	Y
scheme	CNST
Claim_Outcome	Nil Damages

Year of Closure -- Latest Trust Name	No. of Claims	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2020/21				
Pennine Care NHS Foundation Trust	#	#	#	#
2021/22				
Greater Manchester Mental Health NHS Foundation Trust	#	#	#	#
Liverpool Heart and Chest Hospital NHS Foundation Trust	#	#	#	#
Tavistock and Portman NHS Foundation Trust (The)	#	#	#	#
2022/23				
Mersey Care NHS Foundation Trust	#	#	#	#
Rotherham Doncaster and South Humber NHS Foundation Trust	#	#	#	#
South Western Ambulance Service NHS Foundation Trust	#	#	#	#
2023/24				
North West Ambulance NHS Trust	#	#	#	#