NHS Resolution

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October 2025
FOI_7433

The following information was requested on 10 September 2025:

Follow up to – FOI_7092_Obstetrics-and-Gynaecology-claims.pdf

Thank you for your response. Further to my previous email I have a few questions on the data that you have sent:

- *Could you clarify what you mean by "settled" and what you mean by 'closed" e.g. between settled pre court/ went to court/ no admission of liability etc.*
- *Is there any incline as to when the incidents occurred? Because most litigation at least for 'childhood disability' occurs many years after the event for example.*
- *Do you have any more details on what the specific claims are e.g. could you provide details of the coding system used to group the Obstetric claims?*
- *Do you have any data on claims that were settled as opposed to claims that were closed? Is there are any data on the proportion of claims that were settled for practical or financial reasons, such as the cost of defending a claim, rather than due to an established breach of duty?*
- *Finally, do you have any data on unsuccessful claims i.e. What proportion were spurious? What factors helped the NHS successfully defend these cases? Etc.*

Our Response

Thank you for your request for information. Please find below our response to each questions raised.

Could you clarify what you mean by "settled" and what you mean by 'closed" e.g. between settled pre court/ went to court/ no admission of liability etc.

Specifically in terms of our response to FOI_7092_Obstetrics-and-Gynaecology-claims.pdf tables 2-4 **closed** means the claim is closed on our case management system. Closure will typically take place after settlement of the claim, though claims resolved on the basis that periodical payments will be made into the future are not closed until the periodical payments are finished (often following the death of the claimant).

A "settled" claim is one where there has been a resolution, settlement agreement or court order for either no damages or an amount for payment. Claims resolved on the basis of a Periodical Payment Order (PPOs) have ongoing payments (in addition to a one-off damages payment made at the time of settlement).

Some PPOs appear in tables 2 and 3 of FOI_7092_Obstetrics-and-Gynaecology-claims.pdf). PPOs involve an agreement between the parties for payment of an initial lump sum and regular future payments (PPO damages) related to the injured party's ongoing needs, usually care for life. That is, 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 with FOI_7092 includes lump sum damages, legal 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 are due to be paid after the settlement year.

Is there any incline as to when the incidents occurred? Because most litigation at least for 'childhood disability' occurs many years after the event for example.

We understand this question to mean: Do we know the incident date as well as the notification date? In which case yes, we do.

Do you have any more details on what the specific claims are e.g. could you provide details of the coding system used to group the Obstetric claims?

The coding system we use (including coding applicable to Obstetric claims) is here: Understanding NHS Resolution data - NHS Resolution

Do you have any data on claims that were settled as opposed to claims that were closed?

Please refer to our response to the first question.

In response to: *Is there are any data on the proportion of claims that were settled for practical or financial reasons, such as the cost of defending a claim, rather than due to an established breach of duty?*

We do not record this information in the way it is being requested. Please note, NHS Resolution resolve claims in line with applicable law, relevant legal frameworks and statutory directions.

Finally, do you have any data on unsuccessful claims i.e. What proportion were spurious? What factors helped the NHS successfully defend these cases? Etc.

We do not record this information in the way it is requested. In order for us to provide this information it would require a manual review of individual claims with a **nil** damages payment. Table 4 of FOI_7092_Obstetrics-and-Gynaecology-claims.pdf shows that for the time period the request covered there were 12,523 claims closed with a nil damages payment where the Specialty is 'Obstetrics' or 'Gynaecology'. In order to extract any information that may be held it will likely exceed the FOI cost limit. Please refer to our cost limit refusal notice below for further explanation.

Cost Limit Refusal
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.

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 several 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 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
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