NHS Resolution

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October 2025
FOI_7438

The following information was requested on 12 September 2025:

*Freedom of Information Act Response*

*1. In relation to the 24/25 financial year please state how many claims were paid out in that year and what was the total value of those claims paid out in that year where either the first or second recorded `cause' logged for the claim was `**inadequate nursing care'**? Please could the data be provided in a similar format and on the same basis as a previous FoI response [Ref: FoI_5181].*
*Note: I require the data relating to the number of payouts and the value of the payouts made in the year, regardless of when the claim was actually lodged.*

*[The most recent FOI request is: FOI_6749_Inadequate-Nursing-Care.pdf]*

*2. In relation to the claims paid out under Question 1 please provide me with a breakdown of the numbers that were logged under each type of injury claim?*

*3. In relation to the claims paid out in Question 1 which 5 Trusts had the highest value of claim payments made against them. Please name the Trust, the total value of these paid claims that were paid out the year and the number paid out by the Trust in that year.*

**Our Response**

Please find attached the requested information. This information only covers England and not the rest of the UK.

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.

The data, when compared with other previous responses, may show a variation in numbers of cases 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, any fluctuations cannot be interpreted as trends.

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.

Please find attached the following tables:

**Table 1 shows:** Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) in the financial year 2024/25 with a damages payment, where the Primary Cause or Secondary Cause is **'Inadequate Nursing Care'**. 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:** Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) in the financial year 2024/25 with a damages payment, where the Primary Cause or Secondary Cause is **'Inadequate Nursing Care'**. Broken down by Primary Injury. The data includes the damages paid up until the end of each relevant financial year of closure, or for PPO matters, year of settlement.

**Table 3 shows**: Top 5 NHS Trusts by Damages Paid for Clinical Claims Closed (or settled with a periodical payment order) in the financial year 2024/25 with a damages payment, where the Primary Cause or Secondary Cause is **'Inadequate Nursing Care'.** The data includes the damages paid up until the end of each relevant financial year of closure, or for PPO matters, year of settlement.

**Please note: the tables broken down by Trusts should <u>not</u> 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.**

**PPOs -**
The information disclosed includes damages 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 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**
Please note 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 Freedom of Information Act 2000, 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. You should still be able to see aggregate/total details for higher level fields containing this data.

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/

**Freedom of Information Request# 7438**
**Data correct as at: The end of every financial year**

NHS Resolution

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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.**

**Freedom of Information Request# 7438**
**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) in the financial year 2024/25 with a damages payment, where the Primary Cause or Secondary Cause is 'Inadequate Nursing Care'. 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 |
| ClaimOutcome | Damages Paid |

| Year of Closure (Settlement Year for PPOs) | No. of Claims | Damages Paid | NHS Legal Costs Paid | Claimant Costs Paid | Total Paid |
|---|---|---|---|---|---|
| 2024/25 | 608 | 36,024,280 | 4,437,754 | 22,129,641 | 62,591,674 |
| **Grand Total** | **608** | **36,024,280** | **4,437,754** | **22,129,641** | **62,591,674** |

**Table 2: Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) in the financial year 2024/25 with a damages payment, where the Primary Cause or Secondary Cause is 'Inadequate Nursing Care'. Broken down by Primary Injury. 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 |
| ClaimOutcome | Damages Paid |

| Primary Injuries | No. of Claims | Damages Paid |
|---|---|---|
| Pressure Sores | 204 | 4,515,643 |
| Fracture | 121 | 3,124,768 |
| Fatality | 80 | 2,225,826 |
| Unnecessary Pain | 45 | 796,929 |
| Brain Damage | 14 | 9,473,427 |
| Adtnl/unnecessary Operation(s) | 14 | 398,755 |
| Tissue Damage | 13 | 93,896 |
| Burn(s) | 10 | 135,711 |
| Cardiac Arrest | 10 | 388,842 |
| Infection (bacterial) | 9 | 150,500 |
| Bruising/ Extravasation | 8 | 57,200 |
| Amputation - Lower | 7 | 203,419 |
| Psychiatric/Psychological Dmge | 7 | 143,700 |
| Scarring | 6 | 115,750 |
| Multiple Injuries | 5 | 85,250 |
| Scalp Damage | # | 29,500 |
| Respiratory Disorder/ Failure | # | 49,500 |
| Infectious Diseases | # | 61,000 |
| Anaphylact Shock/Allergic Shock/allergy | # | 46,799 |
| Sepsis | # | 56,140 |
| Stillborn | # | 87,500 |
| Bladder Damage | # | 1,408,066 |
| Thrombosis/Embolism | # | 33,000 |
| Cosmetic Disfigurement | # | 23,240 |
| Other | # | 21,250 |
| Dislocation | # | 25,800 |
| Other Infection | # | 50,900 |
| Advanced Stage Cancer | # | 115,489 |
| Stroke | # | 11,250 |
| Developmental Delay | # | 5,701,240 |
| Rupture | # | 5,788 |
| Hospital Acquired Infection | # | 130,639 |
| Spinal Damage | # | 15,000 |
| Bodily Harm/Murder | # | 35,000 |
| Nerve Damage | # | 4,000 |
| Partial Hearing Loss | # | 14,000 |
| Wrongful Birth | # | 7,500 |
| Poor Outcome - Fractures Etc. | # | 14,000 |
| Liver Damage | # | 56,938 |
| Hypoxia | # | 6,500 |
| Malnutrition | # | 4,824,523 |
| Deafness | # | 32,500 |
| Bowel Damage/ Dysfunction | # | 10,000 |
| Reduced Life Expectancy | # | 26,500 |
| Incontinence | # | 1,102,652 |
| Joint Damage | # | 10,000 |
| Paraplegia | # | 86,450 |
| Limb Deformity | # | 12,000 |

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| | |
|---|---|
| ClosedSettled | Y |
| ClaimOutcome | Damages Paid |

| Primary Injuries | No. of Claims | Damages Paid |
|---|---|---|
| **Grand Total** | **608** | **36,024,280** |

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**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 3: Top 5 NHS Trusts by Damages Paid for Clinical Claims Closed (or settled with a periodical payment order) in the financial year 2024/25 with a damages payment, where the Primary Cause or Secondary Cause is 'Inadequate Nursing Care'. 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 |
| ClaimOutcome | Damages Paid |
| IsTrust | Y |

| Member Name | No. of Claims | Damages Paid |
|---|---|---|
| London North West University Healthcare NHS Trust | # | # |
| University Hospitals Birmingham NHS Foundation Trust | 10 | 4,969,073 |
| Mid and South Essex NHS Foundation Trust | 12 | 3,420,947 |
| Liverpool University Hospitals NHS Foundation Trust | 19 | 2,899,308 |
| Nottingham University Hospitals NHS Trust | 11 | 2,086,868 |