



Resolution

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October 2025
FOI_7449

The following information was requested on 19 September 2025:

Freedom of Information Act Response

For the last financial year 2024/2025 please provide a breakdown of:

*1) The number of claims where you have paid out damages where one of the reasons stated within the claim was that the patient was **inappropriately discharged** from hospital?*

2) The amount of money paid out in damages where one of the reasons stated within the claim was that the patient was inappropriately discharged from the hospital?

Note: Please note this question refers to last year (24/25) as the year the claims were settled regardless of when the incident took place or when the claim was lodged.

Our Response

The definition of “inappropriate discharge” classifies those claims received where the main or one of the allegations of negligence concerns the alleged premature discharge of the patient from care.

Please find attached the requested information.

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 [Guidance-note-Understanding-NHS-Resolution-data-updated](#)

Please note claims notified/received and open are not guaranteed to be settled in the same year and can take many years to be concluded. Claims notified/received in any given year will often relate to incidents that have occurred many years prior. Claims closed in any given year will often relate to claims received/notified many years prior.

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

Please find attached the following table:

Table 1: Number and damages paid for Clinical Claims Closed (or settled as a PPO) in the financial year 2024/25 with a damages payment where one of the causes is "Inappropriate Discharge". The data includes the damages 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 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.

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 and damages paid for Clinical Claims Closed (or settled as a PPO) in the financial year 2024/25 with a damages payment where one of the causes is "Inappropriate Discharge". 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 1: Number and damages paid for Clinical Claims Closed (or settled as a PPO) in the financial year 2024/25 with a damages payment where one of the causes is "Inappropriate Discharge". The data includes the damages 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
2024/25	239	35,361,274
Grand Total	239	35,361,274