NHS Resolution

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October 2025
FOI_7464

The following information was requested on 30 September 2025:

1. How many clinical negligence claims involving a fatality were paid out in the 2024/25 financial years?

2. What was the total amount of damages paid in relation to these claims?

3. For the financial year 2024/25, please provide a breakdown of the cause of death, where a claim has been made of negligence involving the death and a payout was made to the claimant?

4. In 2024/25 which ten NHS Trusts have had the most number of claims made against them for fatality where a payout has been made? For each of these ten trusts please provide (i) the name of the trust, (ii) the number of fatality claims paid out and (iii) the total value of the damages paid out in those claims.

***NOTE:** Please note that this question relates to the year in which the claim was settled, not the year the incident happened or the year the claim was lodged.*

Our Response

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

The information disclosed excludes Periodical payment order (PPO), (which are an agreement between the parties, to pay an initial lump sum and regular future payments covering the injured party's ongoing care needs, usually for life) due to their nature and reflects the search criteria used in: FOI_6521_Fatality-Claims.pdf (resolution.nhs.uk) and FOI_6779_Fatality-Claims.pdf

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

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.

Please find attached the following tables:

Table 1 shows: Number of Clinical Negligence Claims with Damages Paid, Closed in Financial Year 2024/25 where any injury was **'Fatality'**.

Table 2 shows: Number of Clinical Negligence Claims with Damages Paid, Closed in Financial Year 2024/25 where any Injury was **'Fatality'**, broken down by Primary Cause.

Table 3 shows: The 10 NHS Trusts with the Most Clinical Negligence Claims with Damages Paid, Closed in Financial Year 2024/25 where any Injury was **'Fatality'**.

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.

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.

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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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 Negligence Claims with Damages Paid, Closed in Financial Year 2024/25 where any injury was 'Fatality'.

ClosedSettled	Y
Scheme	(All)

Year of Closure	No. of Claims	Damages Paid
2024/25	1,279	123,708,827
Grand Total	**1,279**	**123,708,827**

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Table 2: Number of Clinical Negligence Claims with Damages Paid, Closed in Financial Year 2024/25 where any Injury was 'Fatality', broken down by Primary Cause.

ClosedSettled	Y
ClaimOutcome	Damages Paid

Year of Closure ---Primary Cause	No. of Claims	Damages Paid
2024/25	**1,279**	**123,708,827**
Fail / Delay Treatment	341	30,861,020
Failure/Delay Diagnosis	195	23,952,326
Inadequate Nursing Care	106	2,662,769
Failure To Perform Tests	57	4,023,499
Medication Errors	48	3,359,933
Fail/Delay Referring To Hosp.	44	7,605,561
Fail To Follow-Up Arrangements	42	4,664,298
Fail To Supervise	40	1,446,200
Fail To Act On Abnorm Test Res	39	5,333,941
Inappropriate Treatment	34	3,564,031
Unexpected Death	33	4,797,217
Failure To Interpret X-Ray	33	4,756,010
Inappropriate Discharge	23	1,137,162
Fail To Recog. Complication Of	21	3,004,142
Self Harm	19	4,829,877
Intra-Op Problems	18	2,287,000
Fail/Delay Admitting To Hosp.	16	1,358,448
Lack Of Assistance/Care	14	490,120
Fail To Warn-Informed Consent	13	1,478,615
Operator Error	11	882,763
Delay In Performing Operation	10	508,498
Wrong Diagnosis	10	1,476,497
Err With Agnt/Dose/Route/Selec	9	285,750
Fail To Monitor 1st Stg Labour	8	660,139
MisplacedNaso/OrogastricTubeNotDet	7	1,065,250
Fail To Monitor 2nd Stg Labour	6	855,998
Fail Antenatal Screening	6	264,995
Fail To Infrm Test Rslts	6	993,667
Bacterial Infection	6	2,121,957
Equipment Malfunction	5	254,500
Fail To Make Resp To Abnrm FHR	5	187,661
Failure To X-Ray	5	80,000
Failure To Perform Operation	#	#
Not Specified	#	#
Fail To Interpret USS	#	#
Lack Of Pre-Op Evaluation	#	#
Intubation Problems	#	#
Fail/Delay Resus By Paediatric	#	#
Inadequate Monitoring Intra-Op	#	#
Forceps Delivery	#	#
Problem Blood Fluids	#	#
Application Of Excess Force	#	#
Failed Infection Control Policy/Hospital Hygiene	#	#

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Table 2: Number of Clinical Negligence Claims with Damages Paid, Closed in Financial Year 2024/25 where any Injury was 'Fatality', broken down by Primary Cause.

ClosedSettled	Y
ClaimOutcome	Damages Paid

Year of Closure ---Primary Cause	No. of Claims	Damages Paid
Probs With Medical Records	#	#
Foreign Body Left In Situ	#	#
Injury To Others By Patient	#	#
InPatientSuicide- NonCollapsible Rails	#	#
Perform. Of Op. Not Indicated	#	#
Cross Infection	#	#
Inapprop. Case Selection	#	#
Premature Ceasure Of Treatment	#	#
Injured By Another Patient	#	#
Fail/Delay Avail Op Thtre	#	#
Fail To Diag Pre-Eclampsia	#	#
Inadqte Monitor In Recov Room	#	#
Other	#	#
Clinical Trial	#	#
Lack Of Facilities/Equipment	#	#
Grand Total	**1,279**	**123,708,827**

Freedom of Information Request# 7464
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: The 10 NHS Trusts with the Most Clinical Negligence Claims with Damages Paid, Closed in Financial Year 2024/25 where any Injury was 'Fatality'

ClosedSettled	Y
ClaimOutcome	Damages Paid
IsTrust	Y

Member Name	No. of Claims	Damages Paid
Manchester University NHS Foundation Trust	35	2,383,362
Mid Yorkshire Teaching NHS Trust	21	1,986,613
The Leeds Teaching Hospitals NHS Trust	21	1,023,000
University Hospitals Birmingham NHS Foundation Trust	21	2,191,676
Barts Health NHS Trust	20	2,463,025
Sheffield Teaching Hospitals NHS Foundation Trust	19	1,774,963
United Lincolnshire Teaching Hospitals NHS Trust	18	1,187,906
University Hospitals Sussex NHS Foundation Trust	18	1,855,841
Northern Care Alliance NHS Foundation Trust	18	649,620
Liverpool University Hospitals NHS Foundation Trust	17	1,499,215
Royal Free London NHS Foundation Trust	17	1,729,148
Grand Total	**225**	**18,744,370**