NHS Resolution

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November 2025
FOI_7522

The following information was requested on 28 October 2025:

Specified Causes –

They would like to know the volume of claims notified to NHSR in the last 5 years that have the following codes:

- *Medication error*
- *Failure / delay in treatment*
- *Failure to carry out PO observations*
- *Bacterial infection*
- *Failure to act on abnormal test results*
- *Failure to perform tests*
- *Failure / delay in diagnosis*
- *Inadequate nursing care*
- *Inappropriate treatment*
- *Lack of assistance / care*

Include the costs of the closed claims for this period of time.

Our Response

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

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 - NHS Resolution.

Please note: Cover under the Clinical Negligence Scheme for Trusts (CNST) has also been available to independent sector providers (ISPs) of NHS care since 1st April 2013, but data relating to these ISPs has not been included in our response, as the request was for all NHS providers.

Table 1 shows: - Number of CNST Claims and Incidents received for NHS providers between financial years '2020/21' and '2024/25' where the Primary Cause is 'Medication errors', 'Fail / Delay Treatment', 'Fail To Carry Out PO Observs.', 'Bacterial infection', 'Fail To Act On Abnorm Test Res', 'Failure to perform tests', 'Failure/Delay Diagnosis', 'Inadequate nursing care', 'Inappropriate treatment', or 'Lack Of Assistance/Care', broken down by Primary Cause.

Please note not all incidents and claims received will result in a compensation payment being made.

Table 2 shows: - Number and Cost of CNST Claims Closed (or settled with a periodical payment order) for NHS providers between financial years '2020/21' and '2024/25' where the Primary Cause is 'Medication errors', 'Fail / Delay Treatment', 'Fail To Carry Out PO Observs.', 'Bacterial infection', 'Fail To Act On Abnorm Test Res', 'Failure to perform tests', 'Failure/Delay Diagnosis', 'Inadequate nursing care', 'Inappropriate treatment', or 'Lack Of Assistance/Care', broken down by Primary Cause. 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.

This table includes claims where no compensation payment has been made.

PPOs
The information disclosed includes damages and costs 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, 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 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/

Freedom of Information Request# 7522
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 CNST Claims and Incidents received for NHS Providers between financial years '2020/21' and '2024/25' where the Primary Cause is 'Medication errors', 'Fail / Delay Treatment', 'Fail To Carry Out PO Observs.', 'Bacterial infection', 'Fail To Act On Abnorm Test Res', 'Failure to perform tests', 'Failure/Delay Diagnosis', 'Inadequate nursing care', 'Inappropriate treatment', or 'Lack Of Assistance/Care', broken down by Primary Cause.

Notified	Y
Scheme	CNST

Primary Cause	No. of Claims
Fail / Delay Treatment	13,037
Failure/Delay Diagnosis	8,356
Inappropriate Treatment	2,896
Inadequate Nursing Care	2,771
Failure To Perform Tests	1,445
Medication Errors	1,189
Fail To Act On Abnorm Test Res	854
Lack Of Assistance/Care	615
Bacterial Infection	192
Fail To Carry Out PO Observs.	138
Grand Total	**31,493**

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Table 2: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) for NHS Providers between financial years '2020/21' and '2024/25', where the Primary Cause is 'Medication errors', 'Fail / Delay Treatment', 'Fail To Carry Out PO Observs.', 'Bacterial infection', 'Fail To Act On Abnorm Test Res', 'Failure to perform tests', 'Failure/Delay Diagnosis', 'Inadequate nursing care', 'Inappropriate treatment', or 'Lack Of Assistance/Care', broken down by Primary Cause. 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
Scheme	CNST

Primary Cause	No. of Claims	Damages Paid	Total Paid
Fail / Delay Treatment	13,089	1,444,627,787	2,102,971,280
Failure/Delay Diagnosis	9,054	1,142,895,208	1,697,475,055
Inappropriate Treatment	3,451	295,741,342	456,569,337
Inadequate Nursing Care	3,026	114,191,669	204,485,426
Medication Errors	1,172	68,114,579	107,948,715
Failure To Perform Tests	1,160	153,568,257	217,663,724
Fail To Act On Abnorm Test Res	804	167,026,923	219,953,710
Lack Of Assistance/Care	618	33,380,958	53,515,342
Bacterial Infection	255	41,818,464	56,848,490
Fail To Carry Out PO Observs.	147	26,152,059	38,681,565
Grand Total	**32,776**	**3,487,517,246**	**5,156,112,644**