



Resolution

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December 2025
FOI_7586

The following information was requested on 2 December 2025:

I would like to request data relating to claims made in the specialty of rheumatology from financial years 2006/07 up to and including 2023/24. I would like to know:

- (i) the number of clinical claims/incidents made per financial year.*
- (ii) the number of clinical claims closed (or settled as a PPO) per financial year and the associated costs (damages paid, NHS legal costs paid, claimant legal costs paid) incurred per financial year.*
- (iii) Of all the clinical claims closed/settled during this period (2006/07-2023/24), a breakdown of the primary causes as well as the costs (damages paid, NHS legal costs paid, claimant legal costs paid) associated with each primary cause.*
- (iv) the number of unsuccessful (i.e. with nil damages paid) clinical claims during this period (2006/07-2023/24) with their associated NHS legal costs paid and claimant legal costs paid.*

Could this be sent in the form of a pdf or electronic spreadsheet?

Our Response

Please find attached the requested information. Please note we only hold information for England and not for 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 [Understanding NHS Resolution data - NHS Resolution](#).

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 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.

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.

For information about our Clinical Negligence Schemes, please visit our website here: [Clinical schemes - NHS Resolution](#).

Table 1 shows: - Number of Clinical Claims and Incidents received between financial years '2006/07' and '2023/24' where the Specialty is '**Rheumatology**'.

Table 2 shows: - Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years '2006/07' and '2023/24' with a damages payment, where the Specialty is '**Rheumatology**', 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.

Table 3 shows: - Number and Cost of Clinical Claims Closed between financial years '2006/07' and '2023/24' with **NIL** damages paid where the Specialty is '**Rheumatology**', broken down by **Primary Cause**.

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 figures

We have not provided the information for low figures involved 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 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
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 of Clinical Claims and Incidents received between financial years '2006/07' and '2023/24' where the Specialty is 'Rheumatology'.

Table 2: Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years '2006/07' and '2023/24' with a damages payment, where the Specialty is 'Rheumatology', 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.

Table 3: Number and Cost of Clinical Claims Closed between financial years '2006/07' and '2023/24' with NIL damages paid where the Specialty is 'Rheumatology', broken down by Primary Cause.

Table 1: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2023/24' where the Specialty is 'Rheumatology'.

Notified	Y
Year of Notification	No. of Claims
2006/07	18
2007/08	10
2008/09	20
2009/10	20
2010/11	16
2011/12	15
2012/13	24
2013/14	26
2014/15	34
2015/16	46
2016/17	41
2017/18	34
2018/19	22
2019/20	42
2020/21	34
2021/22	32
2022/23	42
2023/24	38
Grand Total	514

Table 2: Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years '2006/07' and '2023/24' with a damages payment, where the Specialty is 'Rheumatology', 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
ClaimOutcome	Damages Paid

Year of Closure (Settlement Year for PPOs) --Primary Cause	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2006/07					
Fail To Recog. Complication Of	#	#	#	#	#
Wrong Diagnosis	#	#	#	#	#
Medication Errors	#	#	#	#	#
Fail / Delay Treatment	#	#	#	#	#
Err With Agnt/Dose/Route/Selec	#	#	#	#	#
Fail To Carry Out PO Observs.	#	#	#	#	#
2007/08					
Failure/Delay Diagnosis	5	358,328	58,863	195,665	612,856
Inapprop. Case Selection	#	#	#	#	#
Cross Infection	#	#	#	#	#
Fail / Delay Treatment	#	#	#	#	#
Surg Foreign Body Left In Situ	#	#	#	#	#
Fail To Recog. Complication Of	#	#	#	#	#
Failure To X-Ray	#	#	#	#	#
2008/09					
Failure/Delay Diagnosis	#	#	#	#	#
Inappropriate Treatment	#	#	#	#	#
Fail / Delay Treatment	#	#	#	#	#
2009/10					
Fail / Delay Treatment	#	#	#	#	#
Medication Errors	#	#	#	#	#
Incorrect Injection Site	#	#	#	#	#
Failure/Delay Diagnosis	#	#	#	#	#
Wrong Diagnosis	#	#	#	#	#
Inadequate Nursing Care	#	#	#	#	#
2010/11					
Fail / Delay Treatment	#	#	#	#	#
Failure/Delay Diagnosis	#	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#	#
Fail To Recog. Complication Of	#	#	#	#	#
Incorrect Injection Site	#	#	#	#	#
Inadequate Monitoring Intra-Op	#	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#	#
Fail To Supervise	#	#	#	#	#
Failure To Perform Tests	#	#	#	#	#
2011/12					
Failure/Delay Diagnosis	5	265,737	48,807	249,667	564,211
Fail / Delay Treatment	#	#	#	#	#
Intra-Op Problems	#	#	#	#	#
Medication Errors	#	#	#	#	#
Wrong Site Surgery (Never Event)	#	#	#	#	#
Inadequate Nursing Care	#	#	#	#	#
Incorrect Injection Site	#	#	#	#	#
2012/13					
Wrong Diagnosis	#	#	#	#	#
Fail / Delay Treatment	#	#	#	#	#
Wrong Site Surgery (Never Event)	#	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#	#
Failure/Delay Diagnosis	#	#	#	#	#

Table 2: Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years '2006/07' and '2023/24' with a damages payment, where the Specialty is 'Rheumatology', 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
ClaimOutcome	Damages Paid

Year of Closure (Settlement Year for PPOs) --Primary Cause	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2013/14					
Failure/Delay Diagnosis	9	135,297	70,121	282,250	487,668
Fail / Delay Treatment	#	#	#	#	#
Incorrect Injection Site	#	#	#	#	#
Inappropriate Treatment	#	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#	#
Failure To Perform Tests	#	#	#	#	#
2014/15					
Wrong Diagnosis	#	#	#	#	#
Inappropriate Treatment	#	#	#	#	#
Failure/Delay Diagnosis	#	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#	#
Fail / Delay Treatment	#	#	#	#	#
Fail To Follow-Up Arrangements	#	#	#	#	#
2015/16					
Failure/Delay Diagnosis	5	748,837	98,064	277,133	1,124,034
Fail / Delay Treatment	#	#	#	#	#
Inappropriate Treatment	#	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#	#
Failure To Perform Tests	#	#	#	#	#
Failure To Interpret X-Ray	#	#	#	#	#
2016/17					
Failure/Delay Diagnosis	9	1,684,733	256,465	1,128,228	3,069,426
Wrong Diagnosis	5	21,127	12,196	29,550	62,873
Lack Of Assistance/Care	#	#	#	#	#
Inappropriate Treatment	#	#	#	#	#
Fail/Delay Referring To Hosp.	#	#	#	#	#
Medication Errors	#	#	#	#	#
Failure To X-Ray	#	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#	#
Fail / Delay Treatment	#	#	#	#	#
2017/18					
Failure/Delay Diagnosis	7	730,355	157,271	709,750	1,597,376
Wrong Diagnosis	#	#	#	#	#
Fail / Delay Treatment	#	#	#	#	#
Medication Errors	#	#	#	#	#
Fail To Infrm Test Rslts	#	#	#	#	#
Fail To Follow-Up Arrangements	#	#	#	#	#
Failure To Perform Tests	#	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#	#
2018/19					
Fail / Delay Treatment	7	1,994,690	145,681	458,500	2,598,871
Wrong Diagnosis	#	#	#	#	#
Failure/Delay Diagnosis	#	#	#	#	#
Fail To Follow-Up Arrangements	#	#	#	#	#
Medication Errors	#	#	#	#	#
Failure To Perform Tests	#	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#	#
Lack Of Facilities/Equipment	#	#	#	#	#
Inadequate Nursing Care	#	#	#	#	#

Table 2: Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years '2006/07' and '2023/24' with a damages payment, where the Specialty is 'Rheumatology', 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
ClaimOutcome	Damages Paid

Year of Closure (Settlement Year for PPOs) --Primary Cause	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2019/20					
Failure/Delay Diagnosis	7	151,597	90,824	329,250	571,671
Fail / Delay Treatment	#	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#	#
Medication Errors	#	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#	#
Incorrect Injection Site	#	#	#	#	#
Operator Error	#	#	#	#	#
Fail To Supervise	#	#	#	#	#
Fail To Recog. Complication Of	#	#	#	#	#
Wrong Diagnosis	#	#	#	#	#
Inappropriate Treatment	#	#	#	#	#
Fail/Delay Admitting To Hosp.	#	#	#	#	#
2020/21					
Failure/Delay Diagnosis	6	263,163	86,340	308,700	658,203
Fail / Delay Treatment	#	#	#	#	#
Fail To Follow-Up Arrangements	#	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#	#
Wrong Diagnosis	#	#	#	#	#
Medication Errors	#	#	#	#	#
Failure To Perform Tests	#	#	#	#	#
Err With Agnt/Dose/Route/Selec	#	#	#	#	#
2021/22					
Fail / Delay Treatment	5	279,137	21,947	111,050	412,134
Failure/Delay Diagnosis	#	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#	#
Inappropriate Treatment	#	#	#	#	#
Failure To X-Ray	#	#	#	#	#
Bacterial Infection	#	#	#	#	#
Err With Agnt/Dose/Route/Selec	#	#	#	#	#
Medication Errors	#	#	#	#	#
Incorrect Injection Site	#	#	#	#	#
Fail To Infrm Test RsIts	#	#	#	#	#
Wrong Diagnosis	#	#	#	#	#
Fail/Delay Referring To Hosp.	#	#	#	#	#
Failure To Perform Tests	#	#	#	#	#
2022/23					
Failure/Delay Diagnosis	7	4,135,637	522,858	1,322,000	5,980,495
Inappropriate Treatment	#	#	#	#	#
Fail To Follow-Up Arrangements	#	#	#	#	#
Incorrect Injection Site	#	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#	#
Failure To Perform Tests	#	#	#	#	#
2023/24					
Failure/Delay Diagnosis	#	#	#	#	#
Failure To Perform Tests	#	#	#	#	#
Fail / Delay Treatment	#	#	#	#	#
Fail To Follow-Up Arrangements	#	#	#	#	#
Fail To Carry Out PO Observs.	#	#	#	#	#

Table 2: Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years '2006/07' and '2023/24' with a damages payment, where the Specialty is 'Rheumatology', 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
ClaimOutcome	Damages Paid

Year of Closure (Settlement Year for PPOs) --Primary Cause	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Medication Errors	#	#	#	#	#
Failure To Interpret X-Ray	#	#	#	#	#
Fail To Infrm Test Rslts	#	#	#	#	#
Grand Total	258	48,857,201	4,467,052	16,605,585	69,929,838

Table 3: Number and Cost of Clinical Claims Closed between financial years '2006/07' and '2023/24' with NIL damages paid where the Specialty is 'Rheumatology', broken down by Primary Cause.

ClosedSettled	Y
ClaimOutcome	Nil Damages

Year of Closure --Primary Cause	No. of Claims	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2006/07				
Fail / Delay Treatment	6	30,824	0	30,824
Failure/Delay Diagnosis	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#
Inappropriate Treatment	#	#	#	#
Wrong Diagnosis	#	#	#	#
Medication Errors	#	#	#	#
Fail To Infrm Test Rslts	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#
2007/08				
Inappropriate Treatment	#	#	#	#
Failure/Delay Diagnosis	#	#	#	#
Incorrect Injection Site	#	#	#	#
Fail To Recog. Complication Of	#	#	#	#
2008/09				
Failure/Delay Diagnosis	#	#	#	#
Inappropriate Treatment	#	#	#	#
Clinical Trial	#	#	#	#
Fail / Delay Treatment	#	#	#	#
2009/10				
Fail / Delay Treatment	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#
Unknown	#	#	#	#
Failure/Delay Diagnosis	#	#	#	#
Inappropriate Treatment	#	#	#	#
Fail To Follow-Up Arrangements	#	#	#	#
Bacterial Infection	#	#	#	#
Fail To Recog. Complication Of	#	#	#	#
2010/11				
Failure/Delay Diagnosis	#	#	#	#
Other	#	#	#	#
Fail / Delay Treatment	#	#	#	#
Fail To Recog. Complication Of	#	#	#	#
2011/12				
Failure/Delay Diagnosis	#	#	#	#
Fail / Delay Treatment	#	#	#	#
Inadequate Nursing Care	#	#	#	#
Fail To Follow-Up Arrangements	#	#	#	#
2012/13				
Fail / Delay Treatment	#	#	#	#
Inadequate Nursing Care	#	#	#	#
Inappropriate Treatment	#	#	#	#
Failure To Perform Tests	#	#	#	#
Failure/Delay Diagnosis	#	#	#	#
2013/14				
Failure/Delay Diagnosis	5	38,597	0	38,597
Fail / Delay Treatment	#	#	#	#
Inappropriate Treatment	#	#	#	#
Incorrect Injection Site	#	#	#	#

Table 3: Number and Cost of Clinical Claims Closed between financial years '2006/07' and '2023/24' with NIL damages paid where the Specialty is 'Rheumatology', broken down by Primary Cause.

ClosedSettled	Y
ClaimOutcome	Nil Damages

Year of Closure --Primary Cause	No. of Claims	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Fail To Recognise Complication Of	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#
Medication Errors	#	#	#	#
Fail To Inform Test Results	#	#	#	#
Foreign Body Left In Situ	#	#	#	#
2014/15				
Failure/Delay Diagnosis	#	#	#	#
Medication Errors	#	#	#	#
Inappropriate Treatment	#	#	#	#
Fail / Delay Treatment	#	#	#	#
Wrong Diagnosis	#	#	#	#
Fail To Recognise Complication Of	#	#	#	#
Err With Agent/Dose/Route/Selection	#	#	#	#
Fail/Delay Referring To Hospital	#	#	#	#
2015/16				
Failure/Delay Diagnosis	6	15,460	0	15,460
Failure To Perform Tests	5	5,574	0	5,574
Fail / Delay Treatment	#	#	#	#
Inappropriate Treatment	#	#	#	#
Fail To Recognise Complication Of	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#
Failure To Interpret X-Ray	#	#	#	#
2016/17				
Failure/Delay Diagnosis	7	15,862	0	15,862
Fail / Delay Treatment	5	7,399	0	7,399
Medication Errors	#	#	#	#
Inappropriate Treatment	#	#	#	#
Fail/Delay Referring To Hospital	#	#	#	#
Wrong Diagnosis	#	#	#	#
Other	#	#	#	#
Fail To Follow-Up Arrangements	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#
Infusion Problems	#	#	#	#
2017/18				
Failure/Delay Diagnosis	5	49,774	0	49,774
Fail / Delay Treatment	#	#	#	#
Medication Errors	#	#	#	#
Wrong Diagnosis	#	#	#	#
Inappropriate Treatment	#	#	#	#
Fail To Act On Abnormal Test Results	#	#	#	#
2018/19				
Fail / Delay Treatment	7	32,767	0	32,767
Inappropriate Treatment	6	24,406	0	24,406
Medication Errors	5	13,515	0	13,515
Failure/Delay Diagnosis	#	#	#	#
Fail To Recognise Complication Of	#	#	#	#
Wrong Diagnosis	#	#	#	#
Incorrect Injection Site	#	#	#	#
2019/20				

Table 3: Number and Cost of Clinical Claims Closed between financial years '2006/07' and '2023/24' with NIL damages paid where the Specialty is 'Rheumatology', broken down by Primary Cause.

ClosedSettled	Y
ClaimOutcome	Nil Damages

Year of Closure --Primary Cause	No. of Claims	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Inappropriate Treatment	#	#	#	#
Fail / Delay Treatment	#	#	#	#
Failure To Perform Tests	#	#	#	#
Fail To Follow-Up Arrangements	#	#	#	#
Sexual Abuse	#	#	#	#
Medication Errors	#	#	#	#
2020/21				
Fail / Delay Treatment	10	52,254	11,750	64,004
Failure/Delay Diagnosis	#	#	#	#
Inappropriate Treatment	#	#	#	#
Wrong Diagnosis	#	#	#	#
Operator Error	#	#	#	#
Err With Agnt/Dose/Route/Selec	#	#	#	#
Failure To Perform Tests	#	#	#	#
2021/22				
Inappropriate Treatment	5	14,960	0	14,960
Failure/Delay Diagnosis	#	#	#	#
Fail To Follow-Up Arrangements	#	#	#	#
Fail / Delay Treatment	#	#	#	#
Operator Error	#	#	#	#
Fail To Recog. Complication Of	#	#	#	#
Wrong Diagnosis	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#
Fail/Delay Referring To Hosp.	#	#	#	#
2022/23				
Fail / Delay Treatment	7	23,724	0	23,724
Failure/Delay Diagnosis	5	6,277	0	6,277
Fail To Warn-Informed Consent	#	#	#	#
Fail To Recog. Complication Of	#	#	#	#
Inappropriate Treatment	#	#	#	#
Inappropriate Discharge	#	#	#	#
Application Of Excess Force	#	#	#	#
Wrong Diagnosis	#	#	#	#
Failure To Perform Tests	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#
2023/24				
Fail / Delay Treatment	8	38,745	0	38,745
Failure/Delay Diagnosis	#	#	#	#
Lack Of Assistance/Care	#	#	#	#
Medication Errors	#	#	#	#
Wrong Diagnosis	#	#	#	#
Fail To Infrm Test RsIts	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#
Failure To Perform Operation	#	#	#	#
Grand Total	260	1,126,497	11,824	1,138,321