



Resolution

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January 2026
FOI_7601

The following information was requested on 25 November and clarified on 08 December 2025:

[On the 25 November, you requested]

Could I just ask if you have any data available about claims relating to ambulance delays, ideally broken down by year and going back up to five years? I'm happy to piece it together from different reports if you were able to point me in the right direction.

[We replied on the 26 November with]

*I've found an FOI we responded to on this topic in Aug 2023. [FOI 6109 Delayed-arrival-of-an-ambulance.pdf](#) In the response it sets out that we **do not** have a specific code for claims where the cause was due to the delayed arrival of an ambulance. It also states:*

We do have the following specialty: Ambulance. We also have the following cause codes: 'Fail/Delay of Treatment', and 'Fail/delay of diagnosis'. However, please note that if we were to carry out a search for all Ambulance Trusts where the cause is 'Fail/Delay of Treatment', or 'Fail/delay of diagnosis' it will include other cases not just about the delayed arrival of an ambulance. For example, it will include cases where the paramedic staff failed to administer certain treatment or it is due to the quality of treatment provided by paramedics.

You may be interested in the information in this FOI on Ambulance trusts: [FOI 4975 Ambulance-Services-Trusts-claims.pdf](#) from 2021.

We have some other FOIs on the topic of ambulance trusts available here: [Fol Requests Archive - NHS Resolution](#)

Do let us know if you'd like to make a request for data or updated data. Please note there is a turnaround time of 8 business days.

[You replied on the 08 December with]

Thanks for this.

I appreciate that the data will cover more than just delays but I would be interested in what was available on fail/delay of treatment and fail/delay of diagnosis, dating back to 2019-20 and broken down by financial year.

I guess I am looking for number of claims lodged each year and number settled plus value of settlement - you might want to give me number abandoned or withdrawn/number still under discussion for clarity.

I appreciate that, with more recent claims, an increasing proportion will still be unresolved.

Does that sound possible?

Our Response

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](#)

For this request we have used our Supplementary Annual Statistics (SAS) dataset to ensure the data represent the most up to date information. For further information about our SAS dataset please see [Annual statistics \(including Factsheet 5\) - NHS Resolution](#). Therefore, our response to this request may not align with other publications on our website.

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 as individual high value cases may impact the costs of claims closed in individual years.

Please find attached the following tables:

Table 1: Number of CNST Claims and Incidents received between financial years '2019/20' and '2024/25' for Ambulance Trusts, where the Specialty is "**Ambulance**" and Primary Cause is "**Failure/Delay Diagnosis**" or "**Fail/Delay Treatment**".

Table 2: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) between financial years '2019/20' and '2024/25' with a damages payment for Ambulance Trusts, where the Specialty is "**Ambulance**" and Primary Cause is "**Failure/Delay Diagnosis**" or "**Fail/Delay Treatment**". The data includes the damages and legal costs paid up until the end of the 2024/25 financial year.

Table 3: Number and Cost of CNST Claims Closed between financial years '2019/20' and '2024/25' with **NIL** Damages for Ambulance Trusts, where the Specialty is **"Ambulance"** and Primary Cause is **"Failure/Delay Diagnosis" or "Fail/Delay Treatment"**.

Table 4: Number of CNST Claims Open as at **31/03/2025** for Ambulance Trusts, where the Specialty is **"Ambulance"** and Primary Cause is **"Failure/Delay Diagnosis" or "Fail/Delay Treatment"**.

Open claims are not yet concluded and may or may not result in an award for damages. (Please note: this relates to open claims, and not incidents)

PPOs – (Periodical Payment Order)

The information disclosed includes damages and legal costs paid up to 31/03/2025.

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.

Low Numbers

Please note we have suppressed 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.

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/>

TABLE OF CONTENTS

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 OF CONTENTS

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Table 1: Number of CNST Claims and Incidents received between financial years '2019/20' and '2024/25' for Ambulance Trusts, where the Specialty is "Ambulance" and Primary Cause is "Failure/Delay Diagnosis" or "Fail/Delay Treatment".

Notified	Y
Scheme	CNST
Specialty1L1ARA	Ambulance

Year of Notification	No. of Claims
2019/20	79
2020/21	78
2021/22	77
2022/23	77
2023/24	98
2024/25	88
Grand Total	497

Table 2: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) between financial years '2019/20' and '2024/25' with a damages payment for Ambulance Trusts, where the Specialty is "Ambulance" and Primary Cause is "Failure/Delay Diagnosis" or "Fail/Delay Treatment". The data includes the damages and legal costs paid up until the end of the 2024/25 financial year.

ClosedSettled	Y
ClaimOutcome	Damages Paid
Scheme	CNST
Specialty1L1ARA	Ambulance

Year of Closure (Settlement Year for PPOs)	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2019/20	21	6,291,355	413,937	1,787,784	8,493,077
2020/21	26	2,512,107	385,075	1,598,475	4,495,658
2021/22	25	3,571,356	223,833	1,205,496	5,000,685
2022/23	31	13,314,182	673,286	2,425,425	16,412,893
2023/24	21	7,287,339	322,290	1,082,533	8,692,162
2024/25	23	6,362,204	575,482	1,629,875	8,567,561
Grand Total	147	39,338,542	2,593,904	9,729,589	51,662,035

Table 3: Number and Cost of CNST Claims Closed between financial years '2019/20' and '2024/25' with NIL Damages for Ambulance Trusts, where the Specialty is "Ambulance" and Primary Cause is "Failure/Delay Diagnosis" or "Fail/Delay Treatment".

ClosedSettled	Y
Scheme	CNST
ClaimOutcome	Nil Damages
Specialty1L1ARA	Ambulance

Year of Closure	No. of Claims	NHS Legal Costs Paid	Claimant Legal Costs Paid
2019/20	37	187,678	0
2020/21	38	272,381	0
2021/22	43	305,627	#
2022/23	43	240,163	7,200
2023/24	59	387,354	#
2024/25	51	252,430	0

Table 4: Number of CNST Claims Open as at 31/03/2025 for Ambulance Trusts, where the Specialty is "Ambulance" and Primary Cause is "Failure/Delay Diagnosis" or "Fail/Delay Treatment".

Scheme	CNST
CurrentStatusFlag	Open
Specialty1L1ARA	Ambulance

Year of Notification	No. of Claims
2004/05	#
2011/12	#
2012/13	#
2013/14	#
2015/16	#
2016/17	#
2017/18	#
2018/19	5
2019/20	10
2020/21	15
2021/22	14
2022/23	30
2023/24	49
2024/25	66
Grand Total	198