NHS Resolution

8th Floor,
10 South Colonnade
Canary Wharf
London
E14 4PU
Telephone: 020 7811 2700

February 2026
FOI_7678

The following information was requested on 22 January 2026:

Thank you for your response to FOI_7638 (22 January 2026).

REQUEST A – Clarification of Methodology
I am writing to request clarification of the definitions and methodology used in producing the data already disclosed, to ensure the information is interpreted accurately. This request concerns recorded information explaining how the disclosed data was generated and does not seek new data extraction, manual file review, or case level detail.

1. Definition of "Specialty is Neurology"
1.1 Please confirm how "Specialty is Neurology" is defined for the purposes of FOI_7638.
1.2 In particular, please confirm whether this category is assigned based on the clinical service primarily responsible for the care, the specialty in which the incident occurred, or the specialty of the clinician named in the claim.
1.3 Please also confirm whether headache or migraine services are included within the "Neurology" specialty for claims coding purposes.

2. Meaning of "Psyc_Prescribe_flag"
Tables 3 and 9 reference a field titled "Psyc_Prescribe_flag".
2.1 Please confirm what this flag represents, for example whether it identifies claims involving pre existing psychiatric conditions, psychiatric injury related to prescribing, or another defined criterion.
2.2 Please confirm how this flag is set, for example automatically based on coded fields or manually by claims handlers.
2.3 Please confirm when this flag was introduced into the claims database and whether it has been applied retrospectively to earlier claims.

3. Clarification of Table 6 "No data met criteria"
Table 6 states that "There was no data that met the above criteria" and presents values as zero, whereas elsewhere low numbers are masked using a "#" symbol.
3.1 Please confirm whether the Table 6 result represents a true zero, meaning no claims meeting the criteria, or suppressed low numbers between 1 and 4 masked for data protection reasons.
3.2 If this is a true zero, please confirm that this means that between financial years 2020/21 and 2024/25 there were zero clinical negligence claims closed or settled with a damages payment where the Specialty was Neurology, the Primary Injury was Psychiatric or Psychological Damage, and the Primary Cause was Medication Errors, Incorrect Injection Site, or Error with Agent Dose Route Selection.

4. Primary Cause coding definitions
Please provide the definitions used by NHS Resolution for the following Primary Cause codes referenced in FOI_7638: Medication Errors; Error with Agent Dose Route Selection; Fail to Warn – Informed Consent; Inadequate Assessment.

Please also confirm how the Primary Cause is determined where multiple alleged causes are present in a single claim.

Format and cost
This request seeks clarification of definitions and methodology relating to data already disclosed. It does not require review of individual claim files or new analysis. If any part of this request is considered to exceed Section 12 cost limits, please provide the information that can be disclosed within limits and advise how any remaining part could be refined.

REQUEST B – GSTT-Specific Data (Guy's and St Thomas' NHS Foundation Trust)
In your clarification email dated 30 December 2025, you stated that NHS Resolution could provide high level claims data broken down "by trust".
Pursuant to the Freedom of Information Act 2000, I now request a specific breakdown for Guy's and St Thomas' NHS Foundation Trust (GSTT). To ensure that the data is statistically significant and to minimise the necessity of redactions under Section 40(2), I am requesting this data for the ten year period from financial years 2015/16 to 2024/25 inclusive.

Request for Guy's and St Thomas' NHS Foundation Trust (GSTT)
1. Claims overview (Neurology)
1.1 The total number of clinical negligence claims received where the Specialty is Neurology.
1.2 The number of these claims closed with a damages payment.
1.3 The number of these claims closed with nil damages.
1.4 The total associated costs, including damages, NHS legal costs, and claimant legal costs.

2. Breakdown by Primary Cause
Using the same methodology as Table 1 of FOI 7638, please provide the number of neurology claims for GSTT broken down by Primary Cause, specifically including Medication Errors; Fail To Warn – Informed Consent; Inadequate Assessment.

3. Breakdown by Primary Injury
Using the same methodology as Table 2 of FOI 7638, please provide the number of neurology claims for GSTT broken down by Primary Injury, specifically including Psychiatric or Psychological Damage.

4. Combined criteria (Prescribing / Psychiatric intersection)
The number of neurology claims for GSTT where the Primary Injury is Psychiatric or Psychological Damage and the Primary Cause is one of the following: Medication Errors; Incorrect Injection Site; Error with Agent Dose Route Selection.

Note on Section 12 (cost limit) and Section 40 (privacy)
In your clarification email of 30 December 2025, you explicitly stated that you could provide high level data such as the number of claims received for the specialty, the number closed with nil damages paid, breakdown by primary cause, breakdown by primary injury, or by trust. This places Trust level analysis in the same category of availability as cause and injury breakdowns, which you have already provided in FOI 7638. The present request seeks the same high level analysis you confirmed was available, limited to a single Trust.
As you have already confirmed that "Trust" is a reportable field in your database, I trust this request will not exceed the cost threshold. If the numbers for specific sub categories remain below five, please provide aggregated totals for the full ten year period to enable disclosure.

Our Response

Please find below the requested information. Please note we only hold information for England and not for the rest of the UK.

Request A relates to clarification on a previous request in FOI_7638

Request A1: Definition of "Specialty is Neurology"

NHS Resolution does not apply a defined methodology for allocating medical specialties. Where a Trust reports an incident to us, they assign a specialty. In cases where no specialty is provided and / or further or better information becomes available, our case handlers review the incident description and apply the most appropriate specialty based on the information available. There is no formal criteria used beyond reading and interpreting the available information.

With regard to your request on **headaches or migraines services**, please refer to the section 12 refusal notice provided below. As explained, the work required to identify and extract this information would exceed the appropriate cost limit.

Section 12 refusal notice
Although NHS Resolution may hold some information relating to claims such as what you have requested, due to the way claims are recorded on our claims database, we will not be able to identify such specific cases. It might be helpful to explain that when claims are notified to NHS Resolution they are categorised against pre-defined cause, injury and speciality codes. We do not have codes for: *"headache or migraine services".* Therefore, while there may be information held in our records, we are not readily able to identify the relevant files by searching the database. To do so would involve a manual review of Neurology" specialty cases to identify which ones relate to claims involving: *"headache or migraine services"*. This would be a time-consuming exercise.

Therefore, we estimate that the cost of complying with the request in its entirety would exceed the 'appropriate limit.' Section 12(1) of the FOIA is a provision which allows a public authority to refuse to comply with a request for information where the cost of compliance is estimated to exceed a set limit (known as the 'appropriate limit'). The 'appropriate limit' for NHS Resolution is £450. This equates to 18 hours of work at the rate of £25 per hour set out in the 'Fees Regulations'.

We estimate that it would take on average 20 minutes to locate, retrieve and extract the requested information from an individual file. It may therefore be the case that we would be able to examine only 56 files within 18 hours.

In addition, given the complexity of negligence claims and their litigation, it is possible for a single electronic or paper-based file to contain hundreds of documents in a variety of formats.

Request A2: Meaning of "Psyc_Prescribe_flag"

This flag identifies cases where the Primary Injury is recorded as *"Psychiatric/Psychological Damage"* and the Primary Cause is one of the

following: *“Medication Errors”*, *“Incorrect Injection Site”*, or *“Error with Agent/Dose/Route/Selection”*.

It is generated using a custom code that assigns a “Yes” value whenever a claim meets this exact combination of Primary Injury and Primary Cause. It is derived from fields that have always existed within NHS Resolution’s case management system. This means it can be reliably applied retrospectively to earlier claims.

Request A3: Clarification of Table 6 “No data met criteria”

Table 6 in FOI_7638 indicates that the value shown represents a true zero, meaning no claims met the criteria. We can confirm that, between the financial years 2020/21 and 2024/25, there were **no** clinical negligence claims closed or settled with a damages payment where the Specialty was '*Neurology'*, the Primary Injury was 'Psychiatric or Psychological Damage;, and the Primary Cause was 'Medication Errors', 'Incorrect Injection Site', or 'Error with Agent/Dose/Route/Selection'.

Request A4: Primary Cause coding definitions

NHS Resolution does not have a document that provides definitions for the codes used in FOI_7638. NHS Resolution does not operate a standardised framework for applying clinical or cause/injury codes. Instead, we rely on judgement based on information about the incident obtained when submitting a claim and through investigation.

Where information is incomplete or where clarification is needed, our claims handlers review the available documentation and apply the most appropriate cause and injury codes from the options available within our system. This process is based on the handler’s professional judgement and the details of the case; there is no prescribed methodology beyond interpreting the incident information.

Allocation of the **primary cause** is also determined by the handler. This may reflect either:

- the first event that led to the injury, or
- in some cases, the factor assessed as the most serious or clinically significant (for example, a fatality).

This determination is made on a case-by-case basis, guided by the information provided and the handler’s view of the circumstances.

Request B

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.

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 claims 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 CNST cases only. For further information about our CNST scheme please visit our website Clinical Negligence Scheme for Trusts - NHS Resolution.

Please find attached the following tables:

Table 1 shows: Number of CNST Claims and Incidents received between financial years **‘2015/16’** and **‘2024/25** for **Guy's and St. Thomas' NHS Foundation Trust** where the Specialty is **‘Neurology’**.

Table 2 shows: Number of CNST Claims and Incidents received between financial years **‘2015/16’** and **‘2024/25** for **Guy's and St. Thomas' NHS Foundation Trust** where the Specialty is **‘Neurology’**. Broken down by **Primary Cause**.

Table 3 shows: Number of CNST Claims and Incidents received between financial years **‘2015/16’** and **‘2024/25** for **Guy's and St. Thomas' NHS Foundation Trust** where the Specialty is **‘Neurology’**. Broken down by **Primary Injury**.

Table 4 shows: Number of CNST Claims received between financial years **‘2015/16’** and **‘2024/25** for **Guy's and St. Thomas' NHS Foundation Trust** where Specialty is **Neurology**, the Primary Injury is **'Psychiatric/Psychological Damage'** and the Primary Cause is **'Medication Errors', 'Incorrect Injection Site' or 'Err with Agnt/Dose/Route/Selec'**.

Table 5 shows: Number and Cost of CNST Claims Closed between financial years **‘2015/16’** and **‘2024/25'** for **Guy's and St. Thomas' NHS Foundation Trust** with a

damages payment, where the Specialty is **'Neurology'**. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

Table 6 shows: Number and Cost of CNST Claims Closed between financial years **'2015/16'** and **'2024/25'** for **Guy's and St. Thomas' NHS Foundation Trust** with **NIL** damages paid where the Specialty is **'Neurology'**.

Low Numbers

Please note 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 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.

Please refer to Understanding NHS Resolution data guidance for further details on how our Claims database is categorised.

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.

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# 7678
Data correct as at: The end of every financial year

This is the new Criteria Form - should not be taken as a final submission

NHS Resolution

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.

Table 1: Number of CNST Claims and Incidents received between financial years '2015/16' and '2024/25 for Guy's and St. Thomas' NHS Foundation Trust where the Specialty is 'Neurology'.

Notified	Y
Specialty1L1ARA	Neurology

Year of Notification	No. of Claims
2015/16	#
2017/18	#
2020/21	#
2021/22	#
Grand Total	**6**

Table 2: Number of CNST Claims and Incidents received between financial years '2015/16' and '2024/25 for Guy's and St. Thomas' NHS Foundation Trust where the Specialty is 'Neurology'. Broken down by Primary Cause.

Notified	Y
Specialty1L1ARA	Neurology

Primary Cause	No. of Claims
Failure/Delay Diagnosis	#
Fail / Delay Treatment	#
Grand Total	**6**

Table 3: Number of CNST Claims and Incidents received between financial years '2015/16' and '2024/25 for Guy's and St. Thomas' NHS Foundation Trust where the Specialty is 'Neurology'. Broken down by Primary Injury.

Notified	Y
Specialty1L1ARA	Neurology

Primary Injury	No. of Claims
Psychiatric/Psychological Dmge	#
Benign Tumour	#
Unnecessary Pain	#
Fatality	#
Aneurysm	#
Grand Total	**6**

Table 4: Number of CNST Claims received between financial years '2015/16' and '2024/25 for Guy's and St. Thomas' NHS Foundation Trust where Specialty is Neurology, the Primary Injury is 'Psychiatric/Psychological Dmge' and the Primary Cause is 'Medication Errors', 'Incorrect Injection Site' or 'Err With Agnt/Dose/Route/Selec'.

Notified	Y
Specialty1L1ARA	Neurology
Cause1L1	Err With Agnt/Dose/Route/Selec

Year of Notification	No. of Claims
Grand Total	**0**

Freedom of Information Request# 7678
Data correct as at: The end of every financial year

Table 5: Number and Cost of CNST Claims Closed between financial years '2015/16' and '2024/25' for Guy's and St. Thomas' NHS Foundation Trust with a damages payment, where the Specialty is 'Neurology'. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

ClaimOutcome	Damages Paid
ClosedSettled	Y
Specialty1L1ARA	Neurology

Year of Closure	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2016/17	#	#	#	#	#
2023/24	#	#	#	#	#
2024/25	#	#	#	#	#
Grand Total	**#**	**#**	**#**	**#**	**#**

Freedom of Information Request# 7678
Data correct as at: The end of every financial year

Table 6: Number and Cost of CNST Claims Closed between financial years '2015/16' and '2024/25' for Guy's and St. Thomas' NHS Foundation Trust with NIL damages paid where the Specialty is 'Neurology'.

ClaimOutcome	Nil Damages
ClosedSettled	Y
Specialty1L1ARA	Neurology

Year of Closure	No. of Claims	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2019/20	#	#	#	#
2022/23	#	#	#	#
Grand Total	**#**	**#**	**#**	**#**