NHS Resolution

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

March 2026
FOI_7695

The following information was requested on 29 January 2026 and clarified on 10 February 2026:

[On the 29 January 2026, you requested]

I am writing to make a request under the Freedom of Information Act 2000. I would be grateful if you could provide the following information:

1. Total number of clinical negligence claims and incidents recorded under the cause code 'Failed Sterilisation' by notification year, covering financial years 2021/22, 2022/23, 2023/24, and 2024/25 to date.

2. For each claim and incident recorded under the cause code 'Failed Sterilisation' (as identified in Question 1), please provide:
a) The location of the incident
b) The injury code(s) and nature of injury
c) The clinical specialty or specialties involved
d) The incident description as recorded in the free text field on CMS
e) The incident date (year)
f) The current status (open/closed)

Please provide this information in spreadsheet format (Excel or CSV).

If any part of this request would exceed the cost limit under Section 12 of the Act, please contact me before refusing the request so that I can refine it accordingly.

If you require any clarification regarding this request, please do not hesitate to contact me.

[On the 30 January 2026, we sought for clarification with]

Thank you for your request to NHS Resolution. Before we can respond, I would like to clarify what information we hold and are able to provide.

Please refer to our publication: Guidance-note-Understanding-NHS-Resolution-data-updated and a set of codes against which claims are logged: CNST-Codes.xlsx (see the three tabs in the spreadsheet).

We do have a cause code: failed sterilization.

Regarding Q2, we would like to advise you that we would be unable to disclose any details that would allow the identification of the individual claim, where it could lead to the breach of the Data Protection requirements.

In terms of (a) location – we can provide breakdown by Trust (not individual hospital) and (d) we are unable to provide incident description.

Please, can you review the above guidance and let us know what information you would be interested in.

Your request will be put on hold until we receive the clarification requested above.

[On the 30 January 2026, you replied with]

Thank you for your email and guidance on the requested information - that is helpful.

In terms of Q2(a) - a breakdown by Trust is absolutely fine.

Regarding Q2(d) - could you please clarify why you are unable to provide incident descriptions. Is it because they contain patient or personal data, or is it under time/cost grounds? From my end, I would be happy to receive incident descriptions with redactions of all personally identifying data if that would help this request meet requirements.

[On the 30 January 2026, we sought for further clarification with]

Thank you for your email.

We do not rely on incident description field mostly because of inconsistency in its use. Not all colleagues use it and the descriptions entered can vary. Also, words can be misspelt which means some of the data would be missed.

We believe the data gathered from incident description field would not be reliable.

[On the 04 February 2026, you replied with]

Apologies for the short delay in getting back to you. Thank you for identifying the potential for inconsistency in the use of incident description fields. Despite the possibility that the some of the data may be unreliable, I would still like to request that it is disclosed under this FOI.

For clarity - it may be helpful for me to slightly re-word my request - the information that I am looking for is the number of claims brought against the NHS by surgical patients who have been subjected to adverse health effects (infections or disease transmissions for example) because of the accidental use of dirty or unsterile instruments in operations, a brief description of each incident, and the amount paid out by NHS Resolution for each successful claim.

If you can help me to gather this information or simplify the request to help to expedite it, then I would welcome any suggestions you might have.

[On the 05 February 2026, we responded with]

Thank you for your clarification below.

We will now work on our request. I would like to reiterate that we will not be able to provide details relating to individual claims, only the aggregated data. Would you still be interested in this data?

[On the 05 February 2026, you replied with]
Thanks for your response. The aggregated data would certainly be welcome, however since you have not highlighted the specific provision under the FOI act that is preventing you from

sharing the incident fields with me, I would like to ask you again to reconsider this part of my request.

As a reminder, I am not after personal or identifying data concerning patients but would like to see a brief description of incidents where one has been provided in the incident description field.

[On the 10 February 2026, we sought for further clarification with]

Thank you for clarification.

Having reviewed the explanation provided in your email of 4 February 2026, where you clarified that:

"For clarity - it may be helpful for me to slightly re-word my request - the information that I am looking for is the number of claims brought against the NHS by surgical patients who have been subjected to adverse health effects (infections or disease transmissions for example) because of the accidental use of dirty or unsterile instruments in operations, a brief description of each incident, and the amount paid out by NHS Resolution for each successful claim".

Based on this description, we would suggest using the cause code "cross infection" for your request, as we consider this to best reflect the circumstances outlined above.

Please could you confirm whether you would like us to process your request on the basis of this cause code.

[On the 10 February 2026, you replied with]

thanks for your email and kind help. Please proceed with the request using the cause code "cross infection" as you suggest - many thanks.

Our Response

Please find attached the information we are able to provide. 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 Guidance-note-Understanding-NHS-Resolution-data-updated

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.

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. Not all claims received will result in an award of compensation.

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.

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 a breakdown by Trust. Please visit our website for more information about our Clinical Schemes for Trusts - NHS Resolution.

Please note: our claims management system does not have a code to specifically identify instances of the incident you have specified (namely, "*surgical patients who have been subjected to adverse health effects (infections or disease transmissions for example) because of the accidental use of dirty or unsterile instruments in operations"*), and as such, the cause code used may not result in claims limited to those situations. The code may include incidents which are not related to the circumstances you have outlined, and there may be other claims that might be relevant, that have been categorised in a different way. Unfortunately, the only way to extract this information would be to manually review individual claims files, which would likely exceed the FOI cost limit. Please refer to our section 12 refusal notice below.

Please find attached the following tables:

Table 1 shows: Number of CNST Claims and/or Incidents received between financial years **'2021/22'** and **'2024/25'** where the Primary Cause is **'Cross Infection'**.

Table 2 shows: Number of CNST Claims and/or Incidents received between financial years **'2021/22'** and **'2024/25'** where the Primary Cause is **'Cross Infection'**, broken down by **Member**.

Table 3 shows: Number of CNST Claims and/or Incidents received between financial years **'2021/22'** and **'2024/25'** where the Primary Cause is **'Cross Infection'**, broken down by **Primary Injury**.

Table 4 shows: Number of CNST Claims and/or Incidents received between financial years **'2021/22'** and **'2024/25'** where the Primary Cause is **'Cross Infection'**, broken down by **Primary Specialty**.

Table 5 shows: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) between financial years **'2021/22'** and **'2024/25'** with a damages payment, where the Primary Cause is **'Cross Infection'**. 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 6 shows: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) between financial years **'2021/22'** and **'2024/25'** with a damages payment, where the Primary Cause is **'Cross Infection'**, broken down by **Member**. 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 7 shows: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) between financial years **'2021/22'** and **'2024/25'** with a damages payment, where the Primary Cause is **'Cross Infection'**, broken down by **Primary Injury**. 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 8 shows: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) between financial years **'2021/22'** and **'2024/25'** with a damages payment, where the Primary Cause is **'Cross Infection'**, broken down by **Primary Specialty**. 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.

Please note: the tables broken down by Trust should <u>not</u> 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.

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.

In regard to **Question 2(d)**
Please note, we do not provide information contained within the incident description field as this information has proven to be incomplete and provided a misleading picture as there are a number of causes for claims and they are settled for a number of multi-factorial reasons and the primary cause and injury may not relate entirely to what has been entered into the short free-text field and often times sensitive personal data may have been inputted (please refer to the section 40 refusal notice below for the reason why we are unable to provide the incident description field). We would also have to carry out a manual review of the individual cases identified from the free text description to ensure they are relevant to your search criteria and / or that any sensitive personal data has been removed. This would be a time consuming exercise. As such, we have decided not to provide information on the incident description field.

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 54 files within 18 hours. We have provided in the attached tables the information that is readily available within the 18 hour limit.

Section 40 Refusal Notice - Low Numbers and details of individual claims
Please note we have suppressed low figures, and have not provided details of individual claims as requested, eg including incident description and location 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) or the personal data 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.

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# 7695
Data correct as at: The end of every financial year

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.

Freedom of Information Request# 7695
Data correct as at: The end of every financial year

Table 1: Number of CNST Claims and/or Incidents received between financial years '2021/22' and '2024/25' where the Primary Cause is 'Cross Infection'.

Notified	Y
Scheme	CNST

Year of Notification	No. of Claims
2021/22	17
2022/23	14
2023/24	14
2024/25	8
Grand Total	**53**

Freedom of Information Request# 7695
Data correct as at: The end of every financial year

NHS Resolution

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 2: Number of CNST Claims and/or Incidents received between financial years '2021/22' and '2024/25' where the Primary Cause is 'Cross Infection', broken down by Member

Notified	Y
Scheme	CNST

Member	No. of Claims
East Kent Hospitals University NHS Foundation Trust	#
University Hospitals of Leicester NHS Trust	#
Shrewsbury and Telford Hospital NHS Trust	#
North West Anglia NHS Foundation Trust	#
Royal Devon University Healthcare NHS Foundation Trust	#
Frimley Health NHS Foundation Trust	#
United Lincolnshire Teaching Hospitals NHS Trust	#
Manchester University NHS Foundation Trust	#
University Hospitals Sussex NHS Foundation Trust	#
Mid Yorkshire Teaching NHS Trust	#
Countess of Chester Hospital NHS Foundation Trust	#
University College London Hospitals NHS Foundation Trust	#
South Tyneside and Sunderland NHS Foundation Trust	#
Blackpool Teaching Hospitals NHS Foundation Trust	#
Nottingham University Hospitals NHS Trust	#
Kent and Medway NHS and Social Care Partnership Trust	#
Royal United Hospitals Bath NHS Foundation Trust	#
King's College Hospital NHS Foundation Trust	#
The Leeds Teaching Hospitals NHS Trust	#
Liverpool University Hospitals NHS Foundation Trust	#
Bedfordshire Hospitals NHS Foundation Trust	#
Bradford Teaching Hospitals NHS Foundation Trust	#
Oxford University Hospitals NHS Foundation Trust	#
Mid and South Essex NHS Foundation Trust	#
Royal Papworth Hospital NHS Foundation Trust	#
University Hospitals Plymouth NHS Trust	#
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	#
Cambridgeshire Community Services NHS Trust	#
South Warwickshire NHS Foundation Trust	#
Wirral University Teaching Hospital NHS Foundation Trust	#
East and North Hertfordshire NHS Trust	#
Wye Valley NHS Trust	#
University Hospitals Birmingham NHS Foundation Trust	#
Chesterfield Royal Hospital NHS Foundation Trust	#
Epsom and St Helier University Hospitals NHS Trust	#
Northern Care Alliance NHS Foundation Trust	#
Walton Centre NHS Foundation Trust (The)	#
Newcastle Upon Tyne Hospitals NHS Foundation Trust (The)	#
Worcestershire Acute Hospitals NHS Trust	#
North East London NHS Foundation Trust	#
Barts Health NHS Trust	#
North Tees & Hartlepool NHS Foundation Trust	#
Grand Total	**53**

Freedom of Information Request# 7695
Data correct as at: The end of every financial year

Table 3: Number of CNST Claims and/or Incidents received between financial years '2021/22' and '2024/25' where the Primary Cause is 'Cross Infection', broken down by Primary Injury

Notified	Y
Scheme	CNST

Primary Injury	No. of Claims
Fatality	14
Hospital Acquired Infection	8
Infectious Diseases	8
Infection (bacterial)	7
Psychiatric/Psychological Dmge	#
Bruising/ Extravasation	#
Adtnl/unnecessary Operation(s)	#
Unnecessary Pain	#
Meningitis	#
Pressure Sores	#
Cardiac Arrest	#
Respiratory Disorder/ Failure	#
Sepsis	#
Other	#
Spinal Damage	#
Grand Total	**53**

Freedom of Information Request# 7695
Data correct as at: The end of every financial year

Table 4: Number of CNST Claims and/or Incidents received between financial years '2021/22' and '2024/25' where the Primary Cause is 'Cross Infection', broken down by Primary Specialty

Notified	Y
Scheme	CNST

Primary Specialty	No. of Claims
Obstetrics	6
General Surgery	5
Geriatric Medicine	5
General Medicine	5
Infectious Diseases	#
Intensive Care Medicine	#
Urology	#
Radiology	#
Orthopaedic Surgery	#
Renal Medicine	#
Anaesthesia	#
Surgical Speciality - Other	#
Haematology	#
Chemical Pathology/ Biochemistry	#
Emergency Medicine	#
Respiratory Medicine/ Thoracic Medic	#
Psychiatry/ Mental Health	#
Cardio Surgery	#
Cardiology	#
Community Medicine/ Public Health	#
Oncology	#
Dentistry	#
Neurology	#
Neurosurgery	#
Grand Total	**53**

Freedom of Information Request# 7695
Data correct as at: The end of every financial year

Table 5: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) between financial years '2021/22' and '2024/25' with a damages payment, where the Primary Cause is 'Cross Infection'. 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.

ClaimOutcome	Damages Paid
ClosedSettled	Y
Scheme	CNST

Closure Year -- Settlement Year PPO	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs	Total Paid
2021/22	12	154,239	39,525	192,156	385,920
2022/23	8	4,297,250	137,776	569,500	5,004,526
2023/24	6	222,238	36,035	188,150	446,423
2024/25	5	59,500	30,427	108,000	197,927
Grand Total	**31**	**4,733,227**	**243,762**	**1,057,806**	**6,034,795**

Freedom of Information Request# 7695
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 6: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) between financial years '2021/22' and '2024/25' with a damages payment, where the Primary Cause is 'Cross Infection', broken down by Member. 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.

ClaimOutcome	Damages Paid
ClosedSettled	Y
Scheme	CNST

Member	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Northern Care Alliance NHS Foundation Trust	#	#	#	#	#
South Tees Hospitals NHS Foundation Trust	#	#	#	#	#
North West Anglia NHS Foundation Trust	#	#	#	#	#
Shrewsbury and Telford Hospital NHS Trust	#	#	#	#	#
London North West University Healthcare NHS Trust	#	#	#	#	#
Liverpool University Hospitals NHS Foundation Trust	#	#	#	#	#
Royal Devon University Healthcare NHS Foundation Trust	#	#	#	#	#
University Hospitals Birmingham NHS Foundation Trust	#	#	#	#	#
Princess Alexandra Hospital NHS Trust (The)	#	#	#	#	#
Wirral University Teaching Hospital NHS Foundation Trust	#	#	#	#	#
Royal Surrey County Hospital NHS Foundation Trust (The)	#	#	#	#	#
Mid and South Essex NHS Foundation Trust	#	#	#	#	#
Newcastle Upon Tyne Hospitals NHS Foundation Trust (The)	#	#	#	#	#
Royal United Hospitals Bath NHS Foundation Trust	#	#	#	#	#
NHS Blood & Transplant	#	#	#	#	#
Cambridgeshire Community Services NHS Trust	#	#	#	#	#
North Tees & Hartlepool NHS Foundation Trust	#	#	#	#	#
University Hospitals of Leicester NHS Trust	#	#	#	#	#
Bradford District Care Trust	#	#	#	#	#
Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust	#	#	#	#	#
Bradford Teaching Hospitals NHS Foundation Trust	#	#	#	#	#
Grand Total	**31**	**4,733,227**	**243,762**	**1,057,806**	**6,034,795**

Freedom of Information Request# 7695
Data correct as at: The end of every financial year

Table 7: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) between financial years '2021/22' and '2024/25' with a damages payment, where the Primary Cause is 'Cross Infection', broken down by Primary Injury. 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.

ClaimOutcome	Damages Paid
ClosedSettled	Y
Scheme	CNST

Primary Injury	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Infectious Diseases	7	168,744	32,135	136,986	337,865
Infection (bacterial)	5	22,000	5,010	59,500	86,510
Hospital Acquired Infection	#	#	#	#	#
Fatality	#	#	#	#	#
Other Infection	#	#	#	#	#
Unnecessary Pain	#	#	#	#	#
Cerebral Palsy	#	#	#	#	#
Adtnl/unnecessary Operation(s)	#	#	#	#	#
Other Visual Problems	#	#	#	#	#
Other	#	#	#	#	#
Psychiatric/Psychological Dmge	#	#	#	#	#
Sepsis	#	#	#	#	#
Grand Total	**31**	**4,733,227**	**243,762**	**1,057,806**	**6,034,795**

Freedom of Information Request# 7695
Data correct as at: The end of every financial year

Table 8: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) between financial years '2021/22' and '2024/25' with a damages payment, where the Primary Cause is 'Cross Infection', broken down by Primary Specialty. 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.

ClaimOutcome	Damages Paid
ClosedSettled	Y
Scheme	CNST

Primary Specialty	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Obstetrics	5	4,107,250	107,039	389,150	4,603,439
Radiology	5	261,994	37,603	193,150	492,747
Urology	#	#	#	#	#
Cardiology	#	#	#	#	#
Orthopaedic Surgery	#	#	#	#	#
Emergency Medicine	#	#	#	#	#
General Medicine	#	#	#	#	#
General Surgery	#	#	#	#	#
Blood Transfusion	#	#	#	#	#
Otorhinolaryngology/ ENT	#	#	#	#	#
Gastroenterology	#	#	#	#	#
Infectious Diseases	#	#	#	#	#
Dentistry	#	#	#	#	#
Community Medicine/ Public Health	#	#	#	#	#
Geriatric Medicine	#	#	#	#	#
Ophthalmology	#	#	#	#	#
Grand Total	**31**	**4,733,227**	**243,762**	**1,057,806**	**6,034,795**