NHS
Resolution

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March 2026
FOI_7743

The following information was requested on 23 February 2026:

I am writing to request information under the Freedom of Information Act 2000.

I am seeking national information about whether, and to what extent, hospice-related care costs are captured and paid within damages (special damages / heads of loss) for clinical negligence claims handled by NHS Resolution, and also proxy "denominator" cohorts that would help estimate where such costs may be expected but are not present.

For the purposes of this request, "hospice-related care costs" means costs included within damages that relate to care delivered by a hospice provider (including hospice inpatient care and hospice-at-home/community hospice services), whether charitably funded or partially supported by NHS/statutory funding.

I have noted NHS Resolution's published guidance on "Understanding NHS Resolution data", including the use of structured codes and the limitations of free-text searches. I would therefore be grateful if you could prioritise responses based on structured/recorded data fields wherever possible.

Scope and preferred period

To minimise burden and avoid exceeding the Section 12 cost limit, my preference is that you provide the requested information for the most recent financial year available (e.g., 2024/25). If this can be provided without exceeding the cost limit, please also provide the same information for the most recent two financial years, and if feasible, the most recent five financial years.

All questions below relate to clinical negligence claims that were resolved/closed in the relevant year and where a damages payment was made, unless otherwise stated. I am not requesting any personal data.

1) Whether hospice-related care costs are recorded as a structured damages field/category
Please confirm whether NHS Resolution's case management system captures damages in a structured way (e.g., by head of loss / special damages category/sub-category) and whether any structured field, category, tag, or standard coding exists that would identify:
a) hospice-related care costs, and/or
b) charitable care provider costs (including hospices), and/or
c) any equivalent category where hospice care costs would ordinarily be recorded.

If yes, please provide:
i) the relevant field name(s), category label(s), or tag(s);
ii) a brief description of how they are recorded/used; and
iii) whether the values are recorded as structured numeric amounts, free text, or both.

2) Headline totals where hospice-related care costs are identifiable (structured extraction)
For the relevant year(s), please provide:
a) the number of resolved/closed claims with a damages payment where damages included any hospice-related care costs (as defined above);
b) the total £ value of hospice-related care costs included within damages across those claims;
c) where held, the mean and median hospice-related care cost per claim; and
d) the total £ value of damages paid across the subset of claims identified in (a), to enable hospice costs to be expressed as a proportion of damages;
e) where held, a split of (a) and (b) by settlement vs court judgment.

3) Proxy denominators (structured cohorts) to estimate "expected" hospice/palliative care involvement
If hospice-related care costs are not identifiable as a structured damages field/category, or even if they are, I would be grateful for the following proxy cohort totals for the same year(s), as these cohorts are likely to include cases where palliative/hospice needs could arise.

For each cohort below, please provide:
- the number of resolved/closed claims with a damages payment, and
- the total £ value of damages paid for those claims,
and where held, a split by settlement vs court judgment.

Cohorts requested (using NHS Resolution's existing structured codes/labels):
a) Claims coded as fatal / death-related outcome (or the closest equivalent outcome/injury severity code used in your system).
b) Claims with cause codes relating to delay/wrong diagnosis, failure/delay to treat, failure to refer, failure to perform test, and radiology error (or the closest equivalent NHSR cause categories).
c) Claims where the recorded specialty is "Palliative Medicine" (or the closest equivalent specialty label used in your system).
d) Claims where special damages include any care-related heads of loss (e.g., paid care, gratuitous care, case management, or equivalent labels used by NHSR).

If hospice-related costs can be identified (per Question 1), then for each cohort (a) to (d) above, please also provide:
- the number/value where hospice-related care costs are present, and
- the number/value where hospice-related care costs are not present.

4) Alternative approaches if hospice costs are not coded (best endeavours)
If hospice-related care costs cannot be identified via a structured damages field/category, please confirm whether NHS Resolution can identify hospice-related costs indirectly through any other structured damages categories (for example, care/case management or other treatment/care cost categories), and if so, describe what is feasible within the cost limit.

Only if no structured route exists, and only if feasible within the cost limit, please confirm whether NHS Resolution can provide a count of resolved/closed claims (with damages payments) in which hospice care is mentioned within any searchable claim record fields (excluding personal data), using search terms such as:
- hospice
- "hospice care"
- "hospice at home"
- "palliative care"
- "end of life"
Please explain which fields are searchable and any significant limitations of this method.

5) Guidance / policy on hospice-related costs and avoiding double recovery
Please provide copies of any internal guidance, policy, or briefing documents held by NHS Resolution that describe how hospice-related costs are treated within damages, including any

approach to:
a) distinguishing or accounting for charitable vs statutorily-funded elements of hospice care (where relevant), and/or
b) avoiding double recovery where hospice services may have received NHS/statutory funding.

Format and advice and assistance
Please provide responses electronically (CSV/Excel where applicable) with annual aggregate totals. I am not requesting personal data.

If any part of this request is likely to exceed the cost limit under Section 12, please provide advice and assistance under Section 16 to help refine it. In that event, please prioritise providing:
1) the answer to Question 1 (structured fields/categories), then
2) Question 2 for the most recent financial year, then
3) Question 3 for the most recent financial year.

Our Response

Please find below our response to the requested information.

Questions 1 and **2**
Hospice related care costs and damages are not recorded as a field/category in our case management system. As a result, we are unable to extract this information in a structured format.

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.

Question 3
We are able to provide some of this information in respect of Palliative Medicine. Please find below 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 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. Not all claims received will result in an award of compensation.

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 provided covers our Clinical schemes. For information about our Clinical Negligence Scheme, please visit our website here: Clinical schemes - NHS Resolution

Table 1 shows: - Number and Cost of Clinical Claims Closed between financial years **'2020/21'** and **'2024/25'** with a damages payment, where the Specialty is **'Palliative Medicine'** and the Injury at any level is **'Fatality'** OR the Cause at any level contains **'Fail / Delay Treatment' ; 'Failure To Interpret X-Ray'; 'Failure to X-Ray'; 'Failure/ Delay Diagnosis'; 'Failure to Perform Tests'; 'Fail/Delay Referring To Hosp.'**. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure. Broken down by **Litigation Status**.

Table 2 shows: - Number and Cost of Clinical Claims Closed between financial years **'2020/21'** and **'2024/25'** with **NIL** damages paid where the Specialty is **'Palliative Medicine'** and the Injury at any level is **'Fatality'** OR the Cause at any level contains **'Fail / Delay Treatment' ; 'Failure To Interpret X-Ray'; 'Failure to X-Ray'; 'Failure/ Delay Diagnosis'; 'Failure to Perform Tests'; 'Fail/Delay Referring To Hosp.'**. Broken down by **Litigation Status**.

The data provided in relation to "Litigation Status" relates to whether the claim was settled before or after the commencement of formal court proceedings, where "yes" means it was and "no" means it was resolved prior to the commencement of court proceedings.

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.

Question 4
Please note, we do not provide information using 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. We would also have to carry out a manual review of the individual cases identified from the free text description to ensure they are in fact relevant to your search criteria. This would be a time-consuming exercise.

Question 5
We do not hold internal guidance, policy, or briefing documents on hospice-related costs. These are issues that are considered on a case-by-case basis, and in line with applicable case-law and statutes.

Section 40 Refusal Notice - Low Numbers
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 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.

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/

Freedom of Information Request# 7743
Data correct as at: The end of every financial year

NHS Resolution

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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 and Cost of Clinical Claims Closed between financial years '2020/21' and '2024/25' with a damages payment, where the Specialty is 'Palliative Medicine' and the Injury at any level is 'Fatality' OR the Cause at any level contains 'Fail / Delay Treatment' ; 'Failure To Interpret X-Ray'; 'Failure to X-Ray'; 'Failure/ Delay Diagnosis'; 'Failure to Perform Tests'; 'Fail/Delay Referring To Hosp.'. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure. Broken down by Litigation Status.

ClaimOutcome	Damages Paid
ClosedSettled	Y

Litigation Status	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
No	#	#	#	#	#
Yes	#	#	#	#	#
Grand Total	**5**	**27,950**	**13,032**	**52,350**	**93,332**

Freedom of Information Request# 7743
Data correct as at: The end of every financial year

Table 2: Number and Cost of Clinical Claims Closed between financial years '2020/21' and '2024/25' with NIL damages paid where the Specialty is 'Palliative Medicine' and the Injury at any level is 'Fatality' OR the Cause at any level contains 'Fail / Delay Treatment' ; 'Failure To Interpret X-Ray'; 'Failure to X-Ray'; 'Failure/ Delay Diagnosis'; 'Failure to Perform Tests'; 'Fail/Delay Referring To Hosp.'. Broken down by Litigation Status.

ClaimOutcome	Nil Damages
ClosedSettled	Y

Litigation Status	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
No	10	0	30,942	0	30,942
Grand Total	**10**	**0**	**30,942**	**0**	**30,942**