NHS Resolution

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March 2026
FOI_7749

The following information was requested on 26th February 2026:

*FREEDOM OF INFORMATION ACT REQUEST*
*In a previous FoI response [Ref: 6916] you provided a range of tables relating to compensation in relation to missed diagnoses of brain haemorrhages.*

*With reference to that response could you provide me with an updated version of Table 2 which would now include data from the 2024/25 financial year?*

**Our Response**

Thank you for your request for information. Please find attached the requested information. Please note we only hold information for England.

Please note: Our claims management system does not have a code for brain haemorrhages (e.g. Subarachnoid Haemorrhage) and as such the injury codes that you have requested may not relate to brain haemorrhage and may relate to other conditions or injuries.

**Please note:** 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 https://resolution.nhs.uk/resources/understanding-nhs-resolution-data.

Claims notified/received in any given year will often relate to incidents that have occurred many years prior. Due to the nature of 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 unsuccessful), challenged, reopened, and closed again at conclusion.

The data shows variation in numbers of cases closed per year and costs attributed to those claims. This is a reflection of the nature of individual claims received by NHS Resolution, which can vary significantly. In some cases, this can be affected by an adverse issue involving a number of patients. As such, these fluctuations cannot be interpreted as trends.

Please note, NHS Resolution started operating the state indemnity scheme for general practice in England in April 2019. The Clinical Negligence Scheme for General Practice (CNSGP) covers clinical negligence liabilities arising in general practice in relation to incidents that occurred on or after 1 April 2019.

On 6 April 2020, the Existing Liabilities Scheme for General Practice (ELSGP), was established to provide indemnity cover for NHS clinical negligence claims made against current and former GP members of medical defence organisations (MDOs) in respect of liabilities incurred before 1 April 2019. This is where terms have been agreed with MDOs in relation to indemnity provision for their GP members under the ELSGP. There is a recognised time lag between incidents occurring and them being reported as claims so numbers from 19/20 onwards are impacted by CNSGP (as would be expected for a maturing scheme) and ELSGP cases taken over from the MDOs. For more detail on this please see the NHS Resolution – Annual report and accounts 2022/23.

**Table 1 shows**: - Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years 2020/21 and 2023/24 with a damages payment, where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke. 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.

**PPOs**

The information disclosed includes damages and costs 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, costs 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 Numbers**

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 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. 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/

**Freedom of Information Request# 7749**
**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.**

**Freedom of Information Request# 7749**
**Data correct as at: The end of every financial year**

**Table1: Number and Cost of Clinical Claims Closed (or settled with a periodical payment order) between financial years 2020/21 and 2024/25 with a damages payment, where the Primary Specialty is either Emergency Medicine, General Medicine, General Practice or Neurosurgery, and the primary cause is either "Fail/Delay Treatment", "Fail To Act on Abnormal Test Result", "Fail/Delay Referring To Hosp.", "Failure To Interpret X-Ray", "Failure To Perform Operation, "Failure To Perform Tests", Failure/Delay Diagnosis", "Inappropriate Discharge", "Unexpected Death" or "Wrong Diagnosis", and the Primary Injury is either Aneurysm, Brain Damage, Rupture or Stroke. 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 |

| Year of Closure (Settlement Year for PPOs) | No. of Claims | Damages Paid | NHS Legal Costs Paid | Claimant Legal Costs Paid | Total Paid |
|---|---|---|---|---|---|
| 2020/21 | 44 | 19,354,067 | 1,565,118 | 5,406,536 | 26,325,721 |
| 2021/22 | 70 | 46,747,936 | 2,961,637 | 9,374,771 | 59,084,343 |
| 2022/23 | 87 | 54,657,990 | 3,649,542 | 12,554,218 | 70,861,750 |
| 2023/24 | 69 | 23,146,779 | 2,987,868 | 9,047,048 | 35,181,695 |
| 2024/25 | 80 | 55,711,339 | 4,027,117 | 12,928,069 | 72,666,525 |
| **Grand Total** | **350** | **199,618,111** | **15,191,282** | **49,310,641** | **264,120,035** |