



Resolution

8th Floor,
10 South Colonnade
Canary Wharf
London
E14 4PU

Telephone: 020 7811 2700

March 2026

FOI_7757

The following information was requested on 3 March and clarified on 10 March 2026:

[On 2 March 2026 you requested]:

1.1. For each financial year from 2015/16 to 2024/25, please provide the number of cases coded with acute compartment syndrome (including relevant ICD-10/OPCS codes).

1.2. For the same period, please provide the number of cases coded as delayed diagnosis, missed compartment syndrome, diagnostic delay, or equivalent, broken down into causes.

2.1. For all acute compartment syndrome cases in each year, please provide the time from first clinical presentation to formal diagnosis, and subsequent time to decompression.

Please provide 30-day readmission rates and 90-day mortality for those delayed/missed cases

For cases identified as delayed or missed compartment syndrome, please provide annual numbers of cases with any of the following outcomes:

fasciotomy performed

amputation

permanent neurological deficit

thromboembolic complication

Please provide the value of each claim and a summary of the causation.

[On 2 March 2026 we replied 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).

Unfortunately, we do not have some of the codes for information you've requested. Please, could you review the above documents for any codes that may be relevant to your request?

Please, can you confirm if you looking for information related to all Trusts in England or just for St George's University Hospitals?

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

[On 3 March 2026 you replied with]:

Thanks for providing this. I cannot see a list of codes as such, just an excel sheet with specialities and injuries.

In speciality tab:

A15, A21, A25, A40, A46, A49, A65 A67 and A68.

Injury:

A5, A6, A11, A28, A65, A81,

Cause:

A2, A8, A14, A17, A27, A29 A40 A43

All trusts please in England.

[On 9 March 2026 we replied with]:

Thank you for your request.

We would like to seek clarification regarding the information requested. Having reviewed the data, a breakdown by cause and year would result in the majority of the information being hashed on data protection grounds, as the numbers involved are very small.

To provide more meaningful information, we would like to ask whether you would like us to supply aggregated data covering the financial years 2015/16 to 2024/25.

Please do let us know if you would like the data as suggested above.

You request will be put on hold until we receive a response from you.

[On 10 March 2026 you replied with]:

Please can you supply the aggregated data? We can see if this is workable.

Our Response

Please find attached the requested information we are able to provide. This information only covers England and not 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 <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 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 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. In some circumstances, volumes of reported cases may be impacted by multiple claims notified in relation to one cause of action. As such, these fluctuations cannot be interpreted as trends.

We have provided data on [Clinical Negligence Scheme for Trusts - NHS Resolution](#) cases only.

Table 1 shows: - Number of CNST Claims and Incidents received for NHS Trusts between financial years '2015/16' and '2024/25' where the Specialty is 'Emergency Medicine', 'General Practice', 'General Surgery', 'Gynaecology', 'Obstetrics', 'Orthopaedic Surgery', 'Paediatric Surgery', 'Surgical Speciality -Other', 'Urology' or 'Vascular Surgery' and the Primary Injury is 'Amputation - Lower', 'Amputation - Upper', 'Arterial Damage', 'Compartment Syndrome', 'Limb Deformity' or 'Nerve Damage' and the Primary Cause is 'Application of Excess Force', 'Delay in Performing Operation', 'Fail/Delay Treatment', 'Fail to Act on Abnormal Test Res', 'Fail to Recognise Complications of', 'Fail To Warn-Informed Consent', 'Failure to Perform Operation', 'Failure/Delay Diagnosis'.

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Table 3 shows: - Number and Cost of CNST Claims Closed (or settled with a periodical payment order) for NHS Trusts between financial years '2015/16' and '2024/25' with a damages payment, where the Specialty is 'Emergency Medicine', 'General Practice', 'General Surgery', 'Gynaecology', 'Obstetrics', 'Orthopaedic Surgery', 'Paediatric Surgery', 'Surgical Speciality -Other', 'Urology' or 'Vascular Surgery' and the Primary Injury is 'Amputation - Lower', 'Amputation - Upper', 'Arterial Damage', 'Compartment Syndrome', 'Limb Deformity' or 'Nerve Damage' and the Primary Cause is 'Application of Excess Force', 'Delay in Performing Operation', 'Fail/Delay Treatment', 'Fail to

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Table 6 shows: - Number and Cost of CNST Claims Closed for NHS Trusts between financial years '2015/16' and '2024/25' with **NIL** damages paid where the Specialty is 'Emergency Medicine', 'General Practice', 'General Surgery', 'Gynaecology', 'Obstetrics', 'Orthopaedic Surgery', 'Paediatric Surgery', 'Surgical Speciality -Other', 'Urology' or 'Vascular Surgery' and the Primary Injury is 'Amputation - Lower', 'Amputation - Upper', 'Arterial Damage', 'Compartment Syndrome', 'Limb Deformity' or 'Nerve Damage' and the Primary Cause is 'Application of Excess Force', 'Delay in Performing Operation', 'Fail/Delay Treatment', 'Fail to Act on Abnormal Test Res', 'Fail to Recog. Complications of', 'Fail To Warn-Informed Consent', 'Failure to Perform Operation', 'Failure/Delay Diagnosis'. Broken down by Primary Cause.

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 figures

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, 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 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/>

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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.

Table 1: Number of CNST Claims and Incidents received for NHS Trusts between financial years '2015/16' and '2024/25' where the Specialty is 'Emergency Medicine', 'General Practice', 'General Surgery', 'Gynaecology', 'Obstetrics', 'Orthopaedic Surgery', 'Paediatric Surgery', 'Surgical Speciality - Other', 'Urology' or 'Vascular Surgery' and the Primary Injury is 'Amputation - Lower', 'Amputation - Upper', 'Arterial Damage', 'Compartment Syndrome', 'Limb Deformity' or 'Nerve Damage' and the Primary Cause is 'Application of Excess Force', 'Delay in Performing Operation', 'Fail/Delay Treatment', 'Fail to Act on Abnorm Test Res', 'Fail to Recog. Complications of', 'Fail To Warn-Informed Consent', 'Failure to Perform Operation', 'Failure/Delay Diagnosis'.

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Notified	Y
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Year of Notification	No. of Claims
2015/16	183
2016/17	208
2017/18	203
2018/19	185
2019/20	182
2020/21	194
2021/22	172
2022/23	163
2023/24	181
2024/25	260
Grand Total	1,931

Table 2: Number of CNST Claims and Incidents received for NHS Trusts between financial years '2015/16' and '2024/25' where the Specialty is 'Emergency Medicine', 'General Practice', 'General Surgery', 'Gynaecology', 'Obstetrics', 'Orthopaedic Surgery', 'Paediatric Surgery', 'Surgical Speciality -Other', 'Urology' or 'Vascular Surgery' and the Primary Injury is 'Amputation - Lower', 'Amputation - Upper', 'Arterial Damage', 'Compartment Syndrome', 'Limb Deformity' or 'Nerve Damage' and the Primary Cause is 'Application of Excess Force', 'Delay in Performing Operation', 'Fail/Delay Treatment', 'Fail to Act on Abnorm Test Res', 'Fail to Recog. Complications of', 'Fail To Warn-Informed Consent', 'Failure to Perform Operation', 'Failure/Delay Diagnosis'. Broken down by Primary Cause.

Notified	Y
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Primary Cause	No. of Claims
Fail / Delay Treatment	952
Failure/Delay Diagnosis	547
Fail To Warn-Informed Consent	187
Fail To Recog. Complication Of	104
Delay In Performing Operation	74
Failure To Perform Operation	32
Application Of Excess Force	19
Fail To Act On Abnorm Test Res	16
Grand Total	1,931

Table 3: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) for NHS Trusts between financial years '2015/16' and '2024/25' with a damages payment, where the Specialty is 'Emergency Medicine', 'General Practice', 'General Surgery', 'Gynaecology', 'Obstetrics', 'Orthopaedic Surgery', 'Paediatric Surgery', 'Surgical Speciality -Other', 'Urology' or 'Vascular Surgery' and the Primary Injury is 'Amputation - Lower', 'Amputation - Upper', 'Arterial Damage', 'Compartment Syndrome', 'Limb Deformity' or 'Nerve Damage' and the Primary Cause is 'Application of Excess Force', 'Delay in Performing Operation', 'Fail/Delay Treatment', 'Fail to Act on Abnorm Test Res', 'Fail to Recog. Complications of', 'Fail To Warn-Informed Consent', 'Failure to Perform Operation', 'Failure/Delay Diagnosis'. 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
2015/16	105	20,267,887	2,619,951	9,992,068
2016/17	116	18,197,437	2,720,306	10,803,783
2017/18	155	33,191,794	4,735,419	18,217,405
2018/19	135	37,845,775	3,889,649	14,812,584
2019/20	141	37,256,691	3,840,107	15,460,864
2020/21	132	36,875,686	4,135,898	13,608,963
2021/22	122	48,691,494	3,998,621	16,110,661
2022/23	137	57,108,098	5,007,026	15,466,874
2023/24	129	39,214,288	4,128,510	14,549,004
2024/25	130	55,745,588	4,703,162	17,053,581
Grand Total	1,302	384,394,739	39,778,647	146,075,787

Table 4: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) for NHS Trusts between financial years '2015/16' and '2024/25' with a damages payment, where the Specialty is 'Emergency Medicine', 'General Practice', 'General Surgery', 'Gynaecology', 'Obstetrics', 'Orthopaedic Surgery', 'Paediatric Surgery', 'Surgical Speciality -Other', 'Urology' or 'Vascular Surgery' and the Primary Injury is 'Amputation - Lower', 'Amputation - Upper', 'Arterial Damage', 'Compartment Syndrome', 'Limb Deformity' or 'Nerve Damage' and the Primary Cause is 'Application of Excess Force', 'Delay in Performing Operation', 'Fail/Delay Treatment', 'Fail to Act on Abnorm Test Res', 'Fail to Recog. Complications of', 'Fail To Warn-Informed Consent', 'Failure to Perform Operation', 'Failure/Delay Diagnosis'. 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. Broken down by Primary Cause.

ClaimOutcome	Damages Paid
ClosedSettled	Y

Primary Cause	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid
Fail / Delay Treatment	556	135,589,752	15,599,665	57,902,688
Failure/Delay Diagnosis	424	150,030,500	14,505,116	51,327,933
Fail To Warn-Informed Consent	108	14,597,694	2,488,146	8,895,075
Fail To Recog. Complication Of	106	41,080,841	3,579,582	12,957,799
Delay In Performing Operation	60	30,616,499	2,155,124	8,146,618
Failure To Perform Operation	26	3,788,565	779,954	4,040,427
Fail To Act On Abnorm Test Res	13	8,041,196	554,100	2,363,248
Application Of Excess Force	9	649,693	116,960	442,000
Grand Total	1,302	384,394,739	39,778,647	146,075,787

Table 5: Number and Cost of CNST Claims Closed for NHS Trusts between financial years '2015/16' and '2024/25' with NIL damages paid where the Specialty is 'Emergency Medicine', 'General Practice', 'General Surgery', 'Gynaecology', 'Obstetrics', 'Orthopaedic Surgery', 'Paediatric Surgery', 'Surgical Speciality -Other', 'Urology' or 'Vascular Surgery' and the Primary Injury is 'Amputation - Lower', 'Amputation - Upper', 'Arterial Damage', 'Compartment Syndrome', 'Limb Deformity' or 'Nerve Damage' and the Primary Cause is 'Application of Excess Force', 'Delay in Performing Operation', 'Fail/Delay Treatment', 'Fail to Act on Abnorm Test Res', 'Fail to Recogn. Complications of', 'Fail To Warn-Informed Consent', 'Failure to Perform Operation', 'Failure/Delay Diagnosis'.

ClaimOutcome	Nil Damages
ClosedSettled	Y

Year of Closure	No. of Claims	NHS Legal Costs Paid	Claimant Legal Costs Paid
2015/16	92	466,224	0
2016/17	97	570,895	#
2017/18	88	379,925	7,000
2018/19	91	1,573,837	16,157
2019/20	69	705,767	26,503
2020/21	60	618,928	#
2021/22	79	578,419	0
2022/23	57	584,914	39,250
2023/24	69	799,432	#
2024/25	74	621,957	0

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ClaimOutcome	Nil Damages
ClosedSettled	Y

Primary Cause	No. of Claims	NHS Legal Costs Paid	Claimant Legal Costs Paid
Fail / Delay Treatment	393	3,229,675	44,882
Failure/Delay Diagnosis	174	2,082,859	10,000
Fail To Warn-Informed Consent	99	667,864	12,235
Fail To Recog. Complication Of	49	471,256	21,657
Delay In Performing Operation	30	184,693	0
Failure To Perform Operation	16	78,709	0
Application Of Excess Force	14	178,722	#
Fail To Act On Abnorm Test Res	#	#	#