NHS Resolution

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March 2026
FOI_7775

The following information was requested on 10 March 2026:

Under the Freedom of Information Act 2000, I request the following information relating to clinical negligence claims under the Clinical Negligence Scheme for Trusts (CNST) where the defendant member is Imperial College Healthcare NHS Trust and the specialty is recorded as Critical Care, Intensive Care, Anaesthetics, or any equivalent classification used in your claims management system.

I request information covering the financial years 2019/20 to 2024/25 inclusive. Where data is not available for the full period, I would welcome disclosure for whichever years are held.

Section 1: Volume of Claims
1. The total number of CNST clinical negligence claims received (opened/notified) against Imperial College Healthcare NHS Trust where the specialty is recorded as Critical Care, Intensive Care, or Anaesthetics, broken down by financial year.

2. The total number of such claims closed in each financial year, broken down by:
(a) Claims closed with nil damages paid;

(b) Claims closed with a damages payment.

Section 2: Financial Value of Claims
3. For claims closed with a damages payment in each financial year, the total value of:
(a) Damages paid;

(b) Claimant legal costs paid;

(c) Defence legal costs paid.

Section 3: Primary Cause
4. For claims closed with a damages payment in the above specialties at Imperial College Healthcare NHS Trust during the period specified, a breakdown by primary cause code (e.g. failure to/delay in treatment, failure to/delay in diagnosis, inadequate nursing care, or whichever cause classifications your system records).

Section 4: Primary Injury
5. For claims closed with a damages payment in the above specialties at Imperial College Healthcare NHS Trust during the period specified, a breakdown by primary injury code (e.g. unnecessary pain, brain damage, fatality, or whichever injury classifications your system records).

Section 5: Contributory Factors (If Recorded)

6. Where your claims management system records contributory factors or sub-cause categories (such as staffing levels, supervision, handover failures, or skill mix), I request aggregate data on the frequency of such factors for the claims identified above. If this level of detail is not held in a structured format, please confirm that this is the case.

Scope and Clarifications
I wish to clarify the following points to assist in processing this request:

Specialty classification. I recognise that Critical Care and Intensive Care may not map to a single specialty code in your system. I am content for you to apply whichever specialty classification(s) most closely correspond to adult Critical Care and Intensive Care services. If Anaesthetics claims cannot be disaggregated from Critical Care claims, I am content to receive the combined figures with an explanatory note.

Aggregate data only. I am not requesting details of individual claims, claimant or clinician identities, or any information that would engage section 40(2) of the Act. All data requested is of a statistical and aggregate nature consistent with your established disclosure practice, as evidenced by your published FOI responses (e.g. FOI_7247, FOI_7022, FOI_7590).

Trust identification. For the avoidance of doubt, the trust member to which this request relates is Imperial College Healthcare NHS Trust (provider code RYJ).

Format. I would be grateful to receive the information in electronic format, ideally in a spreadsheet (Excel or CSV). If the data can be provided in the tabular format used in your published FOI responses, that would be sufficient.

Our Response

For sections 1,2,3,4

Please find attached the information we are able to provide.

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 notified to NHS Resolution result in an award of damages.

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 **‘2019/20’** and **‘2024/25’** for **Imperial College Healthcare NHS Trust**, where the Specialty is **'Intensive Care Medicine' or 'Anaesthesia'**. Broken down by **Year of Notification**.

Table 2 shows: Number and Cost of CNST Claims Closed between financial years **‘2019/20’** and **‘2024/25’** with a damages payment for **Imperial College Healthcare NHS Trust**, where the Specialty is **'Intensive Care Medicine' or 'Anaesthesia'**. 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 **Year of Closure**.

Table 3 shows: Number and Cost of CNST Claims Closed between financial years **‘2019/20’** and **‘2024/25’** with a damages payment for **Imperial College Healthcare NHS Trust**, where the Specialty is **'Intensive Care Medicine' or 'Anaesthesia'**. 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 Injury**.

Table 4 shows: Number and Cost of CNST Claims Closed between financial years **‘2019/20’** and **‘2024/25’** with a damages payment for **Imperial College Healthcare NHS Trust**, where the Specialty is **'Intensive Care Medicine' or 'Anaesthesia'**. 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**.

Table 5 shows: Number and Cost of CNST Claims Closed between financial years **‘2019/20’** and **‘2024/25’** with **NIL** damages paid for **Imperial College Healthcare NHS Trust**, where the Specialty is **'Intensive Care Medicine' or 'Anaesthesia'**.

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.

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.

For section 5
We do not readily record contributory factors or sub-causes on our claims database.

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# 7775
Data correct as at: The end of every financial year

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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 of CNST Claims and Incidents received between financial years '2019/20' and '2024/25' for Imperial College Healthcare NHS Trust, where the Specialty is 'Intensive Care Medicine' or 'Anaesthesia'. Broken down by Year of Notification.

Notified	Y

Year of Notification	No. of Claims
2019/20	#
2020/21	#
2021/22	#
2022/23	#
2023/24	#
2024/25	#
Grand Total	**12**

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Table 2: Number and Cost of CNST Claims Closed between financial years '2019/20' and '2024/25' with a damages payment for Imperial College Healthcare NHS Trust, where the Specialty is 'Intensive Care Medicine' or 'Anaesthesia'. 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 Year of Closure.

ClaimOutcome	Damages Paid
ClosedSettled	Y

Year of Closure	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2020/21	#	#	#	#	#
2021/22	#	#	#	#	#
2023/24	#	#	#	#	#
2024/25	#	#	#	#	#
Grand Total	**6**	**554,199**	**55,926**	**385,750**	**995,875**

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Table 3: Number and Cost of CNST Claims Closed between financial years '2019/20' and '2024/25' with a damages payment for Imperial College Healthcare NHS Trust, where the Specialty is 'Intensive Care Medicine' or 'Anaesthesia'. 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 Injury.

ClaimOutcome	Damages Paid
ClosedSettled	Y

Primary Injury	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Burn(s)	#	#	#	#	#
Cardiac Arrest	#	#	#	#	#
Fatality	#	#	#	#	#
Unnecessary Pain	#	#	#	#	#
Grand Total	**6**	**554,199**	**55,926**	**385,750**	**995,875**

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Table 4: Number and Cost of CNST Claims Closed between financial years '2019/20' and '2024/25' with a damages payment for Imperial College Healthcare NHS Trust, where the Specialty is 'Intensive Care Medicine' or 'Anaesthesia'. 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	Total Paid
Fail / Delay Treatment	#	#	#	#	#
Fail To Warn-Informed Consent	#	#	#	#	#
Failure/Delay Diagnosis	#	#	#	#	#
Inadequate Nursing Care	#	#	#	#	#
Medication Errors	#	#	#	#	#
Grand Total	**6**	**554,199**	**55,926**	**385,750**	**995,875**

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Table 5: Number and Cost of CNST Claims Closed between financial years '2019/20' and '2024/25' with NIL damages paid for Imperial College Healthcare NHS Trust, where the Specialty is 'Intensive Care Medicine' or 'Anaesthesia'.

ClaimOutcome	Nil Damages
ClosedSettled	Y

Year of Closure	No. of Claims	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2019/20	#	#	#	#
2021/22	#	#	#	#
2023/24	#	#	#	#
2024/25	#	#	#	#
Grand Total	**5**	**42,821**	**0**	**42,821**