



Resolution

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May 2026

FOI_7802

The following information was requested on 23 March 2026:

I would be grateful if you could provide the following information (for England):

- 1. The number of clinical negligence claims made by people in prison (i.e. people held in prison at the time of the alleged negligence), where damages were paid out for the financial years 2020/21, 2021/22, 2022/23, 2023/24, and 2024/25? Please provide the information broken down by financial year. Please also provide what data is available to date (within the FOI time restrictions) for the year 2025/26.*
- 2. The total amount of damages paid in relation to these claims? Please break this down into general damages, special damages and legal costs for each of the financial years in 1 above.*
- 3. For the financial years stated in 1 above, please provide a breakdown of the primary cause of damages, where a claim has been made where a payment(s) was/were made using the cause codes used in the NHS Resolution's electronic case management system as set out in the 'Speciality-injury-and-cause-codes.xlsx' spreadsheet).*
- 4. For the financial years listed in 1 above please confirm which ten NHS Trusts have had the most number of claims made against them by people held in prison (at the time of the alleged negligence), where a payment of damages has been made? For each of these ten trusts please provide (i) the name of the trust, (ii) the number of claims paid out and (iii) the total value of the damages and costs paid out in those claims.*

Our Response

Thank you for your request for information. Please note we do **not** cover primary dental care. Please find attached the information we are able to provide within the FOI limit.

We have based our search on the specialty: HM Prison Medical/Dental.

However, there may be other claims that have been made by patients in prison that have been categorised in a different way. Unfortunately, the only way to extract this information would be to manually review individual claims file. This exercise would likely exceed the FOI cost limit.

Therefore, we estimate that the cost of complying with the request in its entirety would exceed the 'appropriate limit'. Section 12(1) of the Freedom of Information Act 2000 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 have provided the information that is readily available.

Please note that the information provided reflects claims data up to 31 March 2025 as we report data in financial years, audited information for 2025/26 financial year will not be available until August 2026.

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. Not all claims will result in an award for compensation.

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 and resolved by NHS Resolution, which can vary significantly. As such, these fluctuations cannot be interpreted as trends.

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.

Please find attached the following tables:

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 'HM Prison

Medical/dental', broken down by **Year**. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

Table 2 shows: - Number and Cost of Clinical Claims Closed between financial years '2020/21' and '2024/25' with a damages payment, where the Specialty is '**HM Prison Medical/dental**', broken down by **Primary Cause**. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

Table 3 shows: - The 10 Trusts with the most Clinical Claims Closed between financial years '2020/21' and '2024/25' with a damages payment, where the Specialty is '**HM Prison Medical/dental**'. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

Please note: the tables broken down by Trust 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 and costs attributed to them may be impacted by multiple claims notified in relation to one cause of action.

Low Numbers

Please note we have suppressed 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.

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 and Cost of Clinical Claims Closed between financial years '2020/21' and '2024/25' with a damages payment, where the Specialty is 'HM Prison Medical/dental', broken down by Year. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

Table 2: Number and Cost of Clinical Claims Closed between financial years '2020/21' and '2024/25' with a damages payment, where the Specialty is 'HM Prison Medical/dental', broken down by Primary Cause. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

Table 3: The 10 Trusts with the most Clinical Claims Closed between financial years '2020/21' and '2024/25' with a damages payment, where the Specialty is 'HM Prison Medical/dental'. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

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 'HM Prison Medical/dental', broken down by Year. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

ClaimOutcome	Damages Paid
ClosedSettled	Y
Trust Flag	(All)

Year of Closure	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2020/21	42	1,219,866	290,831	1,283,416	2,794,113
2021/22	36	2,895,885	575,576	1,715,224	5,186,685
2022/23	36	1,298,710	535,506	1,731,851	3,566,066
2023/24	31	514,233	218,072	989,567	1,721,872
2024/25	31	2,320,162	329,336	1,437,130	4,086,628
Grand Total	176	8,248,856	1,949,322	7,157,187	17,355,365

Table 2: Number and Cost of Clinical Claims Closed between financial years '2020/21' and '2024/25' with a damages payment, where the Specialty is 'HM Prison Medical/dental', broken down by Primary Cause. The data includes the damages and legal costs paid up until the end of each relevant financial year of closure.

ClaimOutcome	Damages Paid				
ClosedSettled	Y				
Trust Flag	(All)				

Primary Cause	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Fail / Delay Treatment	78	4,502,321	1,022,531	3,326,545	8,851,397
Medication Errors	20	101,728	40,083	145,946	287,757
Failure/Delay Diagnosis	18	393,705	97,144	554,580	1,045,430
Self Harm	16	2,136,183	270,615	1,455,654	3,862,452
Fail/Delay Referring To Hosp.	13	795,523	173,802	625,597	1,594,923
Unexpected Death	5	100,538	76,147	234,172	410,856
Fail To Follow-Up Arrangements	#	#	#	#	#
Inappropriate Treatment	#	#	#	#	#
Failure To X-Ray	#	#	#	#	#
Failure To Perform Tests	#	#	#	#	#
Equipment Malfunction	#	#	#	#	#
Inadequate Nursing Care	#	#	#	#	#
Fail/Delay Admitting To Hosp.	#	#	#	#	#
Fail To Carry Out PO Observs.	#	#	#	#	#
Sexual Abuse	#	#	#	#	#
Fail To Act On Abnorm Test Res	#	#	#	#	#
Bacterial Infection	#	#	#	#	#
Inappropriate Discharge	#	#	#	#	#
Other	#	#	#	#	#
Problem Blood Fluids	#	#	#	#	#
Grand Total	176	8,248,856	1,949,322	7,157,187	17,355,365

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.

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ClaimOutcome	Damages Paid
ClosedSettled	Y
Trust Flag	Y

Trust	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Nottinghamshire Healthcare NHS Foundation Trust	51	2,068,920	636,080	2,026,818	4,731,819
Oxleas NHS Foundation Trust	13	117,771	64,194	321,060	503,024
Northamptonshire Healthcare NHS Foundation Trust	10	112,886	52,808	317,854	483,547
Central and North West London NHS Foundation Trust	8	224,450	117,560	832,398	1,174,408
Lancashire and South Cumbria NHS Foundation Trust	7	96,173	38,602	196,217	330,991
Essex Partnership University NHS Foundation Trust	7	188,090	217,016	513,750	918,856
Bridgewater Community Healthcare NHS Trust	6	201,624	43,764	189,395	434,783
Greater Manchester Mental Health NHS Foundation Trust	5	132,664	25,760	116,500	274,924
Birmingham Community Healthcare	5	716,138	85,791	358,764	1,160,693
Sussex Partnership NHS Foundation Trust	5	54,757	49,796	196,810	301,363
Grand Total	117	3,913,473	1,331,371	5,069,567	10,314,410