NHS Resolution

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May 2026
FOI_7855

The following information was requested on 24 April 2026:

This request is a follow up to FOI_7801

I would be grateful if you could respond to the remaining questions, which are:

2. Please provide any internal reports, analyses, or documents produced in the last five years that discuss the distinction between individual error and systemic failure in clinical negligence claims.
4. Please provide any internal reports, analyses, or documents produced in the last five years that discuss the relationship between clinician burnout, staffing pressures, or workload and clinical negligence claims.

Additionally, please provide a breakdown of clinical negligence claims by cause for each of the last five financial years.

If any part of this refined request is still considered likely to exceed the appropriate cost limit, I would be grateful for advice on how it could be further narrowed to enable disclosure.

Our Response

Please find attached the requested information we are able to provide. Please note we only hold information for England and not for the rest of the UK.

Question 2 – Individual error and systemic failure

Our Safety and Learning team, through their analysis, do consider how the complex sociotechnical system that healthcare is delivered within may have contributed to resulting harm. They have published a number of thematic reviews which are insights from our data, which can be accessed via the following links:

- Safety and Learning Archives – NHS Resolution (in particular, those listed under "Human Factors" theme
- Clinical negligence claims in Emergency Departments in England: three thematic reviews – NHS Resolution

Question 4 – Clinician burnout, staffing pressures and workload

We do not hold any internal reports, analyses or documents produced in the last five years that discuss the relationship between clinician burnout, staffing pressures or workload and clinical negligence claims.

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 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.

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 of Clinical Claims and Incidents received between financial years **'2020/21'** and **'2024/25'**. Broken down by **Primary Cause**.

Low figures
We have not provided the information for low figures involved (and high figures that would make it possible to work out low numbers), 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 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# 7855
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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Data correct as at: The end of every financial year

Table 1: Number of Clinical Claims and Incidents received between financial years '2020/21' and '2024/25'. Broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical

Primary Cause	No. of Claims
Causes with less than 5 Claims (8 Causes)	**20**
Fail / Delay Treatment	15,602
Failure/Delay Diagnosis	11,868
Fail/Delay Referring To Hosp.	3,644
Inappropriate Treatment	3,435
Fail To Warn-Informed Consent	3,315
Inadequate Nursing Care	2,848
Medication Errors	2,276
Failure To Perform Tests	2,207
Other	2,043
Intra-Op Problems	1,644
Failure To Interpret X-Ray	1,502
Fail To Follow-Up Arrangements	1,497
Operator Error	1,438
Fail To Recog. Complication Of	1,438
Fail To Act On Abnorm Test Res	1,311
Fail To Supervise	978
Delay In Performing Operation	896
Wrong Diagnosis	736
Fail/Delay Admitting To Hosp.	725
Lack Of Assistance/Care	687
Inappropriate Discharge	686
Failure To X-Ray	595
Foreign Body Left In Situ	553
Unexpected Death	506
Not Specified	486
(blank)	413
Fail To Infrm Test Rslts	397
Failure To Perform Operation	382
Unknown	365
Fail To Make Resp To Abnrm FHR	353
Err With Agnt/Dose/Route/Selec	344
Fail Antenatal Screening	326
Fail To Monitor 2nd Stg Labour	308
Assault, Etc By Hospital Staff	286
Self Harm	236
Fail To Monitor 1st Stg Labour	234
Equipment Malfunction	231
Fail To Interpret USS	223
Bacterial Infection	203
Wrong Site Surgery	201
Inadequate Monitoring Intra-Op	175
Perform. Of Op. Not Indicated	170
Lack Of Pre-Op Evaluation	158
Infusion Problems	157
Incorrect Injection Site	153
Application Of Excess Force	142
Fail To Carry Out PO Observs.	142
Birth Defects	107
Perineal Tear-1st,2nd,3rd Deg	106
Forceps Delivery	100
Retained Instrument Post-Operation	96
Diathermy Burns/react. To Prep	94

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Table 1: Number of Clinical Claims and Incidents received between financial years '2020/21' and '2024/25'. Broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical

Primary Cause	No. of Claims
Cross Infection	81
Lack Of Facilities/Equipment	80
Intubation Problems	76
Failed Infection Control Policy/Hospital Hygiene	76
Sexual Abuse	70
Fail To Diag Pre-Eclampsia	63
Inapprop. Case Selection	58
Probs With Medical Records	52
Injured By Another Patient	47
Inapp Use Of Forceps/Ventouse	46
Fail To Correctly Apply Forcep	46
MisplacedNaso/OrogastricTubeNotDet	46
Poor Application Of Plstr Cast	43
Failed Sterilisation	35
Unlawful Detention - Mntl Hlth	30
Premature Ceasure Of Treatment	27
Fail Mon Dose/rate Syntocinon	26
Removal & Retention Of Organs	23
Re-Canalisation	22
Improp. Delegation To Junior	20
Labial Tear	20
Problem Blood Fluids	20
Fail/Delay Avail Op Thtre	19
Inadqte Monitor In Recov Room	17
Fail/Delay Resus By Paediatric	14
Tooth Inj & Patient Posit Prob	13
Injury To Others By Patient	11
Fail/Delay Of Avail Emgy Anaes	8
Repeat Attempt Forcep/Ventouse	7
Clinical Trial	7
Wrong Route Admin of Chemotherapy	6
Inc In Comm By Absc/disch Pat	5
Grand Total	**70,152**