NHS Resolution

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June 2026
FOI_7909

The following information was requested on 20th May 2026 and clarified on 21 May 2026:

On 20 May 2026 you requested:

I write with regards to a body of work I am conducting with the Society of British Neurological Surgeons (SBNS)…. for national audit and benchmarking in neurosurgery. As part of this work, I am assessing the impact of a change in the NICE guidance (NG228) regarding the diagnosis of subarachnoid haemorrhage. This guideline no longer mandates the use of lumbar puncture in the investigation of SAH, and NICE has modelled that something in the order of 2-3% of SAH will be missed as a result (approximately 50 per annum).

The impact of these missed diagnoses has been assessed by NICE on the basis of cost per QALY, but this does not incorporate the costs associated with litigation against the NHS when a diagnosis is missed…and I am aware of 6 figure settlements resulting from a single missed diagnosis. Across the NHS, this can add up very quickly and we are meeting with NICE to explain the wider context of missed diagnoses on individual patients and the NHS. It would be very helpful if I could access any data you hold on the cost of claims against the NHS from missed/delayed diagnosis of subarachnoid haemorrhage.

On 21 May 2026 we sought clarification:

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).

*Our claims management system does **not** have a code for brain haemorrhages (e.g. Subarachnoid Haemorrhage), but previously we were able to provide similar information. Please refer to the following responses:*

FOI_7749_Missed-Diagnosis-of-Brain-Haemorrhage.doc.pdf
FOI_6916_Missed-Diagnosis-of-Brain-Haemorrhage.pdf

Would you be interested in similar data? Please, could you confirm what time period you would like it to cover – we can provide data in financial years from 2006/07 to 2024/25.

In regards of Cauda Equina, we also do not have a code in our system – please see FOI_7811_Cauda-Equina-Syndrome.pdf, but you can refer to the publication prepared by our colleagues in Safety and Learning team which cover this topic:

Cauda equina syndrome - NHS Resolution
Supporting general practice - Common pitfalls - NHS Resolution

Additionally, GIRFT produced a report Spinal Services - Getting It Right First Time - GIRFT which covered Cauda Equina.

I hope this information helps and we look forward to hearing from you.

On 21 May 2026 you replied with:

Many thanks for your quick and helpful reply, this is really powerful data.

In relation to your questions, the missed diagnosis of brain haemorrhage is exactly what we are looking for. The breakdown/search strategy provided in FOI 6916 and the overall burden of the disease in 7749 would be perfect. I think the data for the last 5 years would be most instructive.

Would it be possible to have a separate request for all neurosurgery claims in the past 5 years? This would put in context the size/number of claims for brain haemorrhage in comparison to neurosurgery in general.

Thank you so much for your time and expertise.

[**Please note** your request for - *Would it be possible to have a separate request for all neurosurgery claims in the past 5 years? This would put in context the size/number of claims for brain haemorrhage in comparison to neurosurgery in general.* – will be dealt with separately under the reference FOI_7910. You will receive a separate response to this request]

Our Response

Thank you for your request for information. Please find attached the requested information. Please note we only hold information for England. The data for the financial year 2025/26 is currently unavailable and will be available on request from August 2026.

Please note: As we advised in the clarification e-mail dated 21 May 2026 our claims management system does not have a code for Subarachnoid Haemorrhage and as such the injury codes that you have requested may **not** relate to Subarachnoid 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. Not all claims received will result in an award of compensation.

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 received, 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. For more detail on this please see the NHS Resolution – Annual report and accounts 2022/23.

Table 1 shows: - Number of Clinical Claims and Incidents received between financial years 2020/21 and 2024/25 where the 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.

Table 2 shows: - 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 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.

Table 3 shows: - Number and Cost of Clinical Claims Closed between financial years 2020/21 and 2024/25 with **NIL** damages paid where the 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.

Table 4 shows: - Analysis of Specialities of Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2024/25, where the 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.

Table 5 shows: - Analysis of Primary Injuries of Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2024/25, where the 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.

Table 6 shows: - Analysis of Primary Causes of Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2024/25, where the 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# 7909
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 Clinical Claims and Incidents received between financial years 2020/21 and 2024/25 where the 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".

Notified	Y

Year of Notification	No. of Claims
2020/21	197
2021/22	206
2022/23	210
2023/24	209
2024/25	221
Grand Total	**1,043**

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Table 2: 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 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**

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Table 3: Number and Cost of Clinical Claims Closed between financial years 2020/21 and 2024/25 with NIL damages paid where the 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".

ClaimOutcome	Nil Damages
ClosedSettled	Y

Year of Closure	No. of Claims	NHS Legal Costs Paid	Claimant Legal Costs Paid
2020/21	85	600,572	145,797
2021/22	129	1,038,459	#
2022/23	136	1,498,120	29,155
2023/24	120	752,653	100,580
2024/25	148	1,052,031	78,226

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Table 4: Analysis of Specialities Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2024/25, where the 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) --Specialty	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2020/21					
Emergency Medicine	29	14,901,765	1,074,898	3,450,786	19,427,448
General Medicine	9	4,050,765	451,074	1,624,000	6,125,839
Neurosurgery	#	#	#	#	#
General Practice	#	#	#	#	#
2021/22					
Emergency Medicine	37	28,508,951	1,910,893	4,913,191	35,333,035
General Practice	17	6,531,205	329,909	1,652,069	8,513,184
General Medicine	9	1,455,771	170,886	888,210	2,514,867
Neurosurgery	7	10,252,009	549,949	1,921,300	12,723,258
2022/23					
Emergency Medicine	49	31,322,017	2,103,341	6,615,737	40,041,095
General Medicine	17	10,378,942	658,643	2,469,569	13,507,153
General Practice	15	3,535,274	440,643	1,848,412	5,824,329
Neurosurgery	6	9,421,757	446,916	1,620,500	11,489,173
2023/24					
Emergency Medicine	39	15,717,292	1,830,941	5,721,888	23,270,122
General Practice	18	2,693,190	461,953	1,462,800	4,617,943
General Medicine	10	4,676,296	664,878	1,752,360	7,093,535
Neurosurgery	#	#	#	#	#
2024/25					
Emergency Medicine	48	41,957,370	2,637,865	8,242,621	52,837,855
General Practice	18	6,822,068	671,877	2,345,771	9,839,717
General Medicine	10	6,684,807	665,160	2,036,000	9,385,968
Neurosurgery	#	#	#	#	#
Grand Total	**350**	**199,618,111**	**15,191,282**	**49,310,641**	**264,120,035**

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Table 5: Analysis of Primary Injuries Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2024/25, where the 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) --Primary Injury	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Brain Damage	142	143,760,365	9,344,702	29,674,271	182,779,338
Stroke	129	47,433,545	4,857,137	15,600,999	67,891,681
Rupture	47	2,354,949	296,078	1,758,716	4,409,743
Aneurysm	32	6,069,252	693,365	2,276,655	9,039,272
Grand Total	**350**	**199,618,111**	**15,191,282**	**49,310,641**	**264,120,035**

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Table 6: Analysis of Primary Causes of Clinical Claims Closed with a damages payment (or settled with a periodical payment order) between financial years 2020/21 and 2024/25, where the 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) --Primary Cause	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
Fail / Delay Treatment	147	79,320,720	6,687,363	21,792,307	107,800,390
Failure/Delay Diagnosis	137	89,822,552	6,376,746	19,786,527	115,985,824
Failure To Perform Tests	23	15,792,435	1,198,615	3,496,163	20,487,212
Fail/Delay Referring To Hosp.	23	11,108,057	475,467	2,334,651	13,918,175
Wrong Diagnosis	6	681,528	105,323	559,694	1,346,545
Fail To Act On Abnorm Test Res	6	2,384,683	212,267	847,050	3,444,000
Inappropriate Discharge	5	165,997	25,990	110,250	302,237
Failure To Interpret X-Ray	#	#	#	#	#
Failure To Perform Operation	#	#	#	#	#
Grand Total	**350**	**199,618,111**	**15,191,282**	**49,310,641**	**264,120,035**