NHS Resolution

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Canary Wharf
London
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Telephone: 020 7811 2700

August 2026
FOI_7966

The following information was requested on 2 July 2026 and clarified on 3 July 2026:

[On the 2 July, you requested]

I am writing to request information under the Freedom of Information Act 2000.

I am undertaking academic research investigating the assessment and documentation of skin colour in clinical negligence claims within the NHS.

If held electronically and retrievable through reasonable searches, I would be grateful if you could provide the following information for clinical negligence claims received between 1 January 2003 and 31 December 2026:

1. *The number of clinical negligence claims in which the following terms appear within the claim summary, allegation, case description, or other searchable fields:*
    - *"Fitzpatrick"*
    - *"skin phototype"*
    - *"skin colour"*
    - *"skin color"*
    - *"skin tone"*
    - *"skin pigmentation"*
    - *"pigmentation"*
    - *"melanin"*
    - *"Monk Skin Tone"*
    - *"Individual Typology Angle"*
    - *"ITA"*
    - *Eumelanin Human Skin Colour Scale*
    - *EHSCS*

2. *For each search term, please provide:*
    - *the number of claims identified;*
    - *the clinical specialty (where recorded);*
    - *the year the claim was received; and*
    - *the status of the claim (closed or open), if available.*

3. *If any validated skin colour assessment tool is routinely recorded within NHS Resolution's databases, please provide the name of the relevant data field(s) and any guidance governing their use.*

[On the 2 July, we responded 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 codes for the terms you listed and we would not be able to readily extract them from our database. Also, we do not routinely collect race or ethnicity data from Claimants.

Please note that we hold data in financial years and could provide data up to 2024/25.

Please, could you review our codes linked above to see if there is any data we could provide?

[On the 3 July, you replied with]

Thank you for your previous response to my Freedom of Information request and for providing the guidance document and the CNST coding framework. I appreciate your explanation that NHS Resolution does not hold searchable codes for terms such as "Fitzpatrick", "skin tone", "skin pigmentation", or similar terminology, and that claimant race and ethnicity are not routinely collected.

Having reviewed your response, I would like to submit a refined request based on the coding framework used by NHS Resolution.

Request 1 – Clinical negligence claims by specialty
*For the period **1 January 2003 to the date this request is received**, please provide the number of clinical negligence claims recorded under the following clinical specialties (where these specialties are available within your coding framework):*

- *Dermatology*
- *Emergency Medicine*
- *Plastic Surgery and/or Burns (where separately coded)*
- *General Medicine*
- *Tissue Viability/Wound Care (if separately coded)*
- *Paediatrics*
- *Intensive Care (if separately coded)*

For each specialty, please provide, where available:

- *the number of claims received;*
- *the year in which each claim was received;*
- *whether the claim is open or closed; and*
- *the allegation category codes associated with those claims, where these can be provided in aggregated form.*

If any of the above specialties are not recorded separately within your coding framework, please indicate how such claims would ordinarily be classified.

Request 2 – Policies, guidance and equality considerations
Please provide copies of any policies, guidance, standard operating procedures, training materials, equality impact assessments, or other documents held by NHS Resolution that relate to:

- *consideration of skin colour, skin tone or skin pigmentation in the investigation or management of clinical negligence claims;*
- *consideration of race or ethnicity where clinically relevant to a claim;*
- *health inequalities or equity in the investigation, management or resolution of clinical negligence claims.*

[On the 3 July, we responded with]

Thank you for refining your request.

I wanted to note that we hold data in financial years and the earliest data we are able to provide is from 2006/07 and up to 2024/25.

In terms of allegation category codes – our claims are not logged against allegation codes. I believe Cause codes would be the closest to what you require. We could provide a breakdown of claims by cause for the specialties listed. Would this be helpful?

Please, refer to Causes tab in CNST-Codes.xlsx.

[On the 3 July, you replied with]

Thank you for your helpful response and for clarifying that cause codes, rather than allegation category codes, are used within your claims database.

A breakdown of claims by cause code for the requested specialties would indeed be very helpful.

For the financial years 2006/07 up to 2024/25. I would be grateful if you could provide, for each of the following clinical specialties (where recorded):

- *Dermatology*
- *Emergency Medicine*
- *Plastic Surgery and/or Burns (where separately coded)*
- *General Medicine*
- *Tissue Viability/Wound Care (if separately coded)*
- *Paediatrics*
- *Intensive Care (if separately coded)*

the following information:

- *the total number of clinical negligence claims received;*
- *the year in which each claim was received;*
- *whether the claim is currently open or closed (where available); and*
- *a breakdown of claims by cause code, including the corresponding cause code description and the number of claims associated with each cause code.*

If any of the requested specialties are not recorded separately within your coding framework, I would be grateful if you could indicate how such claims are ordinarily classified.

I would also be grateful if you could continue to consider the second part of my request regarding any policies, guidance, training materials, standard operating procedures or equality impact assessments relating to the consideration of skin colour, skin tone, skin pigmentation, race or ethnicity in the investigation or management of clinical negligence claims.

[On the 3 July, we responded with]

Thank you for your clarification. We can provide the data as requested.

Please note that we are unable to provide information about individual claims, as this could disclose details that may identify an individual claim and result in a breach of data protection requirements. We can provide aggregated information, such as number of claims received / closed per FY.

We will now process your request. If you have any further questions, please do not hesitate to contact us.

Our Response

Please find attached the information we are able to provide. This information only covers England and not the rest of the UK. We do not have a learning code for Tissue Viability/Wound Care.

The dataset presented in the response below cover:

- In respect of tables 1 - 9, “Dermatology", "Emergency Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine" or "General Medicine" and "Burn(s)" clinical claims and incidents notified to NHS Resolution between 2006/07 - 2024/25.
- In respect of tables 10 - 13 “Dermatology", "Emergency Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine" or "General Medicine" and "Burn(s) clinical claims closed (or settled as a PPO) between 2006/07 - 2024/25.
- In respect of tables 14 - 15 “Dermatology", "Emergency Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine" or "General Medicine" and "Burn(s) clinical claims open as at 31/03/2025.

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

For this request we have used our Supplementary Annual Statistics (SAS) dataset to ensure the data represents the most up to date information as at the end of the financial year 31 March 2025. For further information about our SAS dataset please see: Annual statistics (including Factsheet 5) - NHS Resolution. Therefore, our response to this request may not align with other publications on our website.

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 received will result in an award of compensation.

The data shows variation in numbers of claims received and closed per year. 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.

The data provided covers our Clinical schemes. For information about our Clinical Negligence Scheme, please visit our website here: Clinical schemes - NHS Resolution. Specifically, please note that since April 2019 NHS Resolution has administered general practice indemnity under the following schemes:

- **Clinical Negligence Scheme for General Practice (CNSGP),** which covers clinical negligence claims for incidents occurring in general practice on or after 1 April 2019.
- **Existing Liabilities Scheme for General Practice (ELSGP)** which covers historic NHS clinical negligence of staff of GP members of participating medical defence organisations occurring before 1 April 2019. This scheme currently covers historical liabilities for those who were members of the Medical and Dental Defence Union of Scotland or the Medical Protection Society at the time of the, and general practice staff working for members at the time of that incident.

Please find attached the following tables:

Table 1 shows: Number of Clinical Claims and Incidents received between financial years **'2006/07' and '2024/25'** where the Specialty is **"Dermatology", "Emergency Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine" or "General Medicine"**, broken down by **Specialty and year**.

Table 2 shows: Number of Clinical Claims and Incidents received between financial years **'2006/07' and '2024/25'** where the Primary Injury is **"Burn(s)" or "Burns"**, broken down by **year**.

Table 3 shows: Number of Clinical Claims and Incidents received between financial years **'2006/07' and '2024/25'** where the Specialty is **"Dermatology"**, broken down by **Primary Cause**.

Table 4 shows: Number of Clinical Claims and Incidents received between financial years **'2006/07' and '2024/25'** where the Specialty is **"Emergency Medicine"**, broken down by **Primary Cause**.

Table 5 shows: Number of Clinical Claims and Incidents received between financial years **'2006/07' and '2024/25'** where the Specialty is **"Plastic Surgery"**, broken down by **Primary Cause**.

Table 6 shows: Number of Clinical Claims and Incidents received between financial years **'2006/07' and '2024/25'** where the Specialty is **"Paediatrics"**, broken down by **Primary Cause**.

Table 7 shows: Number of Clinical Claims and Incidents received between financial years **'2006/07' and '2024/25'** where the Specialty is **"Intensive Care Medicine",** broken down by **Primary Cause.**

Table 8 shows: Number of Clinical Claims and Incidents received between financial years **‘2006/07’ and ‘2024/25’** where the Specialty is **"General Medicine",** broken down by **Primary Cause.**

Table 9 shows: Number of Clinical Claims and Incidents received between financial years **‘2006/07’ and ‘2024/25’** where the Primary Injury is **"Burn(s)" or “Burns”,** broken down by **Primary Cause.**

Table 10 shows: Number of Clinical Claims Closed or Settled as PPO with **damages paid**, between financial years ‘**2006/07’ and ‘2024/25’**, where the Specialty is **"Dermatology", "Emergency Medicine", "General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine**", broken down by Specialty and Year.

Table 11 shows: Number of Clinical Claims Closed between financial years ‘**2006/07’ and ‘2024/25’** with **damages paid**, where the Primary Injury is **"Burn(s)" or "Burns**", broken down by Year.

Table 12 shows: Number of Clinical Claims Closed with **NIL** damages, between financial years ‘**2006/07’ and ‘2024/25’**, where the Specialty is "**Dermatology", "Emergency Medicine", "General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine**", broken down by Specialty and Year.

Table 13 shows: Number of Clinical Claims Closed between financial years ‘**2006/07’ and ‘2024/25’** with **NIL** Damages, where the Primary Injury is **"Burn(s)" or "Burns**", broken down by Year.

Table 14 shows: Number of Clinical Claims **Open as at 31/03/2025**, where the Specialty is **"Dermatology", "Emergency Medicine", "General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine**", broken down by Specialty.

Table 15 shows: Number of Clinical Claims **Open as at 31/03/2025**, where the Primary Injury is "**Burn(s)".**

PPOs -

The attached data includes PPOs. 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.

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.

Section 12 refusal notice - Tissue viability" or "Wound Care"
Although NHS Resolution may hold some information relating to claims such as what you have requested (England only claims), due to the way claims are recorded on our claims database, we will not be able to readily identify such specific cases. It might be helpful to explain that when claims are notified to NHS Resolution, they are categorised against pre-defined cause, injury, and speciality codes. Unfortunately, as we do not have a code for *"Tissue viability" or "Wound Care"* we will not be able to readily identify such specific cases. To do so would involve a manual review in relation to all individual claims to determine which ones are relevant and fall within the scope of your request.

Therefore, we estimate that the cost of complying with this request would exceed the 'appropriate limit.' Section 12(1) of the FOIA 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'. The ICO's guidance confirms that such manual interrogation is not required where it would exceed the statutory cost limit.

We estimate that it would take on average 20 minutes to review each individual file in order to locate, retrieve and extract the requested information. It may therefore be the case that we would be able to examine only 54 files within 18 hours.

We have provided the information that is readily available within the FOI cost limit.

In regard to your **Request 2,** we do not hold any policies, guidance, standard operating procedures, training materials, equality impact assessments or other documents in relation to the consideration of skin colour, skin tone, skin pigmentation, race or ethnicity in the investigation or management of clinical negligence claims. Such considerations would be undertaken by any medical expert reporting on the claim.

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.

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/

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Data correct as at: 31/03/2025

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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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Freedom of Information Request# 7966
Data correct as at: 31/03/2025

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Table 1: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Dermatology", "Emergency Medicine","General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine", broken down by Specialty and year.

Notified	Y
ClinicalNonClinical	Clinical
Specialty_Flag	Y

Specialty ---Year of Notification	No. of Claims
Dermatology	**1,066**
2006/07	23
2007/08	29
2008/09	32
2009/10	37
2010/11	48
2011/12	44
2012/13	41
2013/14	70
2014/15	77
2015/16	65
2016/17	59
2017/18	60
2018/19	66
2019/20	72
2020/21	60
2021/22	61
2022/23	89
2023/24	60
2024/25	73
Emergency Medicine	**23,041**
2006/07	639
2007/08	655
2008/09	704
2009/10	893
2010/11	1,133
2011/12	1,154
2012/13	1,333
2013/14	1,490
2014/15	1,430
2015/16	1,344
2016/17	1,307
2017/18	1,381
2018/19	1,414
2019/20	1,396
2020/21	1,162
2021/22	1,239
2022/23	1,309
2023/24	1,456
2024/25	1,602
General Medicine	**9,797**
2006/07	346
2007/08	412
2008/09	447
2009/10	477
2010/11	724
2011/12	671
2012/13	508
2013/14	667
2014/15	533
2015/16	582
2016/17	534
2017/18	509
2018/19	493

Table 1: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Dermatology", "Emergency Medicine","General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine", broken down by Specialty and year.

Notified	Y
ClinicalNonClinical	Clinical
Specialty_Flag	Y

Specialty ---Year of Notification	No. of Claims
2019/20	464
2020/21	451
2021/22	490
2022/23	522
2023/24	494
2024/25	473
Intensive Care Medicine	**995**
2006/07	20
2007/08	18
2008/09	16
2009/10	22
2010/11	23
2011/12	34
2012/13	41
2013/14	56
2014/15	48
2015/16	57
2016/17	69
2017/18	70
2018/19	72
2019/20	79
2020/21	75
2021/22	63
2022/23	86
2023/24	74
2024/25	72
Paediatrics	**3,813**
2006/07	148
2007/08	139
2008/09	157
2009/10	122
2010/11	160
2011/12	173
2012/13	214
2013/14	281
2014/15	242
2015/16	258
2016/17	246
2017/18	227
2018/19	239
2019/20	238
2020/21	195
2021/22	182
2022/23	184
2023/24	192
2024/25	216
Plastic Surgery	**1,498**
2006/07	60
2007/08	66
2008/09	69
2009/10	63
2010/11	61
2011/12	62
2012/13	83

Table 1: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Dermatology", "Emergency Medicine","General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine", broken down by Specialty and year.

Notified	Y
ClinicalNonClinical	Clinical
Specialty_Flag	Y

Specialty ---Year of Notification	No. of Claims
2013/14	102
2014/15	104
2015/16	106
2016/17	104
2017/18	90
2018/19	86
2019/20	99
2020/21	78
2021/22	73
2022/23	62
2023/24	55
2024/25	75
Grand Total	**40,210**

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Table 2: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Primary Injury is "Burn(s)" or "Burns", broken down by year.

Notified	Y
Injury_Flag	Y

Year of Notification	No. of Claims
2006/07	48
2007/08	54
2008/09	37
2009/10	62
2010/11	87
2011/12	98
2012/13	106
2013/14	114
2014/15	113
2015/16	104
2016/17	92
2017/18	81
2018/19	80
2019/20	87
2020/21	67
2021/22	65
2022/23	63
2023/24	79
2024/25	65
Grand Total	**1,502**

Table 3: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Dermatology", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Specialty1L1ARA	Dermatology

Primary Cause	No. of Claims
Fail / Delay Treatment	249
Failure/Delay Diagnosis	226
Inappropriate Treatment	98
Fail To Warn-Informed Consent	63
Wrong Site Surgery	55
Medication Errors	37
Fail To Follow-Up Arrangements	33
Operator Error	32
Wrong Diagnosis	30
Failure To Perform Tests	28
Err With Agnt/Dose/Route/Selec	24
Inadequate Nursing Care	24
Intra-Op Problems	20
Delay In Performing Operation	18
Fail To Recog. Complication Of	17
Fail To Infrm Test Rslts	15
Diathermy Burns/react. To Prep	13
Fail To Act On Abnorm Test Res	12
Other	11
Fail/Delay Referring To Hosp.	10
Lack Of Assistance/Care	9
Equipment Malfunction	#
Perform. Of Op. Not Indicated	#
Bacterial Infection	#
Lack Of Pre-Op Evaluation	#
Incorrect Injection Site	#
Improp. Delegation To Junior	#
Inapprop. Case Selection	#
Lack Of Facilities/Equipment	#
Inappropriate Discharge	#
Unexpected Death	#
Fail To Supervise	#
Inadequate Monitoring Intra-Op	#
Foreign Body Left In Situ	#
Failure To Perform Operation	#
Fail/Delay Admitting To Hosp.	#
Sexual Abuse	#
Premature Ceasure Of Treatment	#
Unknown	#
Re-Canalisation	#
Failed Infection Control Policy/Hospital Hygiene	#
Self Harm	#
Not Specified	#
Grand Total	**1,066**

Table 4: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Emergency Medicine", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Specialty1L1ARA	Emergency Medicine

Primary Cause	No. of Claims
Failure/Delay Diagnosis	8,928
Fail / Delay Treatment	6,147
Failure To Interpret X-Ray	1,221
Failure To X-Ray	1,052
Failure To Perform Tests	696
Inappropriate Treatment	686
Inadequate Nursing Care	587
Wrong Diagnosis	349
Inappropriate Discharge	346
Medication Errors	331
Fail/Delay Admitting To Hosp.	268
Fail To Recog. Complication Of	256
Fail To Act On Abnorm Test Res	228
Fail To Follow-Up Arrangements	213
Fail To Supervise	206
Delay In Performing Operation	165
Foreign Body Left In Situ	161
Fail/Delay Referring To Hosp.	160
Lack Of Assistance/Care	146
Err With Agnt/Dose/Route/Selec	104
Operator Error	80
Other	72
Bacterial Infection	57
Fail To Warn-Informed Consent	45
Poor Application Of Plstr Cast	45
Assault, Etc By Hospital Staff	43
Unexpected Death	43
Fail To Infrm Test Rslts	41
Infusion Problems	29
Application Of Excess Force	28
Failure To Perform Operation	27
Incorrect Injection Site	25
Intra-Op Problems	24
Fail To Interpret USS	23
Self Harm	20
Equipment Malfunction	17
Not Specified	16
Fail To Carry Out PO Observs.	15
Failed Infection Control Policy/Hospital Hygiene	14
Intubation Problems	10
Lack Of Facilities/Equipment	10
Re-Canalisation	10
Injured By Another Patient	10
Cross Infection	9
Sexual Abuse	8
Unknown	6
Problem Blood Fluids	6
Inc In Comm By Absc/disch Pat	5
Improp. Delegation To Junior	5
Retained Instrument Post-Operation	#

Table 4: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Emergency Medicine", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Specialty1L1ARA	Emergency Medicine

Primary Cause	No. of Claims
Inapprop. Case Selection	#
Premature Ceasure Of Treatment	#
MisplacedNaso/OrogastricTubeNotDet	#
Fail/Delay Avail Op Thtre	#
Unlawful Detention - Mntl Hlth	#
Perform. Of Op. Not Indicated	#
Fail To Make Resp To Abnrm FHR	#
Fail To Diag Pre-Eclampsia	#
Wrong Site Surgery	#
Fail Antenatal Screening	#
Fail/Delay Of Avail Emgy Anaes	#
Inadequate Monitoring Intra-Op	#
Diathermy Burns/react. To Prep	#
Fell into From Object	#
Assault	#
Fail To Monitor 2nd Stg Labour	#
Manual Handling	#
Probs With Medical Records	#
EscapeSecurePrm byMHPtsTransfPrisoners	#
Wrong Route Admin of Chemotherapy	#
Tooth Inj & Patient Posit Prob	#
Fail Mon Dose/rate Syntocinon	#
Injury To Others By Patient	#
Grand Total	**23,041**

Table 5: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Plastic Surgery", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Specialty1L1ARA	Plastic Surgery

Primary Cause	No. of Claims
Fail / Delay Treatment	317
Fail To Warn-Informed Consent	165
Intra-Op Problems	139
Inappropriate Treatment	128
Failure/Delay Diagnosis	100
Operator Error	93
Foreign Body Left In Situ	66
Fail To Recog. Complication Of	56
Inadequate Nursing Care	37
Fail To Follow-Up Arrangements	35
Delay In Performing Operation	32
Wrong Site Surgery	29
Bacterial Infection	24
Failure To Perform Tests	24
Failure To Perform Operation	19
Perform. Of Op. Not Indicated	18
Err With Agnt/Dose/Route/Selec	16
Other	15
Diathermy Burns/react. To Prep	14
Wrong Diagnosis	13
Medication Errors	12
Inappropriate Discharge	11
Lack Of Pre-Op Evaluation	11
Lack Of Assistance/Care	9
Retained Instrument Post-Operation	8
Equipment Malfunction	8
Failure To Interpret X-Ray	8
Fail To Act On Abnorm Test Res	7
Fail To Carry Out PO Observs.	7
Fail To Infrm Test Rslts	6
Fail/Delay Referring To Hosp.	6
Failed Infection Control Policy/Hospital Hygiene	6
Inadequate Monitoring Intra-Op	6
Fail To Supervise	5
Failure To X-Ray	5
Incorrect Injection Site	#
Inapprop. Case Selection	#
Unknown	#
Not Specified	#
Improp. Delegation To Junior	#
Inadqte Monitor In Recov Room	#
Application Of Excess Force	#
Cross Infection	#
Infusion Problems	#
Sexual Abuse	#
Lack Of Facilities/Equipment	#
Poor Application Of Plstr Cast	#
Injured By Another Patient	#
Burns/Scalds	#
Unexpected Death	#

Table 5: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Plastic Surgery", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Specialty1L1ARA	Plastic Surgery

Primary Cause	No. of Claims
Fail To Interpret USS	#
Intubation Problems	#
Fail/Delay Admitting To Hosp.	#
Premature Ceasure Of Treatment	#
Re-Canalisation	#
Grand Total	**1,498**

Table 6: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Paediatrics", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Specialty1L1ARA	Paediatrics

Primary Cause	No. of Claims
Failure/Delay Diagnosis	1,110
Fail / Delay Treatment	1,014
Inappropriate Treatment	195
Inadequate Nursing Care	167
Failure To Perform Tests	149
Medication Errors	118
Fail To Recog. Complication Of	112
Err With Agnt/Dose/Route/Selec	63
Wrong Diagnosis	61
Infusion Problems	60
Inappropriate Discharge	59
Fail To Act On Abnorm Test Res	58
Fail To Follow-Up Arrangements	55
Failure To X-Ray	39
Operator Error	37
Lack Of Assistance/Care	35
Bacterial Infection	34
Fail To Supervise	31
Unexpected Death	29
Birth Defects	25
Fail/Delay Admitting To Hosp.	25
Sexual Abuse	24
Fail/Delay Resus By Paediatric	24
Fail/Delay Referring To Hosp.	23
Failure To Interpret X-Ray	22
Other	21
Intubation Problems	21
Intra-Op Problems	17
Delay In Performing Operation	14
Fail To Warn-Informed Consent	13
Fail Antenatal Screening	12
Equipment Malfunction	12
MisplacedNaso/OrogastricTubeNotDet	10
Application Of Excess Force	10
Fail To Carry Out PO Observs.	9
Re-Canalisation	9
Assault, Etc By Hospital Staff	7
Foreign Body Left In Situ	7
Fail To Infrm Test Rslts	6
Fail To Interpret USS	6
Cross Infection	6
Fail To Monitor 2nd Stg Labour	5
Self Harm	#
Inapprop. Case Selection	#
Not Specified	#
Diathermy Burns/react. To Prep	#
Failure To Perform Operation	#
Incorrect Injection Site	#
Failed Infection Control Policy/Hospital Hygiene	#
Problem Blood Fluids	#

Table 6: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Paediatrics", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Specialty1L1ARA	Paediatrics

Primary Cause	No. of Claims
Lack Of Facilities/Equipment	#
Fail Mon Dose/rate Syntocinon	#
Probs With Medical Records	#
Wrong Site Surgery	#
Improp. Delegation To Junior	#
Inadqte Monitor In Recov Room	#
Inadequate Monitoring Intra-Op	#
Fail To Make Resp To Abnrm FHR	#
Poor Application Of Plstr Cast	#
EscapeSecurePrm byMHPtsTransfPrisoners	#
Retained Instrument Post-Operation	#
Unknown	#
Fail/Delay Avail Of SCBU Beds	#
Perform. Of Op. Not Indicated	#
Injured By Another Patient	#
Clinical Trial	#
Fail To Diag Pre-Eclampsia	#
Wrong Application Of Electrode	#
Fail To Monitor 1st Stg Labour	#
Premature Ceasure Of Treatment	#
Lack Of Pre-Op Evaluation	#
Forceps Delivery	#
Grand Total	**3,813**

Table 7: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Intensive Care Medicine", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Specialty1L1ARA	Intensive Care Medicine

Primary Cause	No. of Claims
Fail / Delay Treatment	217
Inadequate Nursing Care	208
Failure/Delay Diagnosis	76
Medication Errors	55
Inappropriate Treatment	53
Fail To Recog. Complication Of	44
Err With Agnt/Dose/Route/Selec	30
Intubation Problems	27
Infusion Problems	25
MisplacedNaso/OrogastricTubeNotDet	21
Fail To Supervise	19
Unexpected Death	14
Lack Of Assistance/Care	14
Operator Error	13
Equipment Malfunction	12
Bacterial Infection	11
Fail To Carry Out PO Observs.	11
Inappropriate Discharge	11
Other	10
Failure To Interpret X-Ray	9
Intra-Op Problems	9
Failure To Perform Tests	9
Foreign Body Left In Situ	9
Fail To Act On Abnorm Test Res	8
Fail/Delay Admitting To Hosp.	7
Retained Instrument Post-Operation	7
Cross Infection	7
Failed Infection Control Policy/Hospital Hygiene	6
Delay In Performing Operation	6
Re-Canalisation	5
Failure To X-Ray	#
Incorrect Injection Site	#
Self Harm	#
Improp. Delegation To Junior	#
Fail To Warn-Informed Consent	#
Fail To Interpret USS	#
Fail/Delay Referring To Hosp.	#
Fail To Infrm Test Rslts	#
Fail/Delay Resus By Paediatric	#
Wrong Diagnosis	#
Unknown	#
Assault, Etc By Hospital Staff	#
Fail To Follow-Up Arrangements	#
Inadequate Monitoring Intra-Op	#
Application Of Excess Force	#
Mendelsohn's Syndrome	#
Problem Blood Fluids	#
Fail To Correctly Apply Forcep	#
Birth Defects	#
Not Specified	#
Lack Of Pre-Op Evaluation	#
Injured By Another Patient	#
Inadqte Monitor In Recov Room	#

Table 7: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "Intensive Care Medicine", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Specialty1L1ARA	Intensive Care Medicine

Primary Cause	No. of Claims
Failure To Perform Operation	#
IntravAdminMisselecConcentrPotassChlor	#
Grand Total	**995**

Table 8: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "General Medicine", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Specialty1L1ARA	General Medicine

Primary Cause	No. of Claims
Fail / Delay Treatment	2,228
Inadequate Nursing Care	2,114
Failure/Delay Diagnosis	1,427
Medication Errors	569
Fail To Supervise	507
Inappropriate Treatment	422
Lack Of Assistance/Care	312
Assault, Etc By Hospital Staff	188
Inappropriate Discharge	150
Failure To Perform Tests	148
Err With Agnt/Dose/Route/Selec	144
Fail To Act On Abnorm Test Res	137
Fail To Recog. Complication Of	131
Failed Infection Control Policy/Hospital Hygiene	107
Wrong Diagnosis	96
Fail To Warn-Informed Consent	87
Fail To Follow-Up Arrangements	85
Operator Error	71
Failure To Interpret X-Ray	68
Other	62
Bacterial Infection	58
Unexpected Death	47
Intra-Op Problems	46
Infusion Problems	45
Fail/Delay Referring To Hosp.	41
Failure To X-Ray	39
Cross Infection	38
Delay In Performing Operation	34
Foreign Body Left In Situ	32
Injured By Another Patient	28
Fail/Delay Admitting To Hosp.	27
Fail To Carry Out PO Observs.	26
Equipment Malfunction	24
Incorrect Injection Site	21
Application Of Excess Force	20
Sexual Abuse	19
Fail To Infrm Test Rslts	18
MisplacedNaso/OrogastricTubeNotDet	15
Failure To Perform Operation	12
Inadequate Monitoring Intra-Op	12
Re-Canalisation	10
Lack Of Facilities/Equipment	10
Self Harm	10
Intubation Problems	10
Lack Of Pre-Op Evaluation	10
Not Specified	8
Probs With Medical Records	8
Wrong Site Surgery	7
Perform. Of Op. Not Indicated	6
Fail To Interpret USS	6
Diathermy Burns/react. To Prep	6
Premature Ceasure Of Treatment	6
Tooth Inj & Patient Posit Prob	#

Table 8: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Specialty is "General Medicine", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Specialty1L1ARA	General Medicine

Primary Cause	No. of Claims
Improp. Delegation To Junior	#
Problem Blood Fluids	#
Poor Application Of Plstr Cast	#
Inadqte Monitor In Recov Room	#
Slip or Trip	#
Retained Instrument Post-Operation	#
Unknown	#
Fail Antenatal Screening	#
Injury To Others By Patient	#
Unlawful Detention - Mntl Hlth	#
EscapeSecurePrm byMHPtsTransfPrisoners	#
Hit by Object	#
Inc In Comm By Absc/disch Pat	#
Mendelsohn's Syndrome	#
Fail/Delay Of Avail Emgy Anaes	#
Breach of HRA	#
Wrong Route Admin of Chemotherapy	#
Fail Mon Dose/rate Syntocinon	#
Sharps Injury	#
Inapprop. Case Selection	#
Grand Total	**9,797**

Table 9: Number of Clinical Claims and Incidents received between financial years '2006/07' and '2024/25' where the Primary Injury is "Burn(s)" or "Burns", broken down by Primary Cause.

Notified	Y
ClinicalNonClinical	Clinical
Injury_Flag	Y

Primary Cause	No. of Claims
Diathermy Burns/react. To Prep	376
Operator Error	141
Inappropriate Treatment	133
Equipment Malfunction	125
Inadequate Nursing Care	121
Intra-Op Problems	112
Fail / Delay Treatment	77
Lack Of Assistance/Care	53
Err With Agnt/Dose/Route/Selec	51
Fail To Supervise	45
Inadequate Monitoring Intra-Op	36
Fail To Recog. Complication Of	33
Other	31
Medication Errors	19
Fail To Warn-Informed Consent	18
Self Harm	14
Fail/Delay Referring To Hosp.	14
Infusion Problems	13
Poor Application Of Plstr Cast	11
Failure/Delay Diagnosis	10
Inappropriate Discharge	9
Injured By Another Patient	7
Lack Of Facilities/Equipment	6
Tooth Inj & Patient Posit Prob	#
Fail/Delay Admitting To Hosp.	#
Foreign Body Left In Situ	#
Failure To Perform Operation	#
Re-Canalisation	#
Application Of Excess Force	#
Not Specified	#
Failure To Perform Tests	#
Fail To Carry Out PO Observs.	#
Delay In Performing Operation	#
Lack Of Pre-Op Evaluation	#
Assault, Etc By Hospital Staff	#
Inadqte Monitor In Recov Room	#
Wrong Route Admin of Chemotherapy	#
Incorrect Injection Site	#
Unknown	#
Birth Defects	#
Wrong Application Of Electrode	#
Perform. Of Op. Not Indicated	#
Unexpected Death	#
Burns/Scalds	#
Fail To Follow-Up Arrangements	#
Probs With Medical Records	#
Fire	#
Inapp Use Of Forceps/Ventouse	#
Inapprop. Case Selection	#
Grand Total	**1,502**

Table 10: Number of Clinical Claims Closed or Settled as PPO with damages paid, between financial years '2006/07' and '2024/25', where the Specialty is "Dermatology", "Emergency Medicine", "General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine", broken down by Specialty and Year.

ClinicalNonClinical	Clinical
Specialty_Flag	Y
ClosedSettled	Y
ClaimOutcome	Damages Paid

Specialty ---Year of Closure (Settlement for PPOs)	No. of Claims
Emergency Medicine	**14,101**
2006/07	390
2007/08	401
2008/09	387
2009/10	478
2010/11	672
2011/12	724
2012/13	697
2013/14	775
2014/15	823
2015/16	776
2016/17	935
2017/18	848
2018/19	873
2019/20	967
2020/21	802
2021/22	902
2022/23	853
2023/24	859
2024/25	939
General Medicine	**6,425**
2006/07	223
2007/08	258
2008/09	192
2009/10	278
2010/11	374
2011/12	403
2012/13	514
2013/14	345
2014/15	347
2015/16	373
2016/17	369
2017/18	358
2018/19	380
2019/20	391
2020/21	323
2021/22	319
2022/23	320
2023/24	321
2024/25	337
Paediatrics	**2,621**
2006/07	77
2007/08	138
2008/09	165
2009/10	139
2010/11	160
2011/12	221
2012/13	134
2013/14	150
2014/15	158
2015/16	114
2016/17	135

Table 10: Number of Clinical Claims Closed or Settled as PPO with damages paid, between financial years '2006/07' and '2024/25', where the Specialty is "Dermatology", "Emergency Medicine", "General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine", broken down by Specialty and Year.

ClinicalNonClinical	Clinical
Specialty_Flag	Y
ClosedSettled	Y
ClaimOutcome	Damages Paid

Specialty ---Year of Closure (Settlement for PPOs)	No. of Claims
2017/18	125
2018/19	147
2019/20	149
2020/21	101
2021/22	125
2022/23	131
2023/24	107
2024/25	145
Plastic Surgery	**909**
2006/07	47
2007/08	44
2008/09	30
2009/10	38
2010/11	37
2011/12	48
2012/13	42
2013/14	40
2014/15	47
2015/16	57
2016/17	52
2017/18	54
2018/19	65
2019/20	64
2020/21	50
2021/22	59
2022/23	46
2023/24	43
2024/25	46
Dermatology	**588**
2006/07	13
2007/08	19
2008/09	15
2009/10	20
2010/11	21
2011/12	22
2012/13	25
2013/14	24
2014/15	38
2015/16	35
2016/17	41
2017/18	45
2018/19	30
2019/20	52
2020/21	37
2021/22	36
2022/23	34
2023/24	43
2024/25	38
Intensive Care Medicine	**515**
2006/07	9
2007/08	7
2008/09	16

Table 10: Number of Clinical Claims Closed or Settled as PPO with damages paid, between financial years '2006/07' and '2024/25', where the Specialty is "Dermatology", "Emergency Medicine", "General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine", broken down by Specialty and Year.

ClinicalNonClinical	Clinical
Specialty_Flag	Y
ClosedSettled	Y
ClaimOutcome	Damages Paid

Specialty ---Year of Closure (Settlement for PPOs)	No. of Claims
2009/10	8
2010/11	19
2011/12	11
2012/13	12
2013/14	23
2014/15	23
2015/16	26
2016/17	23
2017/18	43
2018/19	35
2019/20	41
2020/21	44
2021/22	48
2022/23	36
2023/24	42
2024/25	49
Grand Total	**25,159**

Table 11: Number of Clinical Claims Closed between financial years '2006/07' and '2024/25' with damages paid, where the Primary Injury is "Burn(s)" or "Burns", broken down by Year.

ClinicalNonClinical	Clinical
Injury_Flag	Y
ClosedSettled	Y
ClaimOutcome	Damages Paid

Year of Closure	No. of Claims
2006/07	58
2007/08	44
2008/09	33
2009/10	40
2010/11	61
2011/12	61
2012/13	76
2013/14	81
2014/15	85
2015/16	81
2016/17	96
2017/18	61
2018/19	83
2019/20	78
2020/21	70
2021/22	55
2022/23	58
2023/24	63
2024/25	59
Grand Total	**1,243**

Table 12: Number of Clinical Claims Closed with NIL damages, between financial years '2006/07' and '2024/25', where the Specialty is "Dermatology", "Emergency Medicine", "General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine", broken down by Specialty and Year.

ClinicalNonClinical	Clinical
Specialty_Flag	Y
ClosedSettled	Y
ClaimOutcome	Nil Damages

Specialty ---Year of Closure (Settlement for PPOs)	No. of Claims
Emergency Medicine	**6,701**
2006/07	231
2007/08	243
2008/09	185
2009/10	190
2010/11	238
2011/12	304
2012/13	304
2013/14	380
2014/15	446
2015/16	460
2016/17	438
2017/18	421
2018/19	393
2019/20	407
2020/21	371
2021/22	366
2022/23	387
2023/24	420
2024/25	517
General Medicine	**3,169**
2006/07	215
2007/08	173
2008/09	137
2009/10	182
2010/11	154
2011/12	182
2012/13	141
2013/14	165
2014/15	184
2015/16	173
2016/17	209
2017/18	156
2018/19	154
2019/20	134
2020/21	120
2021/22	142
2022/23	165
2023/24	179
2024/25	204
Paediatrics	**1,549**
2006/07	123
2007/08	105
2008/09	81
2009/10	75
2010/11	52
2011/12	49
2012/13	42
2013/14	103
2014/15	82
2015/16	83
2016/17	99

Table 12: Number of Clinical Claims Closed with NIL damages, between financial years '2006/07' and '2024/25', where the Specialty is "Dermatology", "Emergency Medicine", "General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine", broken down by Specialty and Year.

ClinicalNonClinical	Clinical
Specialty_Flag	Y
ClosedSettled	Y
ClaimOutcome	Nil Damages

Specialty ---Year of Closure (Settlement for PPOs)	No. of Claims
2017/18	105
2018/19	84
2019/20	80
2020/21	77
2021/22	77
2022/23	67
2023/24	73
2024/25	92
Plastic Surgery	**579**
2006/07	39
2007/08	29
2008/09	21
2009/10	24
2010/11	17
2011/12	27
2012/13	34
2013/14	36
2014/15	35
2015/16	37
2016/17	38
2017/18	48
2018/19	29
2019/20	28
2020/21	28
2021/22	31
2022/23	26
2023/24	28
2024/25	24
Dermatology	**361**
2006/07	9
2007/08	11
2008/09	7
2009/10	18
2010/11	20
2011/12	9
2012/13	18
2013/14	14
2014/15	18
2015/16	21
2016/17	24
2017/18	29
2018/19	27
2019/20	19
2020/21	17
2021/22	19
2022/23	21
2023/24	31
2024/25	29
Intensive Care Medicine	**#**
2006/07	21
2007/08	14
2008/09	7

Table 12: Number of Clinical Claims Closed with NIL damages, between financial years '2006/07' and '2024/25', where the Specialty is "Dermatology", "Emergency Medicine", "General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine", broken down by Specialty and Year.

ClinicalNonClinical	Clinical
Specialty_Flag	Y
ClosedSettled	Y
ClaimOutcome	Nil Damages

Specialty ---Year of Closure (Settlement for PPOs)	No. of Claims
2009/10	#
2010/11	6
2011/12	14
2012/13	6
2013/14	11
2014/15	23
2015/16	16
2016/17	18
2017/18	14
2018/19	24
2019/20	23
2020/21	22
2021/22	31
2022/23	28
2023/24	31
2024/25	34

Table 13: Number of Clinical Claims Closed between financial years '2006/07' and '2024/25' with NIL Damages, where the Primary Injury is "Burn(s)" or "Burns", broken down by Year.

ClinicalNonClinical	Clinical
Injury_Flag	Y
ClosedSettled	Y
ClaimOutcome	Nil Damages

Year of Closure	No. of Claims
2006/07	11
2007/08	11
2008/09	6
2009/10	12
2010/11	#
2011/12	10
2012/13	10
2013/14	13
2014/15	22
2015/16	11
2016/17	27
2017/18	15
2018/19	7
2019/20	8
2020/21	13
2021/22	7
2022/23	11
2023/24	10
2024/25	16

Table 14: Number of Clinical Claims Open as at 31/03/2025, where the Specialty is "Dermatology", "Emergency Medicine", "General Medicine", "Plastic Surgery", "Paediatrics" or "Intensive Care Medicine", broken down by Specialty.

ClinicalNonClinical	Clinical
Specialty_Flag	Y
CurrentStatusFlag	Open

Specialty	No. of Claims
Emergency Medicine	3,278
Paediatrics	1,111
General Medicine	928
Intensive Care Medicine	184
Dermatology	151
Plastic Surgery	139
Grand Total	**5,791**

Table 15: Number of Clinical Claims Open as at 31/03/2025, where the Primary Injury is "Burn(s)".

ClinicalNonClinical	Clinical
Injury_Flag	Y
CurrentStatusFlag	Open

No. of Claims
128