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August 2026
FOI_8022

The following information was requested and clarified on 11 August 2026:

[On the 11 August, you requested]

FREEDOM OF INFORMATION ACT REQUEST
1. Please provide me with a table showing how many successful claims were lodged against each individual NHS hospital trust for the total of the last ten financial years (2016/17 to 2025/26 inclusive) where one of the injury codes was a hospital acquired infection. Only include trusts where there were ten successful claims or more.

2. For the ten hospital trusts with the most claims please state what the total amount of damages were that were awarded to the patients for those ten years from each of those trusts.

3. Please could you provide me with a breakdown of payments made under the CNST scheme where injury 1, 2 or 3 is for Hospital Acquired Infection (HAI) for (a) 2024/25, and (b) 2025/26. This should include the number of successful claims, the damages paid and the costs for both defendant and claimant.

[We responded with]

Thank you for your request.

Please note, at present, we can only provide data up to and including 2024/25. Data for 2025/26 will be available upon request from September 2026. Could you please confirm whether you would like to receive the data for up to 2024/25, or whether you would prefer to resubmit your request in September?

[You replied with]

Thanks, can I have it up to 24/25 then please. But in Q1 can it start in 15/16, so I still have a ten-year time span?

Our Response

Please find attached the information we are able to provide. This information only covers England and not the rest of the UK. The dataset presented in the response below cover Hospital Acquired Infection CNST claims closed (or settled as a PPO) between 2015/16 - 2024/25.

In response to Q1 and Q2 – there was only one trust with 10 or more claims closed between the financial years 2015/16 – 2024/25 with a damages payment where any Injury is 'Hospital Acquired Infection', included in table 1. We have therefore provided you with the 10 Trusts with the most number of claims (see table 1). As a number of Trusts had the same number of claims, the table includes 16 Trusts.

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]

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 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 Negligence Scheme for Trusts (CNST). For further information about the CNST, please visit our website here: [Clinical Negligence Scheme for Trusts - NHS Resolution].

Please find attached the following tables:

Table 1 shows: Number and Cost of **CNST** Claims Closed (or settled with a periodical payment order) between financial years '**2015/16'** and '**2024/25'** with a damages payment, where the Injury at any level is **'Hospital Acquired Infection'**, broken down by the 10 Trusts with the most claims. 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 2 shows: Number and Cost of **CNST** Claims Closed for the financial year **'2024/25'** with a damages payment, where the Injury at any level is **'Hospital Acquired Infection'**. 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 may be impacted by multiple claims notified in relation to one cause of action.

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 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.

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/

Freedom of Information Request# 8022
Data correct as at: The end of every financial year

NHS Resolution

T A B L E O F C O N T E N T S

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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NHS Resolution

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.

Table 1: Number and Cost of CNST Claims Closed (or settled with a periodical payment order) between financial years '2015/16' and '2024/25' with a damages payment, where the Injury at any level is 'Hospital Acquired Infection', broken down by The 10 Trusts with the most claims. 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

NHS Trust	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
The Leeds Teaching Hospitals NHS Trust	10	234,469	37,074	232,796	504,339
Sheffield Teaching Hospitals NHS Foundation Trust	6	666,896	164,611	436,815	1,268,322
University Hospitals Birmingham NHS Foundation Trust	6	259,668	31,006	230,400	521,074
King's College Hospital NHS Foundation Trust	6	250,081	40,640	261,000	551,721
East and North Hertfordshire NHS Trust	5	313,525	43,417	261,864	618,806
United Lincolnshire Teaching Hospitals NHS Trust	5	1,648,305	127,305	411,302	2,186,913
Wirral University Teaching Hospital NHS Foundation Trust	5	21,350	7,689	62,500	91,539
Mid and South Essex NHS Foundation Trust	5	329,114	75,765	371,625	776,504
Guy's and St Thomas' NHS Foundation Trust	#	#	#	#	#
University Hospitals of North Midlands NHS Trust	#	#	#	#	#
Bolton NHS Foundation Trust	#	#	#	#	#
University Hospitals Bristol & Weston NHS Foundation Trust	#	#	#	#	#
University Hospitals Sussex NHS Foundation Trust	#	#	#	#	#
North West Anglia NHS Foundation Trust	#	#	#	#	#
Barts Health NHS Trust	#	#	#	#	#
Northern Care Alliance NHS Foundation Trust	#	#	#	#	#
Grand Total	**80**	**7,871,287**	**1,005,824**	**3,861,139**	**12,738,251**

Freedom of Information Request# 8022
Data correct as at: The end of every financial year

Table 2: Number and Cost of CNST Claims Closed for the financial year '2024/25' with a damages payment, where the Injury at any level is 'Hospital Acquired Infection'. 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

Year of Closure	No. of Claims	Damages Paid	NHS Legal Costs Paid	Claimant Legal Costs Paid	Total Paid
2024/25	21	885,293	179,092	920,475	1,984,860
Grand Total	**21**	**885,293**	**179,092**	**920,475**	**1,984,860**