



Clinical Negligence & Other Risks Indemnity Scheme (CNORIS)

Annual Report 2024-2025



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Introduction

Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) is a risk transfer and financing scheme for Health and Social Care across Scotland. The Scheme was first introduced in April 2000 by the Scottish Government Health Directorates in partnership with Willis Limited. The primary objective is to provide cost-effective risk pooling and claims management arrangements for members of the Scheme who include NHS Health Boards, National Health Boards and Health & Social Care Integration Joint Boards from across Scotland¹.

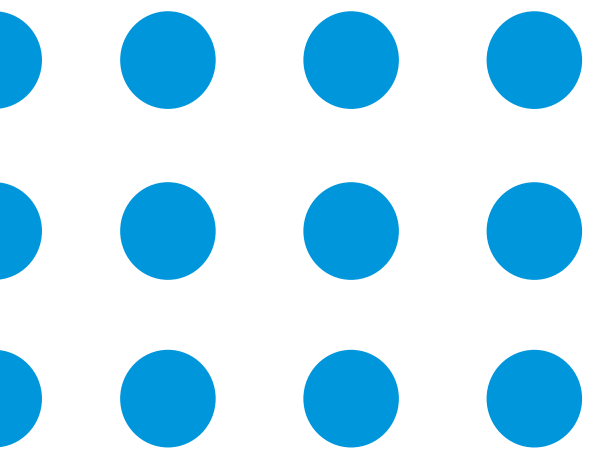
NHS National Services Scotland (NSS) manages the Scheme on behalf of the Scottish Government, and the NHS Central Legal Office provides legal advice and guidance to members in relation to negligence claims.

This year's annual report provides a summary of the number and value of claims received and CNORIS reimbursement made to members during the financial year 2024-25 but the majority of these related incidents will have occurred in a previous year.

The report also gives an insight into the types of negligence claims received historically and the impact on the NHS in Scotland².

CNORIS covers both clinical and non-clinical claims³, where claims may be reimbursed either wholly or in part. In 2024-25, there were 263 reimbursements made in respect of 245 claims (352 reimbursements over 325 Claims in 2023-24) processed by CNORIS, with a total value of £62.86 million, compared to £47.33 million in 2023-24. This increase in the value of reimbursements is primarily driven by three high-value claims totalling £23.37 million. The types of claims are broken down into Clinical (156), Non-Clinical (57) and PPOs (32).





It is worth noting, that these three high value claims are far higher compared to all other claims over the 2022-23, 2023-24 and 2024-25 periods, as reflected in the adjusted averages below:

- Adjusted average value of Clinical Claims has increased slightly from £0.17m to £0.19m (non-adjusted average is £0.32)
- Adjusted average value of Non-Clinical Claims has decreased from £0.05m to £0.03m (non-adjusted average is £0.10m)
- Average value of PPO annuities remains at £0.25m.

The 245 claims for reimbursement in 2024-25 were across 32 various Specialities, driven by Obstetrics and Gynaecology (46), Workplace Health & Safety (46), and General Medicine (31). Of these reimbursements, 13 are considered as “High Value” i.e. where total Award/Costs exceed £1 million or more).



Outturn for 2024-25

The value of reimbursement payments in 2024-25 was £62.86 million.

Table 1 below provides a breakdown of the number and value of claims reimbursed during 2024-25. Where the total number of claims reimbursed was less than five, no breakdown has been provided as to maintain confidentiality of those claimants.

Table 1: Number & Value of 2024-25 Reimbursements

NHS Board	Value of Reimbursements (£)	Number of Claims	Number of Reimbursements
Ayrshire & Arran	2,112,933	21	26
Fife	1,286,193	9	9
Forth Valley	10,961,929	9	9
Grampian	9,269,360	25	27
Greater Glasgow & Clyde	5,012,771	51	51
Highland	4,543,960	23	28
Lanarkshire	5,437,461	31	34
Lothian	18,923,090	36	39
Tayside	3,446,302	25	25
Other Boards (where number of claims < 5)*	1,867,437	15	15
Grand Total	62,861,436	245	263

*Includes NHS Borders, NHS Dumfries & Galloway, NHS Orkney, National Waiting Times Centre, NHS 24, Scottish Ambulance Service and The State Hospital.

Trends in Payments *(inclusive of PPO's)*

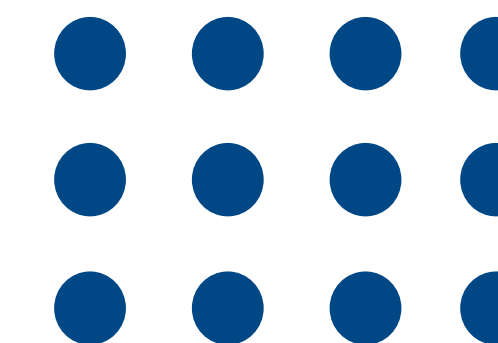


Table 2 below reflects CNORIS claims and reimbursements paid over the last 10 years since 1st April 2015, including claims & reimbursements made in respect of PPO's. The average total value of reimbursements made under the CNORIS scheme is £54.11 million, noting the variance of this amount can be ± £20.00 million (the exception being 2021-22). The total value of reimbursements is primarily driven by the nature of the claims themselves and has little correlation with total volume of claims settled. These claims are further broken down through Type of Claim (Clinical & Non-Clinical) and PPO's below.

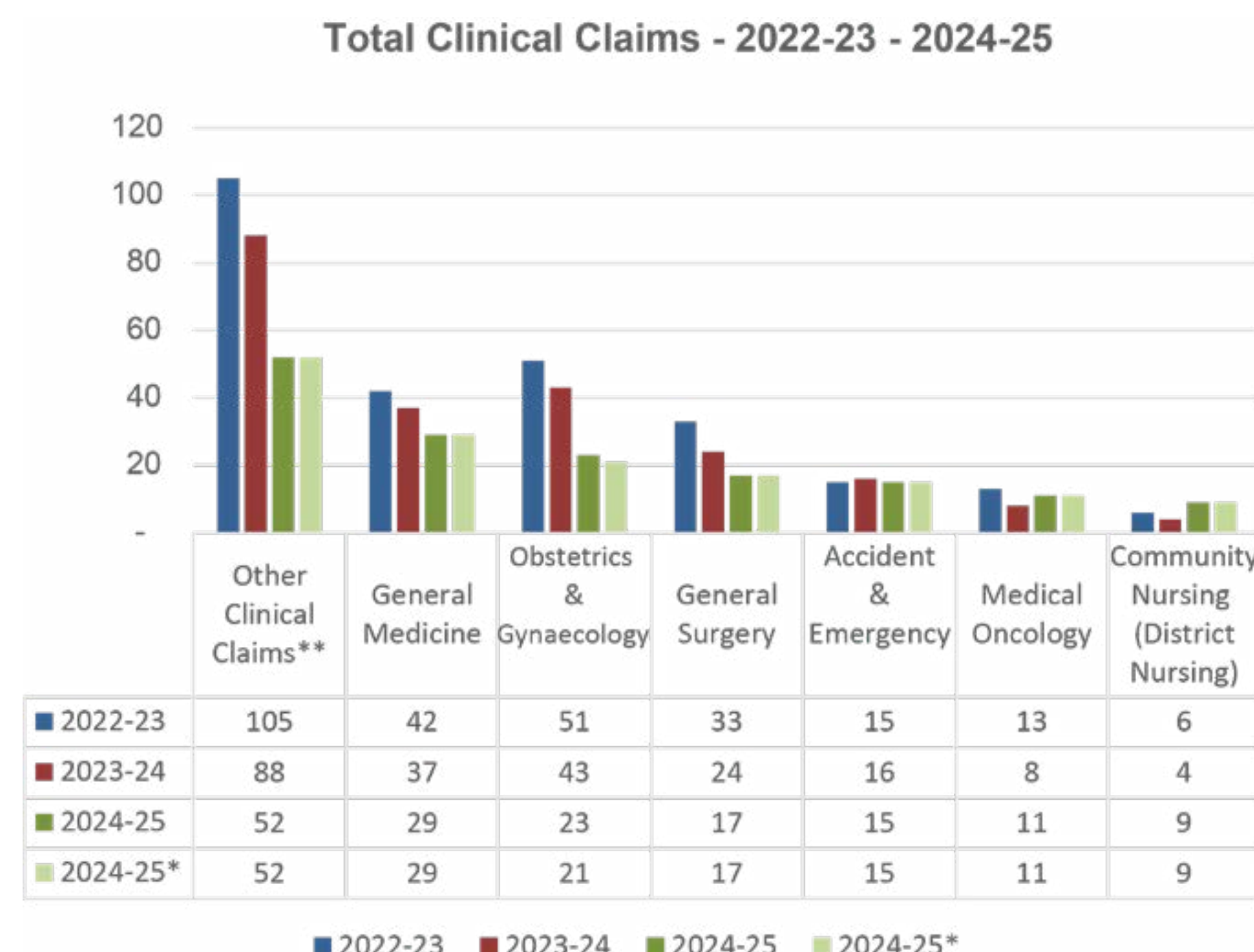
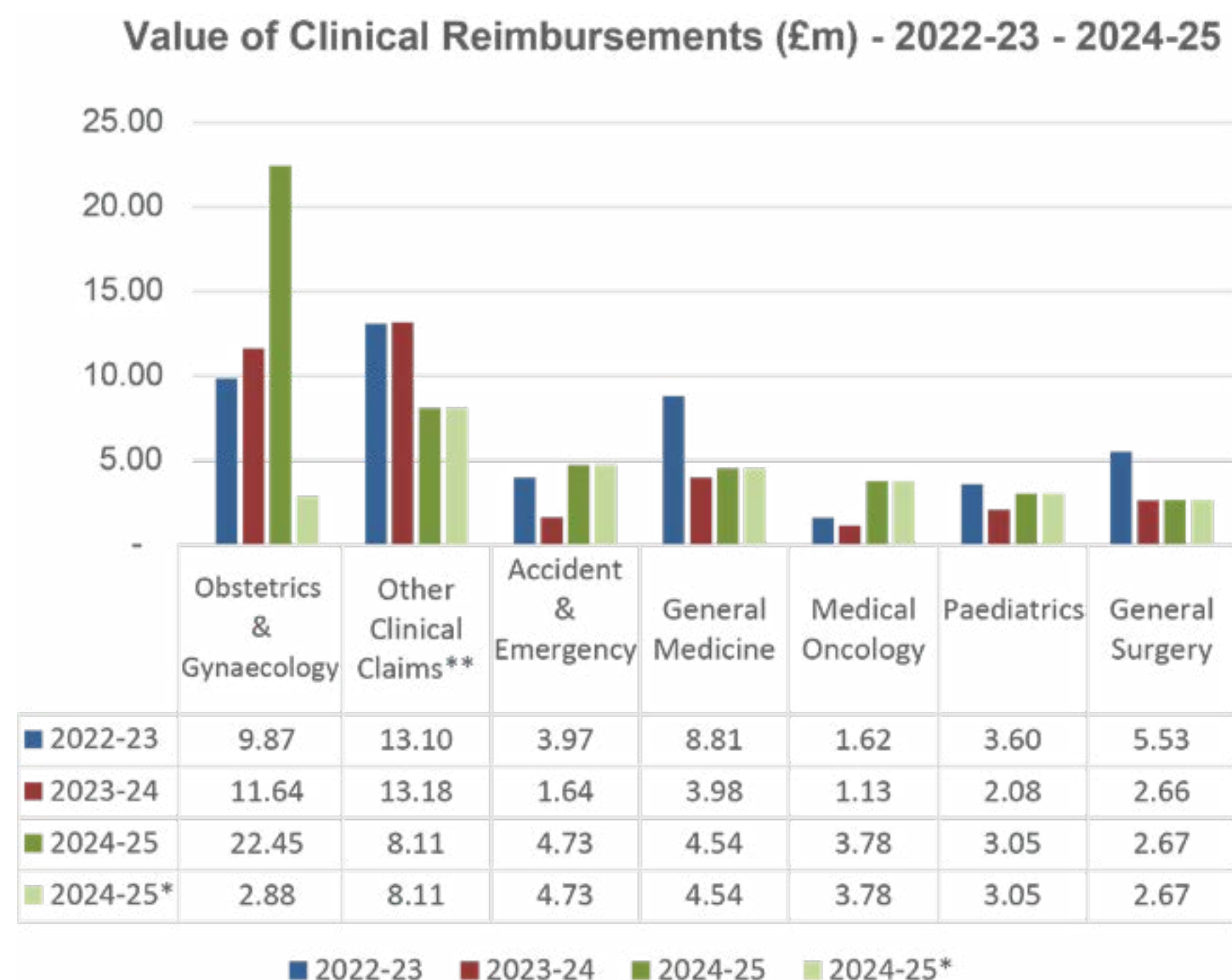
Table 2: Reimbursements made since 2015-25 (inclusive of PPO's)

Year	Value of Reimbursements			Number of Claims			Number of Reimbursements		
	Clinical (£m)	Non-Clinical (£m)	Total (£m)	Clinical	Non-Clinical	Total	Clinical	Non-Clinical	Total
2015-16	49.57	3.23	52.81	200	56	256	232	59	291
2016-17	37.46	2.79	40.25	297	89	386	333	91	424
2017-18	31.87	1.88	33.74	219	42	261	256	44	300
2018-19	35.80	3.94	39.73	218	37	255	262	39	301
2019-20	34.32	3.65	37.96	202	52	254	226	59	285
2020-21	59.94	1.66	61.59	242	35	277	276	35	311
2021-22	105.97	3.27	109.24	320	81	401	363	82	445
2022-23	52.58	2.99	55.56	294	102	396	334	104	438
2023-24	43.67	3.66	47.33	250	75	325	273	79	352
2024-25	56.87	5.99	62.86	187	58	245	205	58	263
Total	508.04	33.05	541.08	2,429	627	3,056	2,760	650	3,410
10yr Average	50.80	3.30	54.11	243	63	306	276	65	341

Clinical Claims– 2022-23 – 2024-25 (exclusive of PPO’s)

The total number of clinical claims reimbursed decreased to 156 in 2024-25 (down from 265 and 220 in 2022-23 and 2023-24 respectively). When adjusting for the two high-value exceptions (totalling £19.56 million as mentioned on page 3), total reimbursement for 2024-25 is £29.73 million, down from £46.50 million and £36.31 million in 2022-23 and 2023-24 respectively. While the total number of clinical claims reimbursed has decreased, the adjusted reimbursement per clinical claim has increased to £0.19 million, up from £0.17 million and £0.18 million in the two prior years (non-adjusted clinical claims increases to £0.32 million per claim). Graphs 1 & 2 illustrate the value & number of the most prevalent claims over the last three years.

Graphs 1 & 2: Value & Number of Clinical Reimbursements / Claims by Speciality



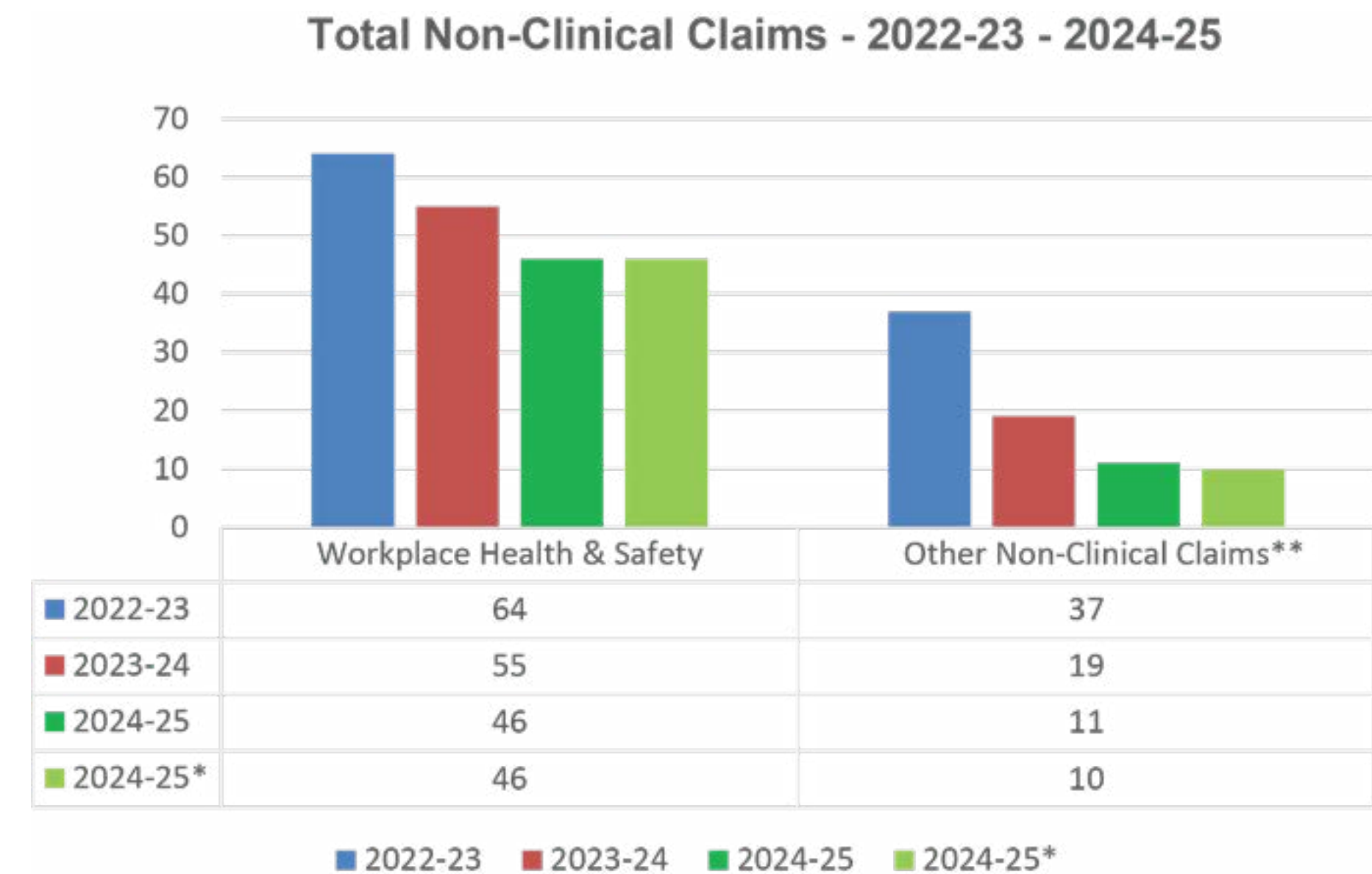
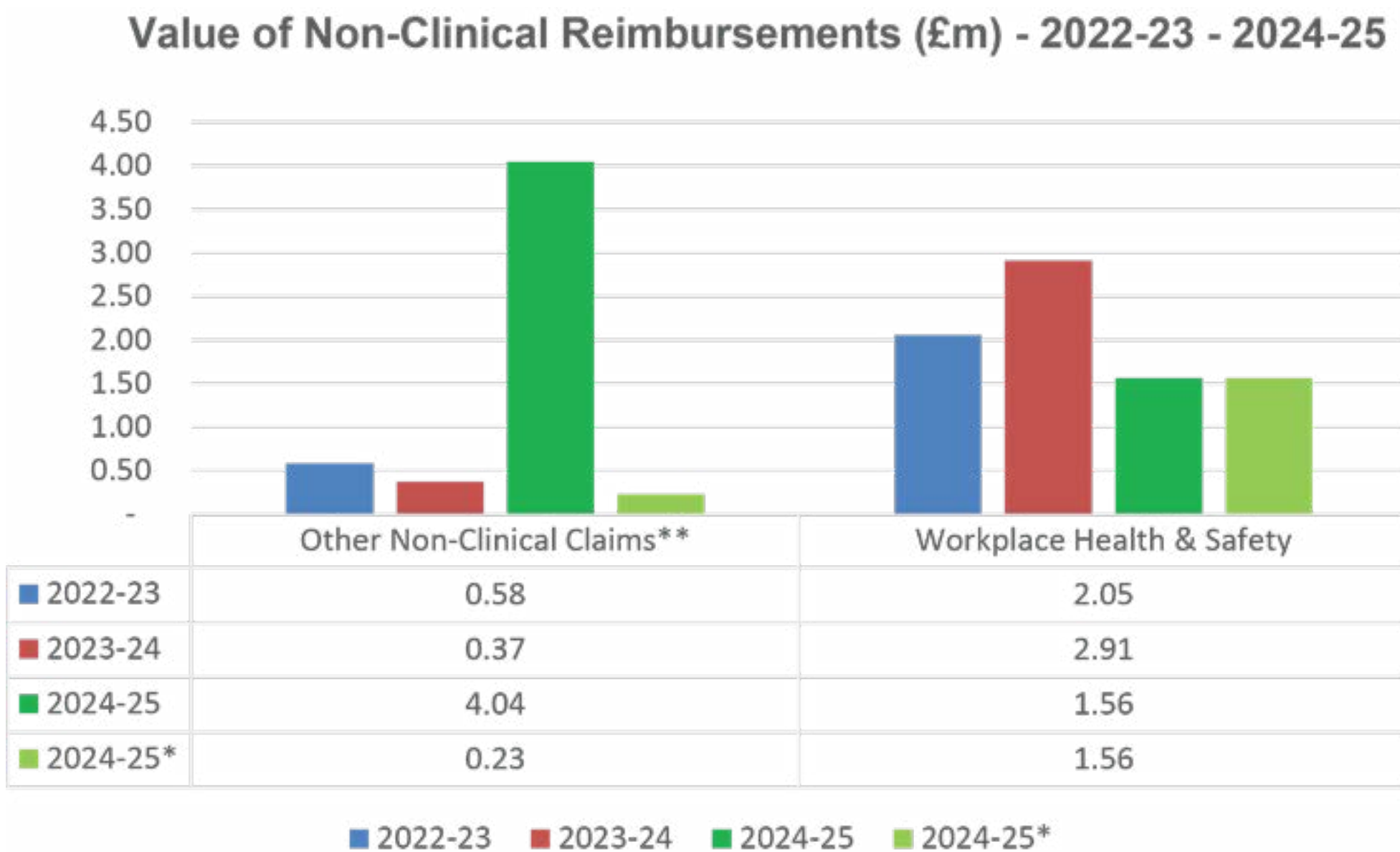
*These are the 2024-25 reimbursements, adjusted for the high value exception(s), further demonstrating the disproportionate impact individual claim(s) may have on the CNORIS scheme as a whole.

** “Other clinical claims” are all instances where an individual speciality accounts for less than 5% of the total 2024-25 reimbursement amount or there are less than 5 claims made during 2024-25. This includes 52 (34%) claims against 23 other specialities totalling £8.11 million (16%) in reimbursements

Non-Clinical Claims³ 2022-23 – 2024-25 (*exclusive of PPO's*)

The total number of non-clinical claims reimbursed has decreased to 57 in 2024-25 (down from 101 and 74 in 2022-23 and 2023-24 respectively). When adjusting for an individual high value non-clinical claim (totalling £3.81m), total reimbursements are £1.79 million, down from £2.63million and £3.28 million in 2022-23 and 2023-24 respectively. Consistent with prior years, most of the non-clinical claims reimbursed related to Workplace Health & Safety, with reimbursements decreasing to £1.56 million, down from £2.91 million the previous year. Overall, the adjusted reimbursement per non-clinical claims decreased to £0.03 million, down from £0.04 million in 2023-24 (non-adjusted non-clinical claims increases to £0.10 million per claim). Graphs 3 & 4 illustrate the value & number of the most prevalent claims over the last three years.

Graphs 3 & 4: Value & Number of Non-Clinical Claim Reimbursements / Claims by Speciality



*These are the 2024-25 reimbursements, adjusted for the high value exception(s), further demonstrating the disproportionate impact individual claim(s) may have on the CNORIS scheme as a whole.

** "Other non-clinical claims" are all instances where an individual speciality accounts for less than 5% of the total 2024-25 reimbursement amount or there are less than 5 claims of the total amount in 2024-25.

Periodic Payment Orders (PPOs)⁴ 2024-25

The total amount of PPO individual annuity reimbursements made during 2024-25 increased to 32 (up from 30 in 2022-23 and 31 in 2023-24). The total value of the reimbursements made totalled £7.95 million across nine specialities (noting that this only included annuity payments – reimbursements for costs and initial lump sum awards are included in the clinical and non-clinical breakdowns). This increase of £0.21 million (2.74%) is driven in part by the addition of net PPO's increasing, and in part by the annual CPI increases that PPOs are subject to. These PPOs relate to nine NHS Boards, with the majority of payments to claimants being made annually in December, and with reimbursement to respective NHS Boards made by the end of the financial year

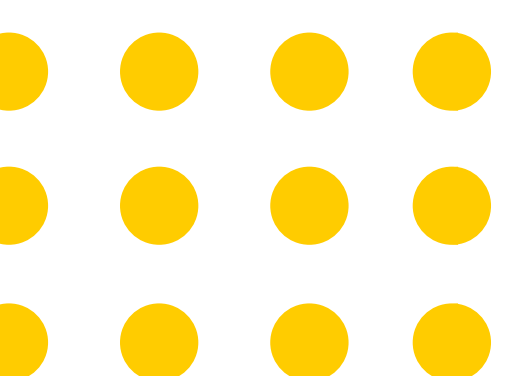
Contribution Rates

CNORIS contributions are calculated by assessing both clinical and non-clinical risks and based upon a 91% (clinical) and 9% (non-clinical) division of the total contribution.

Clinical risks are evaluated based upon an average percentage of the: risks associated with each clinical speciality (e.g., Neurology); the birth rate percentages for each; and an analysis of the current and historical clinical claim history.

Non-clinical risks are evaluated based upon an average percentage of the: Revenue Resource Limit (%); overall staffing levels – Whole Time Equivalent (%); and an analysis of current and historical non-clinical claims.

The overall breakdown is also adjusted to consider the fixed rate contributions made by Health and Social Care Integration Joint Boards.

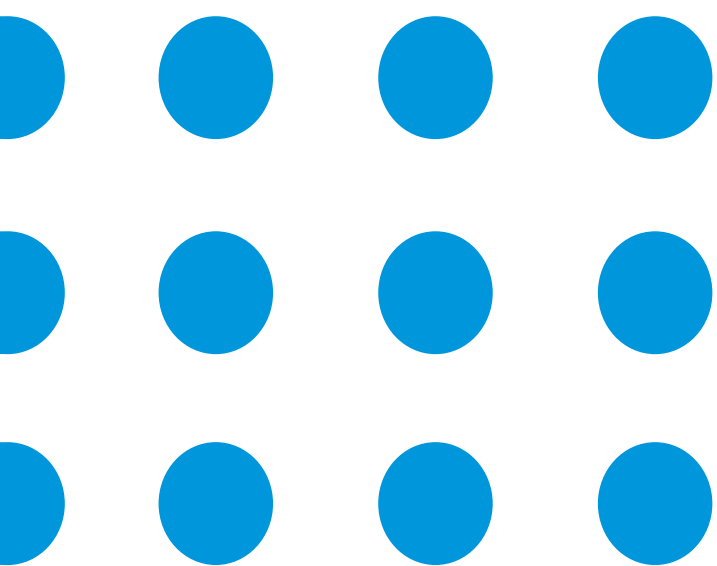


Analysis of Claims by Year Received

Graph 5 below provides a breakdown of the total number of litigation claims for compensation received by NSS CLO since 1st April 2015 by: clinical (medical, nursing, and mental health care); employee; and all other non-clinical claims. The graph also details the number of those claims that have been closed.

The graph shows that there has been a significant increase in the total number of claims received this year when compared with those reported last year, from 838 to 945, with the number of clinical claims increasing on last year, from 509 to 603. There was a slight reduction in the number of non-clinical claims being received, from 60 to 57. Whilst there has been an increase in the number of employee litigation claims received when compared with last year, from 269 to 285.

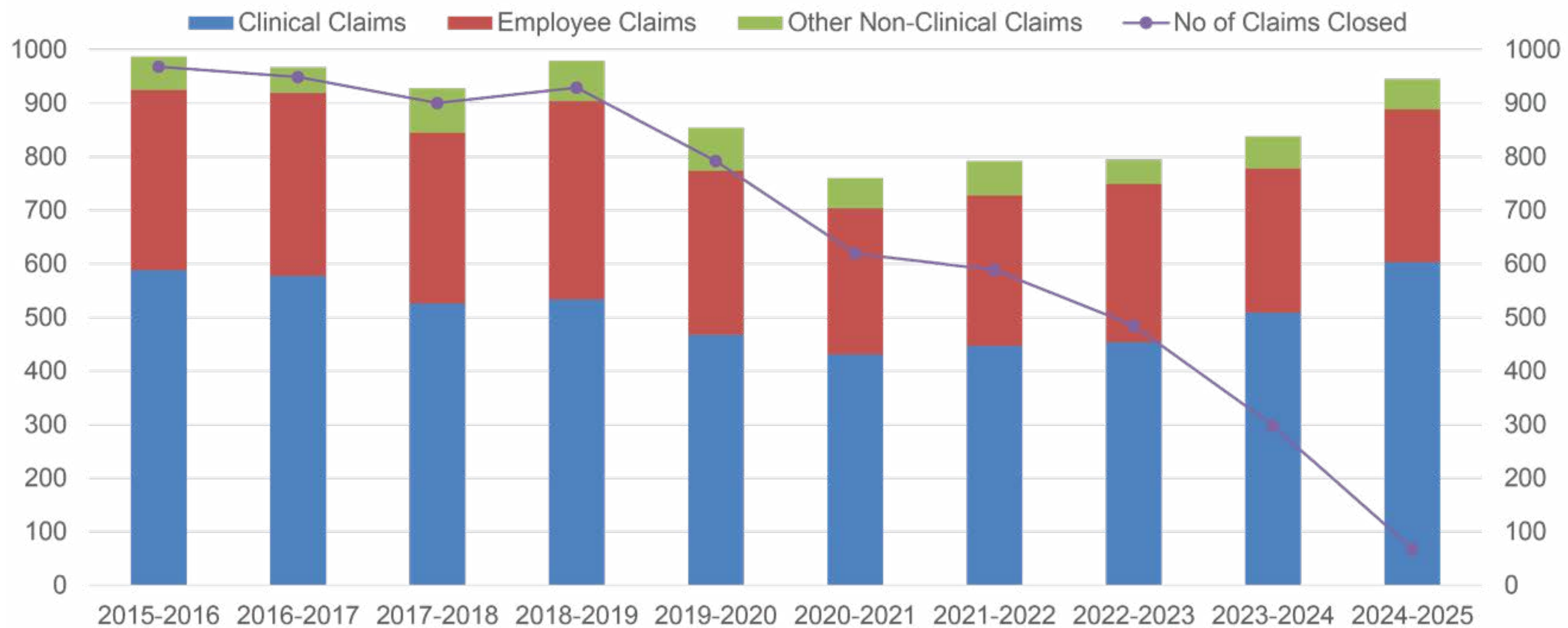
However, it is important to bear in mind that the information relates to the number of claims received each year regardless of value and merit. It does not show the number or value of claims that will eventually be reimbursed via CNORIS, which are those where total costs (award plus legal expenses for both parties) exceed £25,000.





Graph 5: Breakdown of the Number of Claims Received by NSS CLO (as at 31st March 2025)

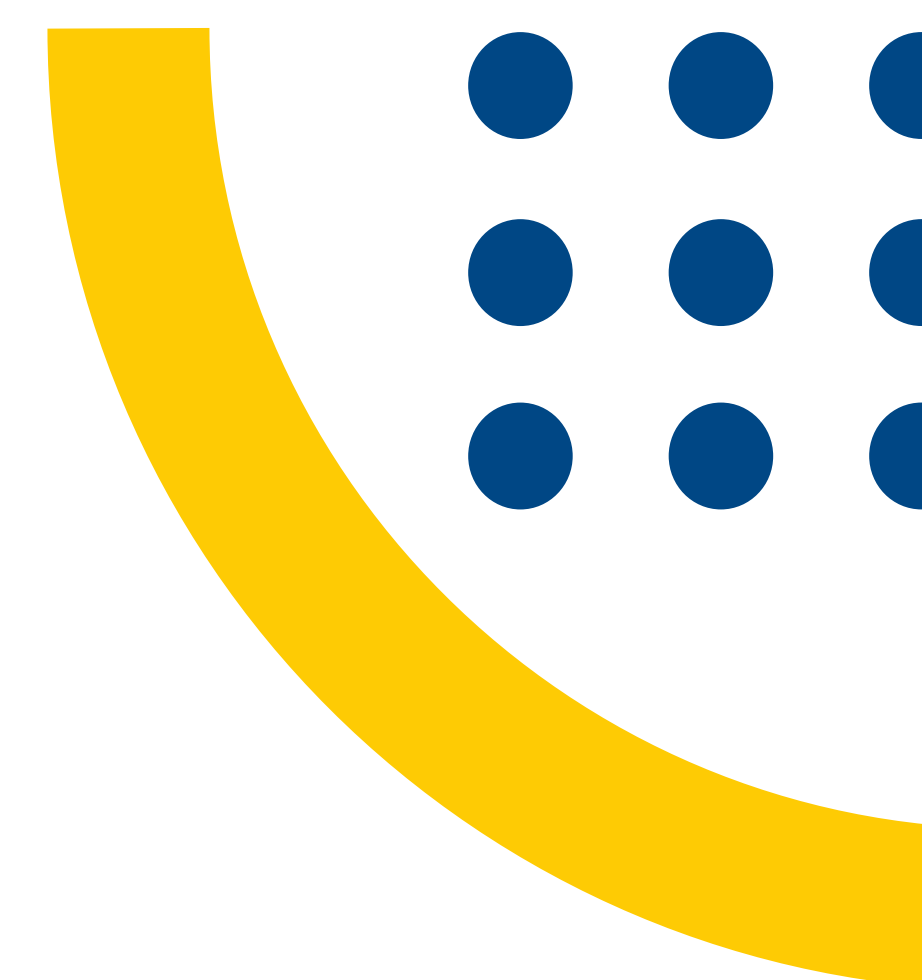
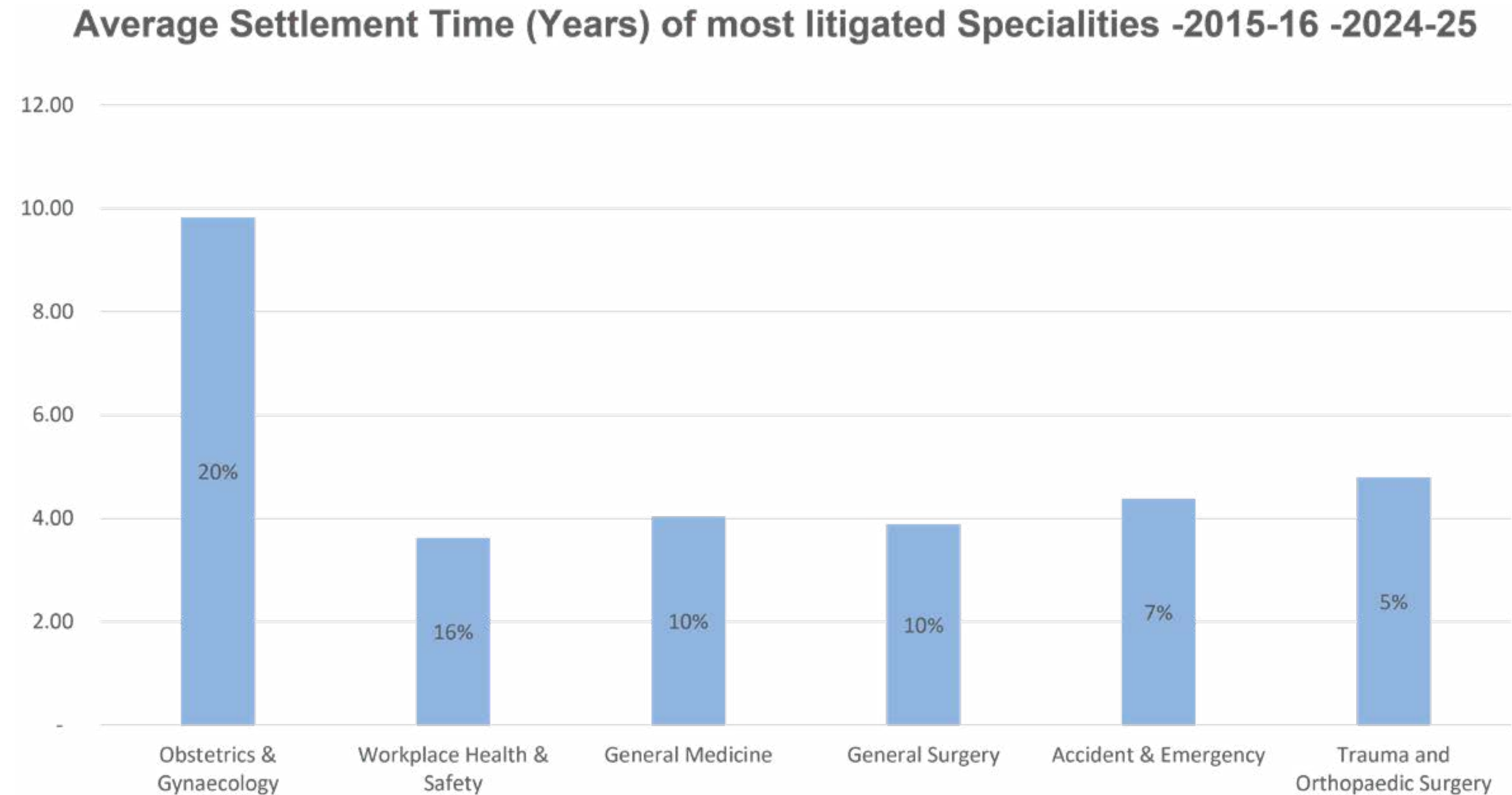
Breakdown of Numbers and Types of Claims by Financial Year Received Plus Numbers of Those Claims Closed (as at 31 March 2025)



Average Time Taken to Settle Claims

Graph 6, reflects the top 6 specialities which receive have received the most claims (over a 10 year period), and illustrates the average amount of time required to Settle a claim.

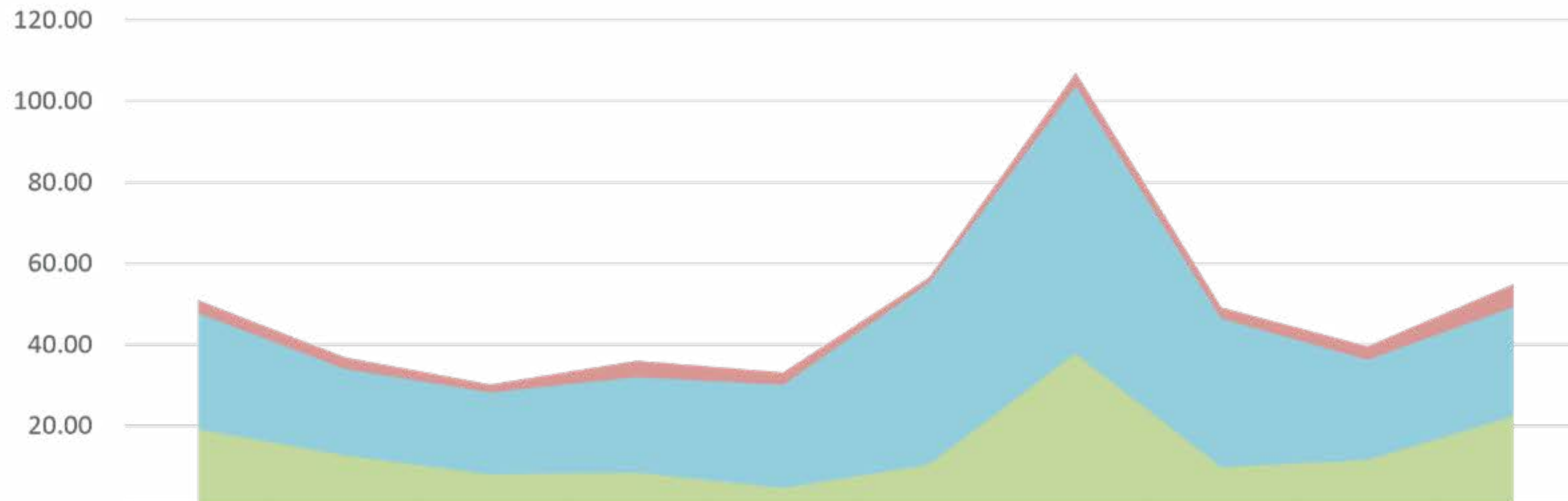
Graph 6: Average Settlement Time (in Years) of most litigated Specialities - 2015-16 to 2024-25



Graph 7 provides a breakdown of payments reimbursed by CNORIS between 2015-16 and 2024-25, broken down by non-clinical, clinical and obstetrics and gynaecology (a sub-set of Clinical Claims). Obstetrics and gynaecology has been split out to further highlight the impact that this speciality has within the CNORIS scheme.

Graph 7: Breakdown of Reimbursements - 2015-16 to 2024-25

Breakdown of Reimbursements over last 10 years (£m)



	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25
Non-Clinical	3.23	2.79	1.88	3.94	3.65	1.66	3.27	2.99	3.66	5.99
Other Clinical	28.56	21.29	20.24	23.63	25.65	45.16	63.64	37.88	26.81	29.12
Obstetrics & Gynaecology	21.01	16.17	11.63	12.17	8.66	14.78	42.33	14.70	16.86	27.75

■ Obstetrics & Gynaecology ■ Other Clinical ■ Non-Clinical

Following the introduction of a new ICase Management System, some claims have been reviewed and reallocated under different Specialities. Accordingly, while there are some slight differences in where the reimbursements now sit (compared to previous Annual Reports), there are no changes in the total amounts.

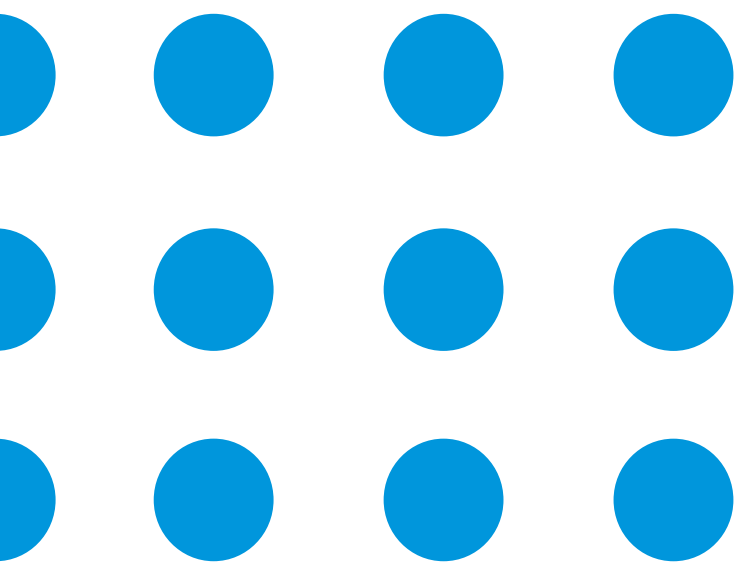


Pipeline Analysis

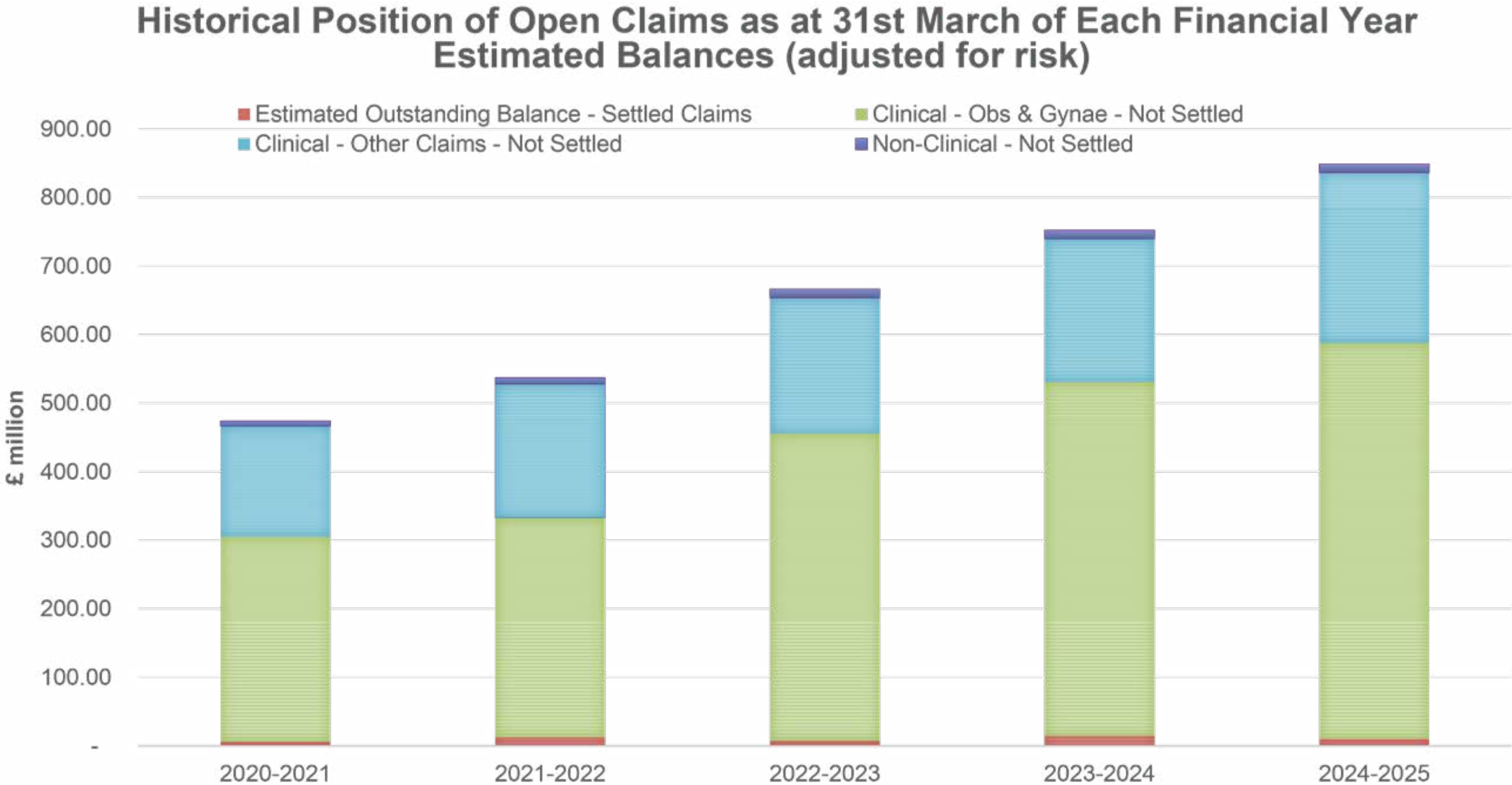
Graph 8 below is a pipeline analysis of the estimated values, adjusted for risk, of all open claims as at each year-end of the last five financial years (2020-2021 to 2024-2025), broken down by obstetrics & gynaecology claims, other clinical claims, non-clinical claims, plus the estimated outstanding balance of settled claims not yet closed.

As of 31st March 2025, 34% of all open and not settled claims had an estimated settlement balance, adjusted for risk, above the CNORIS £25,000 deductibles threshold, with 4% being currently estimated at over £1 million. This compares with 34% and 3% respectively for year ending 31st March 2024.

Claims are continually being reviewed as they progress through the legal process. Adjustments are made as required to the estimated settlement values, risk profiles and settlement dates. Therefore, although the total estimated values of claims have increased over recent years, they do not necessarily reflect actual or future CNORIS payments.



Graph 8: Total Est Value of Open (Not Settled) Claims (adjusted for risk) and Estimated Outstanding Balance for Settled Claims



Appendix 1: Background, Definitions, and Key Delivery Partners

Background to the CNORIS Scheme:

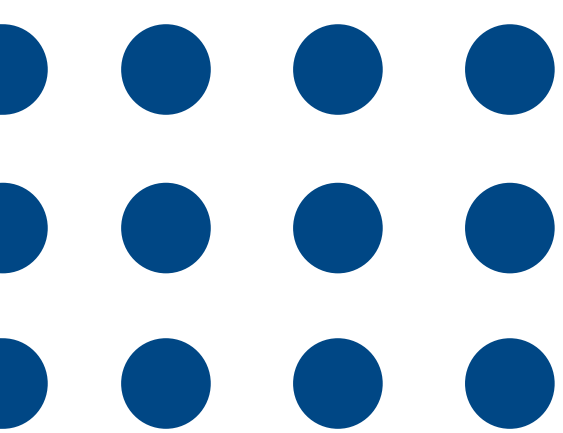
The Scheme was established under the Clinical Negligence and Other Risk Indemnity Scheme (CNORIS) Scotland Regulations 2000 as amended⁵, with effect from 1st April 2000. Participation in the scheme is mandatory for all NHS Boards in Scotland with responsibility for delivering patient care. Private contractors including General Dental Practices and General Medical Practitioners (GPs) are out with the scheme (they have their own indemnity scheme arrangements). GPs may be covered in instances where they have been directly employed by Health Boards (e.g. out-of-hours scheme).

With the introduction of the Public Bodies (Joint Working) (Scotland) Act⁶ from April 2015, the Scheme was broadened to enable Integration Joint Boards and Local Authorities to become Members.

Definitions of the CNORIS Scheme:

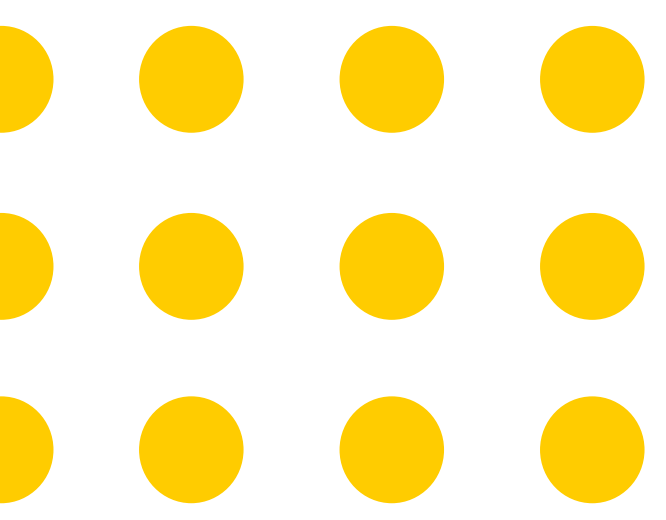
The Scheme - Clinical Negligence and Other Risks Indemnity Scheme (CNORIS)

- Scheme Contractor – NHS National Services Scotland (NSS) manage the scheme on behalf of the Scottish Government.
- Scottish Government Scheme Manager – the lead individual within the Scottish Government Health & Social Care Directorates with responsibility for the policy and operation of the CNORIS scheme
- NHS SCOTLAND – the publicly funded healthcare system for people in Scotland.
- NHS Boards – the individual territorial and national Health Boards with direct responsibility for patient care in Scotland and who comprise the scheme membership.
- Integration Joint Boards – bodies established to take responsibility for functions delegated by Local Authorities and Health Boards in regard to Health and Social Care Services.



CNORIS Key Aims & Objectives:

- To encourage a rigorous and logical approach to risk management in both the clinical and non-clinical sectors of Health and Social Care services in Scotland.
- To provide advice on clinical and non-clinical scheme coverage to all parts of Health and Social Care services in Scotland.
- To support scheme members in an advisory capacity in order to reduce their risks.
- To indemnify scheme members against losses which qualify for scheme cover.
- To allocate equitable contributions amongst Members to fund their qualifying losses.
- To provide Members with scheme financial updates throughout the year to help with planning and forecasting; and
- To help manage risk by providing Members with clinical and non-clinical loss analysis throughout the year.



Appendix 2: Organisations covered by the CNORIS are as follows:

Scottish Health Boards (14)	Scottish Integration Joint Boards (IJBs) (29)
NHS Ayrshire and Arran	Aberdeen City Health and Social Care Partnership Integration Joint Board
NHS Borders	Aberdeenshire Integration Joint Board
NHS Dumfries and Galloway	Angus Integration Joint Board
NHS Fife	Argyll and Bute Integration Joint Board
NHS Forth Valley	Clackmannanshire and Stirling Integration Joint Board
NHS Grampian	Dumfries and Galloway Integration Joint Board
NHS Greater Glasgow and Clyde	Dundee City Integration Joint Board
NHS Highland	East Ayrshire Integration Joint Board
NHS Lanarkshire	East Dunbartonshire Integration Joint Board
NHS Lothian	East Lothian Health and Social Care Partnership Integration Joint Board
NHS Orkney	East Renfrewshire Integration Joint Board
NHS Shetland	Edinburgh Integration Joint Board
NHS Tayside	Falkirk Integration Joint Board
NHS Western Isles	Fife Integration Joint Board
	Glasgow City Integration Joint Board
Scottish National Health Boards (8)	Inverclyde Integration Joint Board
Healthcare Improvement Scotland	Midlothian Integration Joint Board
National Waiting Times Centre	Moray Integration Joint Board
NHS 24	North Ayrshire Integration Joint Board
NHS Education for Scotland	North Lanarkshire Integration Joint Board
Public Health Scotland	Orkney Health and Care Board
Scottish Ambulance Service	Perth and Kinross Integration Joint Board
The Common Services Agency (National Services Scotland)	Renfrewshire Integration Joint Board
The State Hospital	Shetland Islands Integration Joint Board
	South Ayrshire Integration Joint Board
Others (1)	South Lanarkshire Integration Joint Board
Mental Welfare Commission for Scotland	West Dunbartonshire Integration Joint Board
	West Lothian Integration Joint Board
	Western Isles Integration Joint Board

Notes

¹ Membership of CNORIS is mandatory for all NHS Territorial and National Boards in Scotland and the Mental Welfare Commission for Scotland. The Scheme was also broadened with effect from 1st April 2015 to allow Integration Joint Boards (IJBs) and Local Authorities (LA) to become members of the Scheme at the discretion of the individual organisation. Refer to [Appendix 2](#) for a list of all CNORIS members as of 31st March 2025.

² Through the Clinical Negligence and Other Risks Indemnity Scheme (CNORIS) members contribute annually to the CNORIS fund for meeting the award costs and legal expenses in regard to any claims for negligence pursued by patients, employees, third parties and members of the public.

Members are reimbursed for the costs incurred, less the relevant deductible value per individual claim, in regard to award payments made to claimants, the claimants' legal costs and the members' own legal expenses in any given year. The deductible value for claims raised since 2001 is £25,000 per claim.

The CNORIS Annual Report provides details in regard to the historical reimbursements paid to members of the Scheme from CNORIS in the relevant financial year (1st April to 31st March) together with comparatives and aggregates for prior years. The figures quoted include interim awards where claimants have received payments in advance of settlement and Periodic Payment Order (PPO) payments, but do not include any costs not reimbursed to members.

The CNORIS Annual Report does not provide information in regard to the total number and value of all claims settled by members. However, the Pipeline Analysis does provide details of all current claims still to be settled.

³ The non-clinical areas covered by CNORIS include employers' liability, public liability, product liability and non-clinical professional risks. Refer to the [CNORIS website](#) for further details.

⁴ Periodic Payment Orders (PPOs) and Structured Settlements are where instead of receiving a single lump sum award payment, claimants receive usually a smaller lump sum together with periodic payments (normally annually) for a defined number of years, or life, depending upon what is agreed. PPOs are primarily agreed where there are ongoing costs associated with the care and wellbeing of the claimant and/or their family/guardians, such as the costs associated with the ongoing care of a severely disabled child into adulthood.

⁵ For further information, refer to the [Scottish Government website pages for CNORIS](#).

⁶ For further information refer to the [Government website on legislation](#).