



Resolution

Learning from suicide related claims

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Data sources and scope

Data source overview

Data was extracted from the NHS Resolution Claims Management System, covering clinical negligence claims across NHS providers of mental health services in England.

Dataset composition

The dataset includes 2,200 mental health claims from 2018 to 2025, with 960 identified as suicide-related.

Analytical scope and approach

A broad initial scope allowed pattern identification; randomly selected settled claims with admitted liability were analysed in depth.

Comprehensive data sources

Multiple sources like claim letters, investigation reports, and coronial findings enriched the detailed case examination.

Risk assessment and safety practice

Inconsistent risk tool use

Risk assessment tools were widely used but often applied inconsistently with reliance on checklists instead of clinical judgment.

Critical factors overlooked

Assessments often missed key elements like suicidal intent, plans or access to means, and psychosocial stressors.

Delayed and outdated assessments

Delays and failure to update assessments led to inaccurate patient risk profiles and missed opportunities for care escalation.

Need for dynamic approach

Static risk assessment rather than dynamic, holistic risk formulation was evident in cases



Workforce and system pressures



Staffing shortages and workload

Staff shortages and high workloads were cited in claims.

Leadership and team coordination

Unclear roles, conflicting priorities, and poor supervision hindered effective team coordination.

Implications for organisations

Family and carer engagement

Strengthening engagement with families and carers enhances information sharing and partnership in patient care.

Improved communication systems

Effective communication across teams ensures accurate information sharing and supports patient safety.

Holistic risk assessment

Adopting dynamic risk formulation considers the full context of patient circumstances for better safety decisions.

Workforce and governance improvements

Addressing workforce challenges and integrating claims data strengthens governance and supports continuous improvement.



Key actions and closing messages



Family involvement in care

Embedding the family voice into risk assessments and care planning is crucial to improve patient-centred support and safety outcomes.

Multidisciplinary coordination

Strengthening communication across disciplines ensures better coordination and understanding of risks.

Documentation and safety culture

Adopting dynamic holistic risk formulation considering the full context of patient circumstances for better safety decisions.

Clear documentation and a positive safety culture will foster learning and continuous improvement in patient safety.