

# Guidance note: Understanding NHS Resolution data

This document is intended provide greater understanding of the claims data held by NHS Resolution and to explain what information may be shared in the public domain.

## How does NHS Resolution record claims data?

NHS Resolution records and extracts data relating to claims and serious incidents that might lead to a claim, using a bespoke electronic claims management system (CMS). Claims and incidents are recorded at the point they are notified to NHS Resolution by members of our indemnity schemes, claimants or claimant solicitors.

Claims and incidents are recorded on CMS using a set of pre-defined descriptions and [codes](#)\* which capture:

- The location of the incident.
- The likely cause, based on the currently available information.
- The nature of the injury.
- The clinical specialty or specialties involved

In the case of a birth injury claim CMS may also record any more specific information available relating to possible causes.

A free text incident description field is used to record a brief summary of the claim.

CMS will also capture key dates, including the date of the incident, the date the incident or claim was notified to NHS Resolution), and the date the claim was resolved, either by payment of damages or by the successful defence of a claim without merit.

\* From time to time we do update the learning codes entered on the CMS database in line with current medical practice. This will mean that the search results generated from the Claims database will not always be consistent with historical results. Therefore, please bear in mind it may not be possible to compare historical datasets to current reports generated from the Claims database.

## What level of data can be shared and extracted?

NHS Resolution will never disclose information which could lead to the identification of individuals involved in incidents and claims. This includes information provided in response to a formal request under the Freedom of Information Act as this information would be freely available in the public domain.

NHS Resolution has also developed a framework to allow applications for a more detailed dataset for clinicians who are seeking further information to inform learning or research. The framework is subject to strict controls and criteria, and applications are considered by NHS Resolution's Information Governance Group. More information regarding this can be found in our policy for release of information to researchers.

The most reliable data extractions will be those using the CMS codes. It is possible to undertake searches against any of the codes described above. Searches for causes or injuries by the incident description field alone may be unreliable because similar incidents will not necessarily have the same free text description within CMS.

Therefore searches against incident descriptions alone are likely to be unreliable and NHS Resolution advises against placing reliance on such requests. If you would like advice on how to most accurately gather data on the subject you are interested in, please do not hesitate to contact our [Information Access Manager](#) who will be happy to discuss this with you.

**Please note:** we do occasionally change how we extract our data. This will mean that the search results generated from the Claims database will not always be consistent with historical results. Therefore, please bear in mind it may not be possible to compare historical datasets to current reports generated from the Claims database.

## Glossary of terms

Term	Definition
Cause code	All claims received are categorised against pre-defined cause codes on our database. This will be the main cause(s) of the incident in relation to the claim. A list of these can be found <a href="#">here</a> .
Legal costs (claimant)	Legal costs and disbursements paid to claimants and their solicitors.
Clinical claim	A claim for compensation arising from negligent care or treatment.
Damages paid	The amount of compensation paid to date. This may not be the full amount of compensation if further payments are due to be made in the future.
Legal costs (NHS Resolution)	Legal costs and disbursements paid to the defendant NHS organisation's solicitors.
Incident date/ year	Date/year that the alleged incident took place. If the allegations span a period of time then the earliest date in the period is used.
Incident description field	A free text field used to record a brief summary of the circumstances leading to the claim.
Injury codes	All claims received are categorised against pre-defined injury codes on our database. This will be the main injuries suffered by the claimant as a result of the incident. A list of these codes can be found <a href="#">here</a>
Location	The location of the incident. For example, inside or outside a building, a specific clinical area or site, non-clinical offices, car park, or other public area

Non-clinical claim	A claim for compensation arising from negligence other than clinical negligence, typically employers' and public liability claims.
Notification date/year	Date/year in which NHS Resolution is notified of the claim.
Periodical payment order (PPO)	A Court order, usually reflecting an agreement between the parties, to pay an initial lump sum and regular future payments covering the injured party's ongoing care needs, usually for life. The amount reserved against the claim will include an estimate of the capitalised value of future payments based on the injured party's life expectancy as at the date of settlement
Outstanding damages	Damages attributed to a claim but not yet paid. For PPOs this is the total damages value of the periodical payment element of the future losses.
Specialty	The branch of clinical practice relating to the allegations of negligence.
Unsuccessful	An unsuccessful outcome for the claimant. The claim failed to meet the legal threshold for a damages payment.
Year of closure/ settlement year for PPOs	The financial year the claim was closed or, in the case of an active PPO claim, the financial year damages were agreed. Values for closed PPO claims are recorded in our closed claims data.

## Anonymising data

In order to protect the confidentiality of individual patients, we do not give precise figures where the number of claims was fewer than five or where we consider that the data together with other information in the public domain may lead to the possible re-identification of an individual. Such data will be indicated by a specific marker such as an asterisk.

## How data is usually presented by year

All categories of data provided by year, unless indicated otherwise, will be in the relevant financial accounting year (April - March). Bear in mind that each yearly dataset may contain fluid data, and also data that spans other years.

For example, claims recorded by notification year will include estimated damages values for claims that may not meet the legal threshold for an award of damages and therefore not be paid. Claims recorded by year of resolution may include claims arising from incidents that happened in earlier years.

Payments against an individual claim may span many years - for example, where an interim damages payment is made before final settlement is agreed. Where payment data is provided by the year in which the payment is made, we do not routinely provide the number of claims against which those payments are made.

This is to prevent researchers drawing misleading conclusions around the average value of payments, because those claims may also have had payments made in other years. Payment data provided by year of closure will reflect the total payments made against that claim irrespective of the year in which the payment was made.

## Periodical payments

PPO claims remain open until the death of the injured party, at which point the claim is closed. However, data relating to open active PPO claims will also appear in our closed claim data based on the settlement year, being the date damages were agreed, and the damages value will include an estimate of the capitalised value of future payments based on the injured party's life expectancy as at the date of settlement.

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## Clinical settled below excess claims

Until April 2001 our principal clinical negligence scheme, the Clinical Negligence Scheme for Trusts (CNST), carried an excess (an amount relating to the first part of any claim for which the member was responsible). Members therefore handled and funded low-value claims in-house.

After April 2001 responsibility for handling and funding all claims transferred to NHS Resolution and NHS Resolution now handles all CNST claims regardless of value. Because of this change in the scope of CNST, figures for the notification years preceding 2001/02 are not comparable with those for successive years.

The same issue arises with claims made under the Existing Liabilities Scheme, which have been handled centrally by NHS Resolution since April 2000. Hence the Existing Liabilities Scheme data provided for 2000/2001 and earlier years cannot be compared with later years as it is not compiled on a comparable basis.

## Clinical settled below excess claims

Where ranked data is provided and any rankings have the same value, all ranks with the same value will be displayed (eg) if the request is to provide the top five injuries by value and the 5th, 6th and 7th ranked injuries all have the same value, we will show the top seven injuries.

We are undertaking to improve data capture to support our NHS Resolution strategy, details of which are available from our website.

Please contact your nominated NHS Resolution team leader or a Nominated Partner at your Panel solicitors if you wish to discuss anything arising from this guidance note.