



Resolution

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FOI_4935

The following information was requested on 22 January 2021:

Please provide the following information per specialty for clinical negligence claims for 2017, 2018, 2019:

- Number of Immediate Needs Assessment performed per medical specialty per year*
- Number of clinical negligence claims that required a claimant solicitor per medical specialty per year*
- Number of clinical negligence claims that required a case manager per medical specialty per year*
- What is the average clinical negligence claim size settlement when a case manager is involved?*

For your convenience, I have created an excel where all the data could be placed. Please fill in the attached excel.

Just in case, please find the definition of a case manager. It is a collaborative process which: assesses, plans, implements, co-ordinates, monitors and evaluates the options and services required to meet an individual's health, social care, educational and employment needs, using communication and available resources to promote quality cost effective outcomes.

As well, please find the definition of an Immediate Needs Assessment: Immediate Needs Assessments (INAs) are classed as 'treatment' referrals. The intention is to identify the way forward from the point at which the report is instructed, in order to get the process of rehabilitation and/or treatment under way.

Our Response

For details of the claims data that we publish please see the following links:

Annual report statistics: - <https://resolution.nhs.uk/resources/annual-report-statistics/>

Factsheet 5: - [Factsheet 5 - trust and authority claims data 2019/20 - NHS Resolution](#)

<https://resolution.nhs.uk/resources/this-factsheet-provides-information-about-trust-and-health-authority-claims-handled-by-nhs-resolution-in-2018-19/>

Although NHS Resolution may hold some information relating to claims such as these, due to the way claims are recorded on our claims database, we will not be able to 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 *Immediate Needs Assessment* is not one of these. Therefore, while there may be information held in our records, we are not readily able to identify the relevant files by searching the database. To do so would involve a review of all cases to identify which ones relate to claims involving *Immediate Needs Assessment*. NHS Resolution receives thousands of claims each year.

Therefore, we estimate that the cost of complying with the request in its entirety would exceed the 'appropriate limit'. Section 12(1) of the Freedom of Information Act 2000 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'.

We estimate that it would take on average 10 minutes to locate, retrieve and extract the requested information from an individual file. It may therefore be the case that we would be able to examine only 108 files within 18 hours.

In addition, given the complexity of clinical negligence claims and their litigation, it is possible for a single electronic or paper-based file to contain hundreds of documents in a variety of formats.

Please also note even if we were able to carry out a review of 108 random files we may not be able to provide you with the level of detail you require owing to Data Protection grounds. We would need to suppress low numbers or any information that could possibly lead to the identification of claimants, patients or individuals where disclosure would breach the General Data Protection Regulation.

We also do not record separately whether or not a case manager handled a claim. This is not information we would be able to report on for the reasons given above.

In terms of your request for: *Number of clinical negligence claims that required a claimant solicitor per medical specialty per year*

It is not clear what you mean by 'Required' a claimant solicitor'?

We can respond with the number of claims where the claimant was represented by a solicitor, but whether one was 'required' is subjective, and is not information we would hold.

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.

If you would like to know how data is categorised in our Claims database please see the following link: [Glossary](#)

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 [Tinku Mitra](#), Head of Corporate and Information Governance 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/>