

Shared Insights: Learning from claims - effective triangulation of data

22 September 2020

These insights were shared at our fortnightly online forum for NHS professionals on 22 September 2020. To find out more please visit our [Shared Insights hub](#).

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This session focused on effective triangulation of data and learning from claims with contributions from Amelia Newbold, Risk Management Lead at Browne Jacobson; Lorraine Cardill, Safety and Learning Lead at NHS Resolution; John Glendening, Head of Legal Services and Meg Haselden, Head of Nursing and Quality Governance at Sherwood Forest Hospitals NHS Foundation Trust; and Lorna Priestman, Director of Quality and Clinical Governance and Kathryn Fearn, Associate Director of Legal Services at University Hospitals of Derby and Burton NHS Foundation Trust.

The Shared Insights were:

- Despite the time lag between incident and claim, claims data provides valuable learning, especially when considered alongside other sources of data such as incidents and complaints.

Claims data can also be used as part of assurance processes to ensure learning has been embedded and to help drive improvements in incident reporting and investigation processes.

- Careful thought needs to be given as to what information is shared as part of learning, for example, where it may include identifiable data about patients and/or staff. Expert evidence obtained as part of the claim will also be subject to litigation privilege.

Clinical teams must be at the heart of learning. To be effective, learning needs to be shared in a way that is supportive and encourages a culture of learning.

Triangulating data is a challenging and complicated process. Often data from different sources is recorded on different systems with different coding/categorisation.

Many Trusts triangulate data manually with good communication between incident, complaints and claims teams.

- Effective dissemination of learning involves making the learning meaningful and powerful. Examples of how Trusts share learning include patient and staff stories, monthly newsletters, Quality summits to share learning (e.g. from PFDs), use of intranet hub to raise awareness about specific issues and safety awareness training days.
- The NHS Resolution scorecard can be used as a quality improvement tool to identify themes and trends.

The scorecard can be filtered e.g. by incident date, cause of injury, medical speciality etc. It is also zoned by claims value. The red and blue zones identify high-volume claims and are a good place to start when identifying themes and trends as well as high-value claims.

- It is intended that the scorecard is shared with clinicians, Medical Directors and Directors of Nursing and Midwifery to provide them with data on claims in their Divisions. Any coding errors should be notified to NHS Resolution.

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