

# Local Authority & Service Providers



## Case Study #7

### Trips and Falls

Incorporating

Visualising Transformation™

# Case Study #7



## Trips and Falls

### Claims under Section 58 of the Highways Act - Trips and Falls

#### Summary

As part of a larger county wide project covering the highly legislated issue of Trips and Falls Claims on Highways, SSD were engaged to identify improvement opportunities throughout the process of; 1. inspection, 2. customer contact, 3. investigation, 4. claims handling and 5. financial restitution. This mini-project was initiated following issue of a PiD showing a potential £25K / annum net saving.



#### Challenges

It quickly became apparent the management arrangements were complex and inconsistent across the county. Area offices located within each of the 6 District Councils were taking either no responsibility or full responsibility for the front end of the process, on an Ad Hoc basis. The investigation process step was entirely detached, being addressed centrally by head office across all 6 areas.

Data recording was also inconsistent. Various spreadsheets, databases and bespoke systems for insurance claims were all in use independently of each other. There was no attempt to share information or standardise. Manual data entry error levels were high.

Data collected was of an incredibly poor standard, with 'Root Cause' identified with single word entries like 'Trip' or 'Hole' with many variations of spelling. This poor information provided no opportunity for analysis to identify trends and therefore no opportunity to identify solutions.

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#### Cont.

The greatest challenge was mind-set, how they were thinking and what they were defining as 'good'. Largely because their performance was comparable with other councils in the country, (as assessed by benchmarked repudiation rates), any suggestion of change provoked negative reactions of denial resistance and multiple attempts to justify the current level of performance.

The perceptions of the tasks scale and scope were also misaligned. There were 750 **S58** cases each year with an average 9 month lead time from inception to close. The impact of this lead time was that 550 cases remained open throughout the year at any one time. However, seen through a different lens, the same numbers equate to approx. 3 cases per day, requiring only one clerk & one inspector supported by a single manager. This view also met with much resistance, but this saved £670K / annum based on a 3 month trial. Achieved a 100% correct report first time, increased repudiation and reduced secondary costs.

#### Results

The time a claim spent in the process from 'Step1. Inspection' to 'Step 5. delivery to claims handler', was reduced to 2.65 days from 90 days.

The principle allowed the external 'Claims handling' contractor to reduce their process time from 3 months to less than 3 days. The full function was brought back in-house requiring only 3 FTE's.

£723K savings opportunities were identified within a £1.9M budget, allowing investment to root cause solutions.

