

Claims Management Policy

This policy describes the process for managing claims involving the Trust under the National Health Service Resolution (NHSR) scheme or equivalent insurance scheme.

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CONTRIBUTION LIST

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Heads of Services	
Equality Team	
Risk Assurance Team	
Clinical Governance Leads	
Financial Controller	
Patient Experience Team	

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
1.	December 2008	Original ratification
2.	October 2010	Changes to reflect current integrated governance structures
3.	October 2012	Reformatted to new template. Changes to take into account new organisational structure.
4.	January 2013	Updated NHR Monitoring Section
5.	March 2013	Further amendments incorporated to NHR Monitoring Table (Appendix 1)
6	January 2016	Periodic review of requirement for claims handling: updated format, titles
7	January 2018	Review of and updated key information.

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Did you print this document yourself?

Please be advised that the Trust discourages the retention of hard copies of policies and can only guarantee that the policy on the Trust website is the most up-to-date version.

For further information contact:

Legal Affairs Lead
LPT Legal Department
0116 2955869

Definitions/Abbreviations that apply to this Policy

Clinical Negligence Claim	Defined by the NHR as: “Allegations of clinical negligence and/or demand for compensation made following an adverse clinical incident resulting in personal injury, or any clinical incident which carries significant litigation risk for the Trust”
Claimant	A person or organisation which makes a claim.
Defendant	A person or organisation which is the subject of a claim.
Non-Clinical Negligence Scheme	Defined by the NHR- as “a demand for compensation made following an adverse incident resulting in damage to property and/or personal injury”
Portal	A web based electronic system used by legal representatives to communicate and exchange documentation in personal injury claims.
Stakeholder	An individual or organisation which has an interest in a claim e.g. they are required to provide information for a claims investigation.
Ex gratia payment	These are payments that the Trust is not obliged to make or for which there is no statutory cover or legal liability, including damage to or loss of patients’ property.
Losses and special payments request	This is a request for an ex gratia payment. Any payment made following such a request is made without any admission as to liability.
Due Regard	Having due regard for advancing equality involves: <ul style="list-style-type: none"> • Removing or minimising disadvantages suffered by people due to their protected characteristics. • Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. • Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and advances equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

In carrying out its functions, LPT must have due regard to the different needs of different protected equality groups in their area. This applies to all the activities for which LPT is responsible, including policy development, review and implementation.

1.0 Summary

This Policy describes the process for managing claims involving the Trust under the NHS Resolution (NHSR) scheme or equivalent insurance scheme.

2.0 Introduction

- 2.1 Leicestershire Partnership NHS Trust (LPT) is committed to an effective and transparent investigation of any claim including allegations of clinical negligence or personal injury so as to facilitate a timely response within the timescales stipulated by the Pre-Action Protocol for Personal Injury Claims and the Pre-Action Protocol for the Resolution of Clinical Disputes and the Pre-Action Protocol for Low Value Personal Injury (employers liability and public liability) Claims.
- 2.2 The Trust will follow the requirements of NHSR in the management of claims.
- 2.3 LPT will ensure that any healthcare governance and risk management issues that may emerge during the claims process are addressed promptly and the outcomes used to facilitate wider organisational learning.
- 2.4 All members of staff are required to fully co-operate with the investigation and management of each claim.
- 2.5 Claims relating to Community Health Services care provided before April 2011 i.e. prior to TCS are the responsibility of the Clinical Commissioning Groups. The **Legal Affairs Lead** will forward any claims to the relevant appointed officer in the Commissioning Groups.

3.0 Purpose

3.1 LPT will handle all clinical and non-clinical (employers/public/property liability) negligence claims in accordance with the provisions of this policy. It sets out arrangements, which are minimum standards in accordance with the provisions of the clinical negligence and non-clinical liability rules and reporting guidelines detailed in the NHSR Clinical Negligence Scheme for Trusts (CNST) and the Risk Pooling Scheme for Trusts (RPST) and the Existing Liabilities Scheme (ELS).

4.0 Duties within the Organisation

4.1 **The Trust Board** has a legal responsibility for Trust policies and for ensuring that they are carried out effectively.

4.2 The **Director of Finance** ensures claims management processes and claims schemes are compliant with governance framework standing financial instructions.

4.3 The **Trust Secretary** is the senior manager lead for claims/litigation. The Trust Secretary oversees the management of claims and provides information on individual claims, liability and causation, quantum and damages, legal costs and alternative methods of resolving disputes e.g. mediation.

4.4 The **Legal Affairs Lead** is responsible for administering the claims management process for the Trust. The Legal Affairs Lead reports all claims and certain potential claims to the NHSR. The Legal Affairs Lead must liaise with NHSR and respond to information requests within allotted timescales. The Legal Affairs Lead is responsible for requesting information from Services. The Legal Affairs Lead should advise Clinical Governance, Health and Safety and any affected department about any lessons learned and identified during the course of a claim.

4.5 The **Patient Safety** team is responsible for alerting the Legal Affairs Lead to any incidents which could result in a claim being made against the Trust.

4.6 The **Patient Experience and Involvement Manager** is responsible for alerting the Legal Affairs Lead to any complaints which could result in a claim being made against the Trust.

4.7 **Service Directors and Heads of Service** are responsible for ensuring:

- staff compliance with Health and Safety regulations/legislation,
- the investigation of incidents, serious untoward incidents and complaints is carried out,
- the support of the investigation of claims, and
- the implementation of recommendations identified during claims investigations.

4.8 **Clinical Governance Leads** are responsible for identifying support for staff

involved in claims investigations and for communicating lessons learned from claims investigations within their services and identifying opportunities for Trust wide learning and escalating to the Patient Safety Team.

- 4.9 **Team leaders & Ward Matrons** must ensure information requested by the Legal Affairs Lead for the NHSR is provided on time and support staff involved in claim investigations. They are responsible for searching for and copying records and documents requested as part of a claims investigation.
- 4.10 **All staff** are responsible for providing information requested by the Legal Affairs Lead **within 10 working days** or other stated timescale (**Appendix 2**).
- 4.11 This policy will be circulated to all staff and made available on the Trust's intranet. Managers are responsible for alerting their staff to the existence of this policy and ensuring attendance at relevant training programmes. It is the responsibility of individual members of staff to read and consult these documents.

5.0 Claim types

5.1 Clinical Negligence Claims

A clinical negligence claim is defined as '*allegations of clinical negligence and/or a demand for compensation made following an adverse clinical incident resulting in personal injury*'. Clinical negligence claims are covered by the **CNST** if the incident took place on or after the 1 April 1995. Where the incident took place prior to this date it will be covered by the Existing Liabilities Scheme (**ELS**).

5.2 Non-clinical Negligence claims

Most claims are non-clinical negligence claims which fall into one of four categories and are covered by the following schemes, which are part of the **Risk Pooling Scheme for Trusts (RPST)**.

5.2.1 Liabilities to Third Parties Scheme (LTPS)

- **Employers Liability (EL)** – claims for compensation for injuries or ill health to staff arising out of work.
- **Public Liability (PL)** - claims for injuries to members of the public (including patients and visitors) following an accident on Trust property.
- **Employment Tribunal and / or Personal Injury Claims relating to Employment Tribunal Claims** – employment tribunals are a Human Resources matter. However, personal injury claims may arise following an employment tribunal.

5.2.2 Property Expenses Scheme (PES)

- **Property Expenses (PE)** – accidental loss or damage to Trust property from fire, flood or subsidence etc.

- 5.3 **Ex-gratia payments** – Payments that the Trust is not obliged to make or for which there is no statutory cover or legal liability. Types of ex gratia payment:
- a) loss of/damage to personal effects
 - b) personal injury
 - c) settlements on termination of employment
 - d) maladministration cases
 - e) Any other type of payment not listed above.

Ex-gratia payments are managed by the Trust, not NHSR. Contact the Finance Department for further details.

6.0 Delegation limits

- 6.1 The Trust Board has responsibility from the Department of Health for the management of claims. The Trust Board recognises the importance of liaising closely with the NHSR on any claims that are reportable to them under CNST or RPST.
- 6.2 This financial responsibility will be delegated in the first instance to the Trust Secretary, or any Executive Director in the Trust Secretary's absence, who will have power to agree to an admission of liability in all claims to any value where such an admission is authorised by the NHSR.
- 6.3 In the absence of authorisation, the NHSR will not reimburse the Trust either for the compensation awarded or for any costs generated. Such payments will fall outside of the scheme and will have to be found from within the Trust's internal financial resources.
- 6.4 All payments in settlement of claims will be entered in summary form in the Register of Losses and Special Payments.

7.0 Excesses

- 7.1 There are no excesses in the CNST scheme so all claims fall within it.
- 7.2 The standard excesses applying are:

Type of Claim	Excess
Clinical Negligence	£0
Employers' Liability	£10,000
Public Liability	£3,000
PES Schedule 2 - Property Damage Expense	Buildings £20,000 Contents £20,000

	Cap on claim of buildings and contents of £1m
PES Schedule 8 - Contract Works Expense	Damage to existing structures £20,000

8.0 Stakeholders

- 8.1 The Legal Affairs Lead will investigate any allegations of negligence in conjunction with the relevant stakeholders and the process of investigation will be determined by whether the claim is a clinical negligence claim or a non-clinical claim.
- 8.2 Stakeholders include the Service Director, Head of Service, Locality Manager, Matron etc. Also, any staff required to give a statement as part of a claim investigation (**Appendices 2 & 3**).
- 8.3 It is important that stakeholders are adequately informed at key stages of a claim. Information provided to stakeholders will be such as to enable them to perform their role. Where external communication is by email it must be encrypted (you will need to contact HIS to ensure the email is encrypted). Communication by post or telephone is also acceptable. See the Trust's Data Protection, Caldicott, Internet e-Communications, LPT Information security and Confidentiality Policy for details.
- 8.4 Where Risk Management issues have been identified the Clinical Governance Leads, the Health & Safety team and other relevant staff will be stakeholders.
- 8.5 In all claims NHSR (and any appointed solicitors) will be stakeholders. All new claims (CNST, EL and PL) must be registered securely online using the NHSR's Claims Reporting System and thereafter, documents should be sent electronically using the Documents Transfer System.
- 8.6 Where the claim relates to a death then it is possible that the Coroner will be holding an inquest during the subsistence of the claim. The Coroner is not a stakeholder for the purposes of this policy because a Coroner is precluded from considering matters of negligence and is not entitled to documents that were prepared in contemplation of litigation and are subject to privilege.

9.0 Consultation

Consultation has taken place with the persons and groups named in the consultation list.

10 Notification of a Clinical Negligence Claim

The Trust can be notified of a Clinical Negligence or a potential claim in the following ways:

- An Electronic Incident Report Form (e-irf)

- A request for disclosure of medical records
- Letter of claim
- Service of court proceedings
- Evidence at an inquest that appears likely to result in a claim
- Complaint

This is not an exhaustive list. If you are in doubt please contact the Legal Affairs Lead. All staff should forward any correspondence related to a potential or actual claim as soon as possible to the LPTLegal inbox. A standard response to potential claimants by the service contacted is below:

If you want to make a claim against the Trust for this matter please correspond with the Trust's legal team at

Leicestershire Partnership NHS Trust

Legal Affairs

Room 170, Penn Lloyd building

County Hall

Leicester

LE3 8TB

The first step is to send a formal letter of claim setting out the circumstances of the claim, the allegations in respect of breach of duty of care, position on causation, value of claim, detail of heads of losses (compensation), details of the injuries (as appropriate), and any funding arrangements to support the claim process.

All claimants are advised to speak to independent legal advisors as claims involve legal tests such as duty of care and causation. The Trust's Legal team will then report the claim to its insurers (NHS Resolution) who will investigate the claim and provide a response within 4 months of receipt.

10.1 How are claims received?

The claimant's solicitor will send a Letter before Claim, Letter of Claim, Claim Notification Form (CNF) or Court Proceedings (can also be sent by Court), which will be addressed to the Chief Executive and sent to the Trust Headquarters or to the LPTLegal inbox. However, LPT provides a wide range of services in many locations so these documents can be sent to services or members of staff directly.

Upon receipt of these documents you **MUST** immediately without delay scan and email (lptlegal@leicspart.nhs.uk) or hand deliver a copy of the document/s to the Legal Affairs Lead on the day of receipt. The "originals" must be marked "confidential". Do not acknowledge any documents to the claimant's solicitor or the court. This will be actioned by the Legal Affairs Lead.

10.2 Clinical Negligence Claim

To investigate and comply with the NHR reporting guidelines the Legal Affairs Lead will take the actions in the Clinical Negligence Claims flowchart (Appendix 2).

The Legal Affairs Lead must report all new CNST claims using a Clinical Claims Report Form, which is submitted to NHR via the NHR's Claims Reporting System. Where possible a Useful Documents Guide must be completed when reporting a claim to the NHR. However the NHR accepts that it may not be possible to collate all of the relevant documentation/information when initially reporting the claim, in such cases, the NHR requires that any outstanding information/updated documentation is sent within 2 weeks of reporting the claim.

This documentation may include but is not limited to:

- Copies of claimant/claimant solicitors correspondence
- Internal reports/comments prepared by clinicians
- Full complaints file
- Electronic Incident Reporting Form (e-irf)
- Trust Policies or Procedures

10.3 Non-Clinical Negligence Claims (EL/PL)

The Claimant's solicitor will usually notify the Trust of an EL/PL claim by a Pre-Action Letter of Claim or a CNF (if the claim has been submitted via the portal). The Legal Affairs Lead will take the actions in the Non-Clinical Negligence Claims flowchart (Appendix 3) to investigate and comply with NHR reporting guidelines.

The Legal Affairs Lead must report all new LTPS claims using a LTPS Claim Report Form. Where possible a Useful Documents Guide must be completed when reporting a claim to NHR. However the NHR accepts that it may not be possible to collate all of the relevant documentation/information when initially reporting the claim, in such cases, the NHR requires any outstanding information/updated documentation immediately upon receipt.

This documentation may include but is not limited to:

- Incident report form (IRF)
- Witness Statement Form
- RIDDOR form (where claimant suffered a major injury or an injury lasting over 7 days)
- Serious Incident Report
- Any Health and Safety related records concerning an incident
- Any notes or records of "lessons" learnt from an incident and report of changes implemented as a result of those lessons
- Medical records including any records which may be kept separately from the main bundle of records

11.0. Timescales and procedures for the exchange of information with other parties

11.1 Day to day management of claims will be carried out by the Legal Affairs Lead. Investigations will be appropriate to the severity of the claim but every claim is important and will be investigated as such.

11.2 Within 21 days of receipt of a letter of claim the Legal Affairs Lead will identify if the claim is against the Trust, and, if so, acknowledge the receipt of the claim to the claimant's solicitor.

11.3 The Legal Affairs Lead will instigate an initial investigation and document and evidence gathering exercise. **Appendices 4, 5, and 6** are used as part of this purpose.

- There are additional reporting timescales that the Legal Affairs Lead must comply with. These are detailed in the NHR's Rules and Reporting Guidelines.
 - The information should be transferred to NHR electronically by the Claims Reporting System (when reporting a new claim) and/or the Document Transfer System (if the claim has been reported previously).
 - NHR will liaise with the Legal Affairs Lead and obtain the Trust's agreement before making any admissions on liability. The Legal Affairs Lead will seek instructions from the relevant individuals in the service.
 - Once the claim is concluded, the file will then be archived and destroyed in accordance with the guidance in the Department of Health Records Management NHS Code of Practice.

11.4 Where a personnel file is to be copied, equalities monitoring information should only be copied and shared where it is relevant to the claim or it identifies potential lessons learnt. For example, if an allegation of racial discrimination was made as part of a claim then equalities monitoring information may be relevant.

11.5 All documentation will be copied and held by the Legal Affairs Lead on individual claim files.

11.6 NHR seeks early notification of a letter of claim where the following features arise

- Fatal accidents
- MP involvement
- Media attention
- Human Rights issues

- Multi-party actions
- Multiple claims from a single cause
- Novel, contentious or repercussive claims

11.7 In addition to formal letters of claim being received the Trust will also notify the NHR of serious adverse incidents and/or serious adverse outcomes representing a significant litigation risk prior to an actual demand for compensation being made.

These may come to light through:

- Normal in-house Incident recording/investigation
- Complaints which look highly likely to lead to claims
- Other matters identified through Risk Management processes

11.8 The Legal Affairs Lead will report claims to the NHR and undertake all associated administration and liaison with the NHR, Panel Solicitors, NHS England or Clinical Commissioning Group officers, Claimants' Solicitors and others as necessary.

12.0 Information on Claims

12.1 The Legal Affairs Lead will maintain a database of all clinical negligence and personal injury claims. This database will facilitate the provision of relevant and timely information as required by the Services and NHR.

12.2 The Trust Secretary will ensure the secure storage for current claims files and files that have been closed and archived. Following a claim being closed this information will be archived and kept for a period of 10 years.

13.0 Confidentiality

The Trust will ensure that confidentiality in relation to all information gathered as part of the investigation and held by the Trust, and that which is forwarded to the NHR is complied with and will also ensure compliance with information held in accordance with the Data Protection Act 1998 and the Access to Health Records Act 1990. In addition the Trust will ensure that the Pre-Action Protocol for the Resolution of Clinical Disputes is complied with and that records are provided within 40 days of the request.

14.0. Litigation

14.1 As claims work is subject to litigation, the Legal Affairs Lead's requests for records and information must be responded to **within 10 working days (see Appendix 2 and 3)**. If, for any reason this is not possible, the Legal Affairs

Lead must be informed in writing / by e-mail. It is essential that timescales are met as all claims are potentially subject to litigation and delays may result in financial penalties..

- 14.2 Some claims proceed to litigation and may proceed as far as a court hearing. If a claim proceeds to a court hearing, the Trust will be named as the defendant. Employees will not bear any financial or legal responsibility for a claim even if they are personally named in the Particulars of Claim (is a document that a claimant files with the court and serves on the defendant setting out the details of the claimant's case). As part of the litigation process, the Trust will be asked to sign a number of documents including the Defence, List of Documents and Counter Schedule. A Statement of Truth accompanies these documents. Only designated officers of the Trust may sign a Statement of Truth. These are the Chief Executive, an Executive Director, or Trust Secretary (pp by Legal Affairs Lead if necessary). Any member of staff who receives a Statement of Truth or any document requiring signature must forward it immediately to the Legal Affairs Lead.

15.0. Communications

All approaches by the media regarding claims or potential claims, whether ongoing or closed, must be directed to the Communications team. The Communications team will liaise with the Legal Affairs Lead who will contact NHSR. Working together they will determine a response. Staff should not make any comments to the media unless authorised to do so by the Communications team who in turn will have cleared the response with NHSR.

16.0. Risk Management Report & Lessons Learnt

- 16.1 Risk management issues will be considered for every claim especially where NHSR Solicitors' Risk Management Reports on Claims have been received. The sharing of lessons learnt post investigation is a critical part of claims management. These will be disseminated throughout the organisation via the Patient Safety Group, Health and Safety Committee and service governance forums.
- 16.2 The Legal Affairs Lead will report to the relevant stakeholders any issues, identified from a claims investigation, that need to be addressed either immediately or as the result of the investigation's findings.
- 16.3 Before closing a file the Legal Affairs Lead shall ensure that all risk management issues have been reported to the appropriate manager and that documentary evidence of any actions taken is received.
- 16.4 The Legal Affairs Lead will contribute to the safety and quality reports for the Quality Assurance Committee regarding incidents, complaints and claims.

17.0 Support for Staff

- 17.1 In the event of a claim it may be necessary to provide support for any staff involved. It will be the role of the Service Directors and managers to ensure that this is provided in the most appropriate manner depending on the needs and circumstances of the individuals involved.
- 17.2 The welfare of staff involved in any litigation must be considered, particularly in relation to psychological trauma or stress. Any support offered must remain confidential to the individual and if individual counselling is felt to be necessary, then an appropriate referral will be made. Managers will need to consider referrals to the Occupational Health Service and ensure that staff are aware of the staff counselling service (AMICA).
- 17.3 Where staff members have been called to act as witnesses in court, legal advice and support will be arranged.

18.0 Monitoring Compliance and Effectiveness

Please refer to the table in Appendix 1.

19.0 Due Regard and NHS Constitution

This policy describes the process for managing claims against the Trust. During the consultation process nothing was identified as directly affecting persons with protected characteristics as defined by the Equality Act 2010. Therefore this policy is determined as being equality neutral. Please see Appendix 8.

In respect of the Public Sector Equality Duty appropriate consideration of the Trust's Equality and Human Rights and reasonable adjustment policies will be given whilst implementing this policy for example when supporting staff involved in any claim.

The NHS Constitution checklist consideration outcome is at Appendix 7.

References and Associated Documentation

This policy was drafted with reference to the following:

LPT Losses and Special Payments Policy

UHL Claims Handling Policy and Procedure

NHSLA CNST Membership Rules

NHSLA LTPS Membership Rules

NHSLA Reporting Guidelines

Pre-Action Protocol for Personal Injury Claims.

Pre-Action Protocol for the Resolution of Clinical Disputes

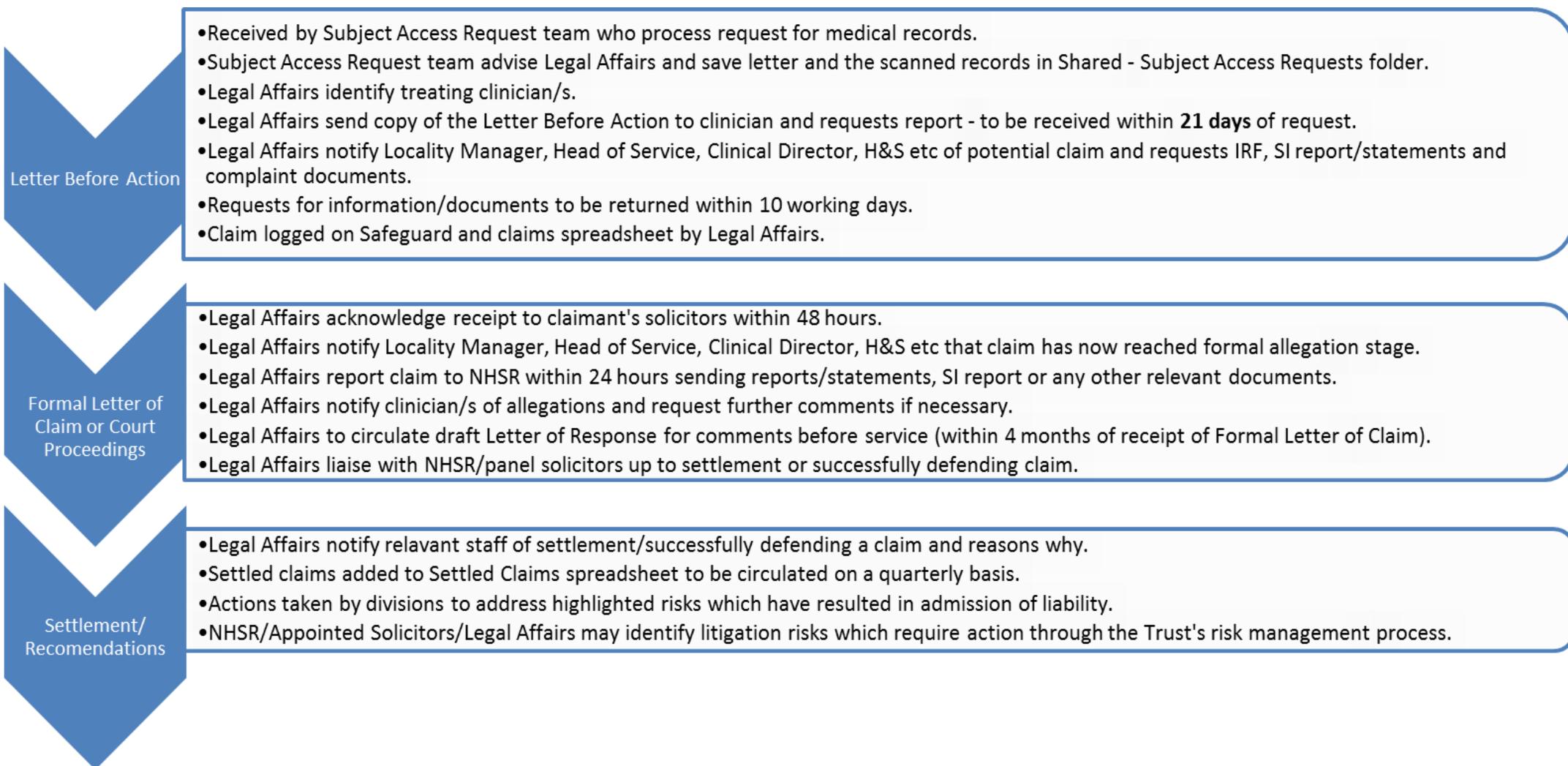
Pre-Action Protocol for Low Value Personal Injury (Employers Liability and Public Liability) Claims

Duties outlined in this Policy will be evidenced through monitoring of the other minimum requirements

Where monitoring identifies any shortfall in compliance the group responsible for the Policy (as identified on the policy cover) shall be responsible for developing and monitoring any action plans to ensure future compliance

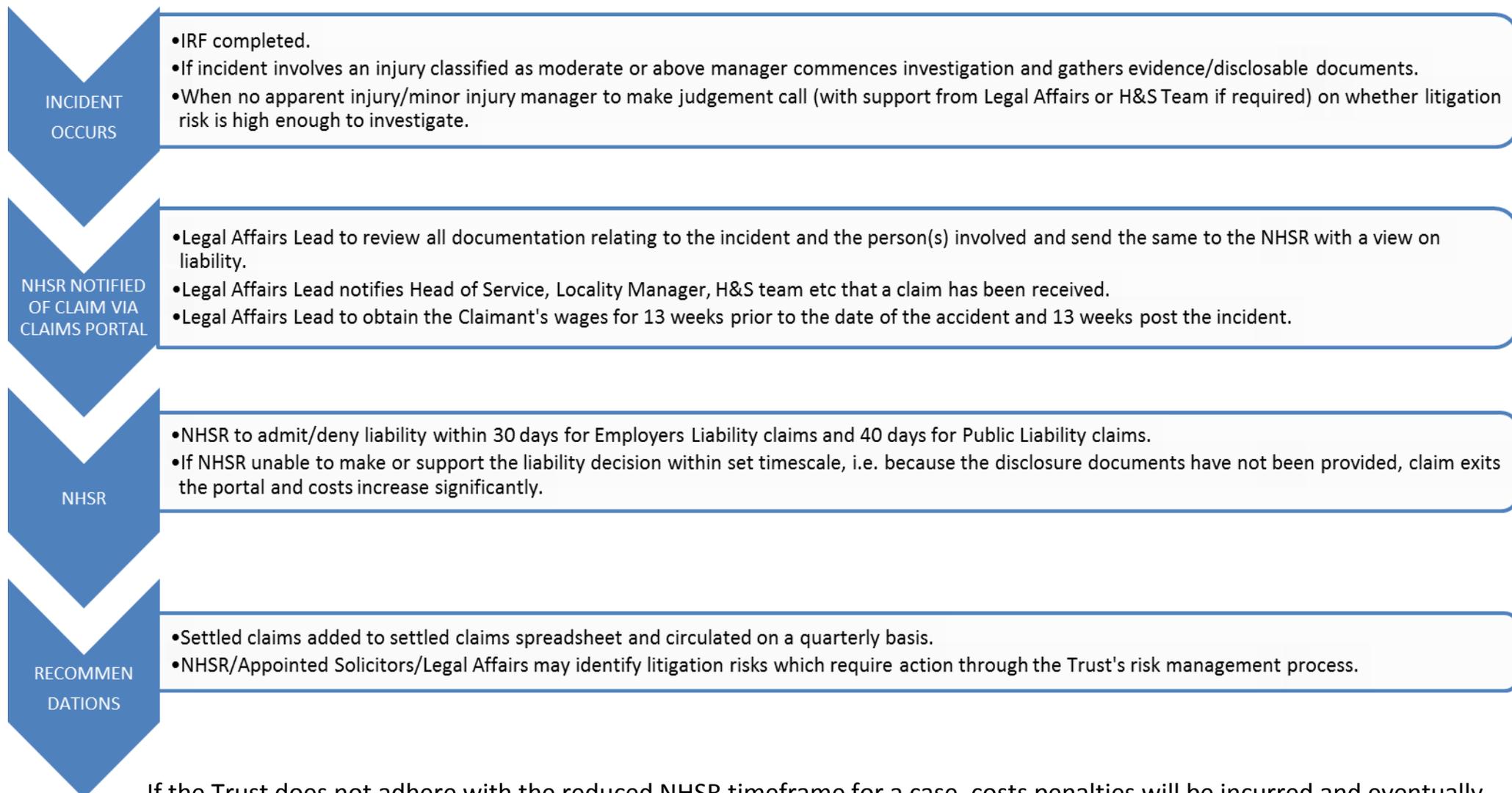
Minimum Requirements to be monitored	Evidence from self assessment	Process for Monitoring	Responsible Individual / Group	Frequency of monitoring
Action to be taken, including timescales	11.0 Timescales and Procedures	Audit of 10 claims which have been selected by Risk Management	Legal Affairs Lead	Annually
How the organisation communicates with relevant stakeholders, such as <u>staff</u> , claimants, NHS R, solicitors, HM Coroner, etc	8.0 Stakeholders	Audit of 10 claims which have been selected by Risk Management	Legal Affairs Lead	Annually

CLINICAL NEGLIGENCE CLAIMS FLOWCHART



If the Trust does not adhere with the reduced NHSR timeframe for a case, costs penalties will be incurred and eventually there will be an uplift applied to the Trust's scheme excess payment. Any difficulties in meeting deadlines need to be discussed with the Legal Affairs Lead or Trust Secretary at the earliest opportunity.

NON-CLINICAL NEGLIGENCE CLAIMS FLOWCHART





Witness Statement

Incident Investigation Reference No:

Date of Incident:

Place of Incident:

Time of Incident:

(24 hour clock)

Statement of (Name):

Age if under 18:

(If over 18 insert 'over 18')

Occupation:

Telephone/Mobile number:

Email address:

Work address:

Home address:

This statement (consisting of page(s) each signed by me) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true.

Signature:

.....

Dated the: day of 20.....

Page number..... of

Continuation Statement of (Name):

--

Page number..... of

Statement advice

Your Statement should:

- Consist of a complete factual account with sequential dates, times and venues.
- Be clear and concise.
- Refer not only to what is recorded in the notes but also to any other detail that can be recalled. If you cannot remember, do not make it up
- Explain where the notes have been relied upon in their entirety by using the phrase 'According to the notes....'
- Be concerned only with what you actually did and why.
- Anticipate any questions and provide responses.
- Comment on any criticisms and your involvement.
- Include any mitigating circumstances if an error has been identified.
- Include any relevant conversations using direct speech and inverted commas, e.g. Dr X said 'I will return in....'
- List the full names of any other staff involved or present.
- Where possible, be typed as statements are often photocopied.

Your Statement should not:

- Be a simple regurgitation of written case notes.
- Comment on areas outside of your responsibility.
- Include irrelevant, subjective comments about the patient or colleagues
- Include abbreviations or clinical terminology. It should be written in a way that is understandable to a layperson.
- Include statements that cannot be proven, e.g. 'I think he was drunk', without qualification, e.g. 'because he smelt strongly of alcohol.'
- Contain words you do not understand.

Retain a copy of this statement in a secure place

Statements should not be filed in the patient's medical records.

EACH PAGE TO BE SIGNED AND DATED

REQUEST FOR A REPORT: STRICTLY PRIVATE AND CONFIDENTIAL
IN CONTEMPLATION OF LITIGATION

Synopsis and Chronology

Care Management Problems

Breach of Duty

Causation

Conditions and Prognosis (if applicable)

Quantum

Risk Management Implications i.e. what can be learned in the future from this incident?

Action Plan

Risk assessment: Low/Medium/High

The NHS will provide a universal service for all based on clinical need, not ability to pay. The NHS will provide a comprehensive range of services

Shape its services around the needs and preferences of individual patients, their families and their carers	<input type="checkbox"/>
Respond to different needs of different sectors of the population	<input type="checkbox"/>
Work continuously to improve quality services and to minimise errors	<input checked="" type="checkbox"/>
Support and value its staff	<input type="checkbox"/>
Work together with others to ensure a seamless service for patients	<input type="checkbox"/>
Help keep people healthy and work to reduce health inequalities	<input type="checkbox"/>
Respect the confidentiality of individual patients and provide open access to information about services, treatment and performance	<input checked="" type="checkbox"/>

Due Regard Screening Template

Section 1	
Name of activity/proposal	Claims management
Date Screening commenced	December 2017
Directorate / Service carrying out the assessment	Enabling/ Legal team
Name and role of person undertaking this Due Regard (Equality Analysis)	Sameah Akhtar, Legal Affairs Lead
Give an overview of the aims, objectives and purpose of the proposal:	
AIMS: This policy describes the process for managing claims involving the Trust under the National Health Service Resolution (NHSR) scheme or equivalent insurance scheme.	
OBJECTIVES: Due regard and equality analysis	
Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact please give brief details
Age	No impact
Disability	No impact
Gender reassignment	No impact
Marriage & Civil Partnership	No impact
Pregnancy & Maternity	No impact
Race	No impact
Religion and Belief	No impact
Sex	No impact
Sexual Orientation	No impact
Other equality groups?	None identified
Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please <u>tick</u> appropriate box below.	
Yes	
No	
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk: Go to Section 4. X
Section 4	
If this proposal is low risk please give evidence or justification for how you reached this decision:	
The policy is neutral and has no impact on protected groups	
Signed by reviewer/assessor	 Date 21.12.17
<i>Sign off that this proposal is low risk and does not require a full Equality Analysis</i>	
Head of Service Signed	 Date 21.12.17