

Claims Management Policy

Reference No:	P_CIG_02
Version:	6.1
Ratified by:	Lincolnshire Community Health Services NHS Trust Board
Date ratified:	9 July 2019
Name of originator/author:	Deputy Head of Corporate Governance
Name of responsible committee/individual:	Audit Committee
Date issued:	July 2019
Review date:	July 2021
Target audience:	All Staff
Distributed via:	Internet

Claims Management Policy

Version Control Sheet

Version	Section/Para/ Annex	Version/Description of Amendments	Date	Author/Amended by
1		New policy	September 2010	C Wylie
2	All	Amended for new NHS Trust	February 2012	B Wormald
3	All	Full Review	April 2013	K Stinson
4	All	Full Review	January 2015	Corporate Assurance Manager
5	All	Full Review	January 2017	Corporate Assurance Manager
5.1		Replace NHSR with NHS Resolution	April 2017	Corporate Assurance Manager
5.2		Updates to Section 5.1, 7, 16 and App A to reflect changes to UK Data Protection Legislation	March 2018	Corporate Assurance Manager
6	All	Full Review – minor administrative updates to include changes to organisational posts and committees	March 2019	Deputy Head of Corporate Governance
6.1	Section 7	Minor update – change of date of DPA from 1998 to 2018	October 2020	Corporate Governance Administrator
7	All	Full review	May 2021	
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Claims Management Policy

Policy Statement

Background

In April 2002, NHS Resolution (NHSR) (originally known as NHS Litigation Authority), was established to manage the financial and case management responsibilities on behalf of their member Trusts for all clinical negligence claims (CNST). Claims for personal injuries (not as a result of treatment) from employees, patients and members of the public, and property damage, are also managed by the NHSR under their Liabilities to Third Parties Scheme (LTPS) and the Property Expenses Scheme (PES) respectively. Both of these schemes are incorporated into the Risk Pooling Scheme for Organisations (RPST). Since its formation in April 2011, Lincolnshire Community Health Services NHS Trust (LCHS) have been a member of both the CNST, and RPST schemes.

Statement

The main objectives of this policy are to:

- Describe the arrangements by which LCHS manage clinical claims, non-clinical claims and claims for losses or compensation, made against the Trust.
- Provide guidance on the actions staff should take upon the receipt or notification of a potential or formal claim against the organisation.

LCHS is committed to the effective and timely investigation and response to those claims made against it as an organisation and to support staff involved.

Responsibilities

Although the NHSR handle claims on behalf of LCHS, the Trust retains ultimate responsibility for all claims lodged against the organisation, and as such, remains the 'defendant' in any claim. LCHS has the responsibility for claims handling pertaining directly to staff and services provided by LCHS and all members of staff have a duty to co-operate fully with interested parties in accordance with the Civil Procedure Rules (CPR).

All staff members must report all untoward incidents through the organisation's incident reporting procedure, as they may result in a claim against the organisation. The organisation will ensure that all appropriate staff are informed of any clinical negligence and personal injury claims. The views and opinions of staff will be sought throughout the claims process, with staff members being offered support as appropriate.

Training

LCHS staff are provided with an awareness of claims as part of the risk management training session included within the Trust's induction programme and as part of the annual mandatory training update.

Dissemination

All staff will be made aware of this policy and its contents through induction and mandatory update training. In addition line managers have a responsibility to ensure that all members of staff are aware of the contents and implement the policy accordingly.

Resource Implication

NHSR has responsibility for the financial management of all clinical negligence claims and all claims that come under RPST.

1. Introduction

1.1 LCHS Trust has a responsibility to investigate and respond to all claims lodged against the organisation, and as such remains the 'defendant' in any claim.

1.2 The Clinical Negligence Scheme for Trusts (CNST) defines a claim as:

"A demand for compensation made following an adverse incident resulting in damage to property and/or personal injury".

This policy sets out the organisation's commitment to provide an effective and timely investigation and response to any claim made against LCHS and to ensure that all staff involved in a claim are supported and provided with the appropriate advice and guidance.

This policy does not apply to independent practitioners whose claims should be dealt with by their own liability cover and medical insurance. Any independent practitioner who receives a letter of claim or request for disclosure of records, should seek advice immediately from their medical defence union.

1.3 Claims covered by this policy are dealt with under the following schemes:

- **Clinical negligence claims-** covered by NHS Resolution (NHSR) Clinical Negligence Scheme for Trusts (CNST).
- **Non-clinical claims-** this includes claims which fall under 'employers' liability', 'public liability', 'products liability', and 'professional liability' and is covered by the NHSR Risk Pooling Scheme for Organisations (RPST) Liability to Third Parties Scheme (LTPS).
- **Claims for damage to property** – covered by the NHSR Property Expenses Scheme.
- **Claims for losses and compensation** – dealt with in-house covering the loss or damage to property and relating to a patient or member of the public.

2. Definitions

For the purpose of this policy, the following definitions will be applied:

Civil Law

Concerned with disputes between citizens, sub divided into four main categories; Contract, Tort, Trusts and Family Law. It is the Tort of Negligence Law that covers professional liability and clinical negligence.

Civil Procedure Rules

Following on from a review by Lord Woolf, the Civil Procedure Rules were introduced in 1998 aimed at reducing the cost, complexity and length of litigation claims.

Claimant (or Plaintiff)

A person (patient or their representative, member of the public, or employee) who asserts a right or demand for money, or who enters legal proceedings against the organisation.

Claim

An action taken against the organisation to assert a right or demand for money as a result of an alleged breach or failure by the organisation.

Clinical Negligence Scheme for Trusts (CNST)

A scheme operated by the NHSR who assumes liabilities for the appointment of solicitors and the settlement of all claims made against the organisation. LCHS are a member of the scheme and are required to pay an annual contribution, the amount of which is determined by the organisations claims history, claims profile and ongoing claims.

Criminal Law

Concerned with offences against the State and with obligations imposed on citizens by the Law. In rare case there have been circumstances where conduct of clinicians, amounting to criminal recklessness, has been deemed as a criminal offence under Tort Gross Negligence Manslaughter.

Liabilities to Third Parties Scheme (LTPS)

As above, a scheme operated by the NHSR who assumes liability for the appointment of solicitors and the settlement of all claims which are made against the organisation. Unlike the CNST scheme, in addition to annual contribution, an 'excess' payment, ranging between £3,000 to £10,000, is also payable by the Trust for each claim settled on behalf of the Trust.

Litigant in Person

A person who is not represented by a solicitor or barrister and who wishes to make a claim under their own representation.

Tort of Negligence

A branch of Civil Law which affects professional liability and clinical negligence. This is the area of law under which the majority of clinical negligence and third-party liability claims will fall. The tort of negligence contains four principle elements, namely; the Duty of Care, Breach of that Duty, Damage caused as a result of the breach and Damage not too remote. A claimant must prove each of these four elements in order to win a case and be awarded compensation.

3. National Health Service Litigation Authority (NHS Resolution)

The principal task of NHS Resolution (NHSR) is to administer schemes set up under Section 21 of the National Health Service and Community Care Act 1990. This enables the Secretary of State to set up one or more schemes to help NHS bodies pool the costs of any clinical negligence, loss of or damage to property, and liabilities to third parties for loss, damage or injury arising out from the carrying out of 'their functions'. NHSR operate these schemes on a 'risk pooling' basis, where Trusts pay an annual contribution to NHSR and in return have the services of NHSR to manage claims on their behalf. In the case of CNST claims, NHSR are responsible for the payment of any costs or damages made in the settlement of the claim. In regard to LTPS and PES schemes, the Trust is responsible for the payment of any relevant excess, and NHSR pay all costs over this amount. Limits to coverage may apply depending upon the nature of the claim and are detailed in the Confirmation of Scheme Cover Certificate provided by NHSR on an annual basis.

LCCHS are currently members of both the CNST and RPST (covering LTPS and PES). Each year a contribution is made to NHSR in return for membership of these schemes.

4. Roles and Responsibilities

4.1 Chief Executive

The Chief Executive Officer (CEO) has overall responsibility and accountability for the management of all claims.

The CEO will ensure that claims are appropriately handled and that the risk management process takes proper account of the lessons to be learned from claims.

4.2 Director of Finance

The Director of Finance will oversee the monitoring and authorisation of payments in respect of the settlement of claims excesses and payment of NHSR contributions.

4.3 Deputy Director of Corporate Governance

The Deputy Director of Corporate Governance is responsible for ensuring the management, co-ordination and handling of LCCHS claims. Day to day management of these claims is further delegated to the Corporate Governance Officer, supported by the PALS, Complaints and Claims Manager.

The Deputy Director of Corporate Governance will:

- Ensure that the Director of Finance receives appropriate information in respect of all claims.
- Ensure appropriate liaison with third parties such as NHSR, solicitors and claimants.
- Ensure that an appropriate investigation is carried out for all claims received and that all required actions are taken in order to comply with Civil Procedure Rules and NHSR procedures for claims management.
- Provides a monthly comprehensive claims report to the Quality and Risk Committee and on a quarterly basis to the Audit Committee.
- All LTPS related claims will be reported on a quarterly basis to the Health and Safety Committee.
- Ensure that all relevant documents are disclosed and sign “Disclosure Statements” setting out the extent of the search that has been undertaken and certifying that the obligation to provide disclosure is understood by the signatory and that the signatory has carried out that duty to the best of their ability.
- Ensure that accurate records are maintained of all claims being dealt with by NHSR on behalf of the Trust.

4.4 PALS, Complaints and Claims Manager

- Provide operational oversight and leadership to the Corporate Governance Officer.
- Provide senior support and guidance to the claims process and actions to be taken.

- Ensure the claims service is resourced by the team.
- Deputise as necessary for the Deputy Director of Corporate Governance in relation to this policy.

4.5 Corporate Governance Officer

The Corporate Governance Officer acts as the claims handler and will carry out the day to day management of all claims made against LCHS. This will include:

- Receipt and acknowledgement of all claims.
- Ensure disclosure of records requests are dealt with.
- Report claims, as appropriate, in accordance with NHR reporting guidelines.
- Ensuring that an investigation is carried out into the claim by the appropriate services and collate all necessary evidence to support the investigation.
- Liaise with NHR, claimants and panel solicitors on claims, ensuring that all requests for information are dealt with, in accordance with mandatory timelines.
- Maintain the claims database on Datix and extract reports as required.
- Prepare documentation for Court proceedings as directed by NHR and Defence Counsel.
- Ensure that appropriate support, advice and guidance is provided to all staff who are involved in the claims procedure.
- Being the central point of contact within the Trust for all claims related issues.
- Liaise with the PALS, Complaints and Claims Manager regarding complex claims and escalate any issues as they arise as necessary.

4.6 Head of Clinical Services / Matrons

Head of Clinical services and Matrons will be informed by the Corporate Governance Officer of all claims which are received relating to the individual services.

- Requests for investigations will go to the appropriate Matron/ Clinical Lead/ Manager to lead this process. Heads of Clinical Service and Quality Assurance Managers will be copied into communications,
- Support and advice will be provided by the Corporate Governance Officer to ensure that the investigation into the circumstances surrounding the claim is completed. This includes the collection of evidence held locally and the provision of staff statements.
- Monthly reports will be provided to Heads of Clinical Services and Quality Assurance Managers.
- Services, Heads of Clinical Services or nominated leads, are responsible for developing action plans for learning that needs to be undertaken or embedded and ensuring Quality Assurance Groups are aware of actions taken to share learning across the Trust.
- Completed action plans need to be shared with the Corporate Governance Officer. Where possible this should be within two months of the investigation completing.

4.7 Clinical Leads/Managers

Clinical Leads/Managers may be requested to carry out investigations in accordance with strict guidelines into the circumstances surrounding claims. Support and advice will be provided by the Chief Executive's Office as appropriate.

4.8 All Staff

All staff members employed by LCHS must report all untoward incidents as they may result in a claim against the organisation. Should a claim be made the organisation will liaise with relevant staff members in the collection of statements and other information, as required. Staff will be offered support and advice throughout the process and will be kept updated on progress as appropriate.

5. Claims Management Process

In the majority of cases, clinical and non-clinical negligence claims will be dealt with under Civil Law rather than under Criminal Law. There may be rare occasions where a case is brought under Criminal Law, if the conduct of the clinician is thought to amount to criminal recklessness (Gross Negligence Manslaughter) or the organisation is alleged to be guilty of Corporate Manslaughter. Claims brought under Civil Law, usually fall under the 'tort of negligence' sub-group, which is the area of law which affects professional liability and clinical negligence.

Under the Limitation Act 1980, Section 11, the length of time a claimant has to make a claim (known as the period of limitation), under the tort of negligence, is 3 years from the date at which the incident occurred, or the date from which the injured person had knowledge of the negligence, whichever is later. There are two exceptions to this period of limitation; one for children and young adults, who have three years from the date they reach their 18th birthday, and for those who are defined as a patient under the Mental Health Act 1983, for whom special rules apply.

Where the injured party is deceased, the limitation period would be calculated as three years from the date of death.

The legal basis of any claim made against a clinician or hospital for damages, is likely to be the Law of Negligence. This is founded on the principle that we are bound to exercise a duty of care towards anyone we may reasonably foresee as being injured by our actions. (*Hill Dickinson, Claims Handler Manual, 2012*). Any damages awarded as a result of a claim, are intended to compensate the injured person to place them in a position they would have been in if the negligence had not occurred.

The process which will be followed by LCHS in the management of claims, is in line with the Civil Procedure Rules and in accordance with NHR reporting guidelines. The process will differ slightly depending upon the type of claim being made, as detailed below. A flowchart showing the autonomy of a typical claim is detailed at Annex A.

5.1 Clinical Negligence Claims (CNST)

5.1.1 Pre-Action Claims

A pre-action claim, often known as a 'letter before action', notifies the Trust of a potential legal claim. This may be received from either a Solicitor acting on behalf of a claimant, or directly from the claimant themselves otherwise referred to as a 'litigant in person'.

The letter may well be the first indication that some wrong-doing or potential negligent treatment may have occurred and may request copies of medical records. These records will allow the claimant, or the claimant's representative, to investigate the circumstances of the potential claim and may allow for an early resolution.

All pre-action letters must be forwarded to the Chief Executive's Office **immediately** upon receipt. The Corporate Governance Officer will acknowledge receipt of the letter and send a copy to Subject Access Request Team, who will deal with requests for medical records, if required. Records must be provided within one calendar month of receipt of the letter.

At this stage of the process the exact details of the allegations are likely to be unclear. However, the brief information provided in the pre-action letter should enable a preliminary investigation to be carried out by the Trust. The Corporate Governance Officer will notify the relevant services of the pre-action.

All investigation findings should be reported using the standard templates for claims. Investigation reports should address all the allegations stated within the solicitor's letter and comment on fact rather than supposition. Signed statements should be taken from all appropriate staff and forwarded to the Corporate Governance Officer along with the investigation report. Upon completion, the report will be reviewed in order to identify any clear wrong-doing or potential risks to the organisation.

If we are able to identify any clear wrong-doing or any aspect of care which has fallen below an acceptable standard, it may be in the best interests of the Trust to acknowledge this and negotiate an early settlement. In order for this to happen all investigations carried out by the Trust must be open, honest and stating the facts in a clear and concise manner.

Should this situation occur, the Corporate Governance Officer will inform NHSR who will assess the pre-action information and preliminary investigation and, if appropriate, deal with the claim on behalf of LCHS.

Action plans must be completed by services if any risks are identified during the investigation process and copied to the Corporate Governance Officer for inclusion in the claims file. Quality Assurance Groups will oversee the implementation of these actions and provide an updated action plan to the Corporate Governance Officer once these are completed.

All lessons identified from this process must be disseminated across the organisation via the LCHS organisational governance processes, ensuring that the relevant Quality Assurance Group oversees the implementation of actions and sharing of lessons learnt. The Quality Assurance Group should report a summary of claims, themes and lessons learnt into the Clinical Safety and Effectiveness Group (CSEG).

5.1.2 Letter of Claim

Under the pre-action protocol, Claimants (either as a litigant in person or through a solicitor) are required to send a comprehensive letter of claim, setting out the full details of the exact allegations. The protocol requires the letter of claim to be acknowledged within **14 days** of receipt and a full letter of response to be sent to the claimant within four months.

On receipt of the letter of claim the Corporate Governance Officer will acknowledge the letter and notify NHSR immediately. The claim should be reported to NHSR within 24 hours of receipt, via the NHSR Claims Management System (CMS) on the NHSR Extranet. This can be accessed through the NHSR Extranet page.

If it was not possible to complete a full investigation prior to receipt of the letter of claim, this must be done immediately along with an action plan, if appropriate, and forwarded onto NHSR as soon as it is completed.

Under the pre-action protocol claimants should not issue proceedings until 4 months from the date of the letter of claim unless there is a limitation issue and/ or the patient's position needs to be protected by early issue.

The letter of claim should contain a clear summary of the facts on which the claim is based including the alleged adverse outcome and the main allegations of negligence. It should describe the patient's injuries, the present condition and prognosis and the estimated financial loss incurred by claimants. Sufficient information should be given to enable the organisation to commence investigations, if it has not already done so, and for NHSR to put an initial valuation on the claim.

Claims can be made either solely against the Trust or against multiple defendants in cases where joint liability is identified. The proportion of liability will be agreed between the defendants identified in the litigation and the defendant's indemnifiers, which in the case of LCHS would be NHSR. Should any costs and damages be awarded these would be split according to the agreed proportion of liability.

NHSR will deal with the claim or instruct a firm of panel solicitors to manage the claim on their behalf and provide the claimant with a letter of response. The Corporate Governance Officer will act as the intermediary for LCHS and will liaise with NHSR and panel solicitors in order to assist them in obtaining staff statements and collection of further evidence. The Corporate Governance Officer will monitor progress on any claim and report back to the Trust as appropriate.

Under our membership of the NHSR CNST scheme, all costs and damages agreed in settlement of CNST claims, will be paid directly by NHSR.

5.2 Non-Clinical Negligence Claims (LTPS and PES)

Should the Trust be notified of a claim which falls under the Liabilities to Third Parties Scheme the Corporate Governance Officer must acknowledge the claimant's letter within 14 days of receipt and report it to NHSR, via the Claims Management System (CMS) on the NHSR Extranet within 24 hours.

It is now possible for claimant's solicitors to register third party claims directly with the NHSR through the Public Liability Portal. Should this occur NHSR will notify the Trust immediately that a claim has been received, provide a copy of the claim submission and a request for any further information they may require.

The Corporate Governance Officer will ensure that an investigation is carried out by the relevant service and that this, along with other relevant supporting documentation, such as statements, incident report forms etc, is forwarded to NHSR in a timely manner.

As with claims under CNST NHSR will take over the active management of the claim or instruct a firm of panel solicitors to manage the claim on their behalf. They will be required to provide the claimant with a letter of response within 4 months of receipt of the claim or, if the claim has been received via the Public Liability Portal, provide a liability decision response within 30 days.

The claim will be monitored by the Corporate Governance Officer who will assist NHSR and the panel solicitors in gathering appropriate evidence and statements.

Should payment of costs and damages be agreed, the Trust have responsibility for the direct payment of damages and costs up to the agreed excess. Once payments exceed the excess amount, NHSR will pay future costs directly. Should the initial payment required by the Trust

be more than the agreed excess, the Trust will pay the full amount after which NHSR will refund any overpayment.

Any approved excess payments made by the Trust under this scheme, will come directly out of the appropriate service budget.

5.3 Claims for Losses and Compensation

In addition to clinical and non-clinical claims, the Trust also deals with claims for losses and compensation. This type of claim typically deals with items such as losses or damage incurred to a patient's possessions or property whilst they are in the Trust's care. However, unlike clinical and non-clinical claims, the Trust deals with claims for losses and compensation 'in-house' rather than through NHSR.

Should a patient, carer or other member of the public wish to make a claim of this nature, they will need to complete an LCHS 'Application for Compensation/Reimbursement' form (Appendix B), providing details of the alleged loss/damage. Once a completed form has been received, a request will be made to the relevant service for an investigation to be carried out into the circumstances of the loss/damage. The relevant Head of Clinical Service/Matron will be required to agree whether payment for compensation/reimbursement is approved. Any approved payments made under this scheme will come directly out of the appropriate service budget.

The Corporate Governance Officer will contact the claimant and keep them informed of any decisions made in respect of their claim and make arrangements for any payments to be made.

5.4 Potential Future Claims

From time to time, staff may become aware of incidents or circumstances which may result in future claims being made against the Trust. This information may come from a variety of sources, for example; complaints, incident report forms, identified risks, notification of deaths, Police investigations, serious untoward incidents or from conversations with patients to name a few.

Should any member of staff become aware of any situation which may result in future litigation against the Trust, notification should be made to the Corporate Governance Officer as soon as possible. Following notification, the circumstances surrounding these concerns will be assessed and appropriate action taken.

6.0 Legal Proceedings

Should negotiations under the pre-action protocol not lead to a satisfactory resolution for both parties, the claimant's solicitor must decide whether or not to proceed with the case and issue legal proceedings. At this point NHSR, or a firm of panel solicitors, will be acting on behalf of the Trust and will deal with our defence in these proceedings.

In the first instance the claimant will issue a claim form. A particulars of claim form will also be served either accompanying the claim form, or within 14 days of the claim form being issued. Should any of these documents be received at the Trust, they MUST be forwarded to NHSR, or panel solicitors dealing with the claim, immediately.

Within 14 days of formal service of the particulars of claim, NHSR will be required to file a defence or an acknowledgement of service on behalf of the Trust, who will be the defendant. If an acknowledgement of service is filed, the defence response becomes due 28 days after

the service of the particulars of claim.

NHSR, or panel solicitors, will continue to deal with the claim on behalf of LCHS as it progresses through the legal process until either an out of Court settlement is agreed, or the case goes to trial.

The Corporate Governance Officer will liaise with NHSR on the progress of the case and assist in the provision of witness statements and other evidence as required.

At any point during the pre-action/legal proceeding stages, a 'Part 36 Offer' (an offer of payment made in settlement of the claim), may be made or received by either party. All offers must be forwarded to NHSR for consideration, as such an offer has an effect on the value of the claim and must be considered carefully.

7. Requests for Disclosure of Records

As detailed in Section 5.1.1, the first indication that a claim against the organisation is being contemplated, is often a letter from the patient or their solicitors requesting access to their records. All requests for access to medical records are dealt with by the Trust Data Subject Access Request (DSARs) Team. As soon as a request for records is received this should be forwarded on to the SARs Team immediately. In addition to providing a copy of the medical records to the claimant, a copy should also be forwarded to the Corporate Governance Officer for inclusion in the claim file.

The relevant law, as it relates to England and Wales, is primarily contained in the Access to Medical Records Act 1988, the Access to Health Records Act 1990, the UK Data Protection Legislation and regulations made under the provisions of this Act.

Under the Data Protection Act, any patient making a written request for disclosure of their medical records is entitled to receive a copy of those records subject to certain exemptions. Requests for access to a deceased's records are made under the Health Records Act 1990. Under this Act, a patient's personal representative and any person who may have a claim arising out of the patient's death, has a right of access, again subject to certain exemptions.

Records should be disclosed within 21 days if requested under the Access to Health Records Act 1990 (for deceased patients), or within 40 days if part or all of the record has been added to in the 40 days preceding the request. If the records are requested under the Data Protection Act 2018 (which applies to living patients), they should be disclosed within 40 days.

8. Support for Staff

LCHS recognises the importance and value of supporting staff throughout the process of a claim. There are a variety of ways in which any member of staff can receive support both during and after their involvement in the claims process:

- The Corporate Governance Officer will keep staff informed of the progress of the claim, and offer support and guidance throughout the process.
- Matrons and Clinical Leads will be made aware of claims within their service areas and will offer day-to-day support.
- Staff are encouraged to contact their professional representative as early as possible in the claims process.

- The Practitioner Performance Manager will be able to offer support and guidance on request.
- Occupational Health services can be offered to staff if required.
- A counseling service is available.

The support for staff does not end at the cessation of the claim: the Corporate Governance Officer will liaise with Matrons and Clinical Leads to assess the continued support required. An action plan will then be developed to include ongoing support mechanisms for staff involved.

9. **Training**

Training needs of staff will vary according to job role within the trust. All LCHS employed staff will be provided with contact details for the PALS, Complaints and Claims Manager and the Corporate Governance Officer as part of their induction and annual mandatory training update.

This training will be supplemented to offer additional support to heads of service / Matrons and team leads who may be involved in the investigation procedure to provide a deeper understanding of claims and their role in working in the claims management process.

10. **Lessons Learned**

As soon as the claims process or, if appropriate, an investigation has been completed, services will ensure that an action plan is developed covering any issues which have been highlighted. This plan must clearly address issues with realistic timescales, indicate who is responsible for its achievement and subsequent follow up.

Once the claim has been finalised and prior to the file being closed the action plan should be reviewed and updated to take into consideration any new issues which emerged during the claim process.

Quality Assurance Groups (QAGs) will receive the monthly reports from the Quality Assurance Managers to discuss and review lessons learned and action plans. QAGs will report into the Clinical Safety and Effectiveness Group (CSEG) regarding progress, themes and escalate any issues as necessary. to ensure that all issues are shared across the organisation and also form part of the analysis of aggregated data from incidents, complaints and claims.

The Quality and Risk Committee will receive a monthly report from CSEG which will provide an overview , and endorse decisions to share the lessons learnt with relevant stakeholders to promote patient safety and quality.

11. **Claims Data**

Information on claims is recorded on the Trust's Datix system. This information will be updated and maintained by the Chief Executive's Office and include information of the nature and progress of each claim, financial data, documentation, and action plans.

Quarterly reports are provided to the Health and Safety Committee for claims relating to

LTPS. Quarterly reports for both CNST and LTPS claims are provided to the Quality and Risk Committee and the Audit Committee for assurance, oversight and to inform the Trust audit programme.

Annual reporting is provided to the Quality and Risk Committee and the Audit Committee in relation to the Trusts claims profile along with the annual claims report, and subsequently to the Trust Private Board for ratification.

Additional exception reporting can be extracted from the system in depending upon the nature of the request. This information should only be produced by the Chief Executive's Office and should be anonymised.

Updated claims information can be extracted as required from the NHR Extranet.

12. Liaison with External Agencies / stakeholders

Regular liaison with external agencies, and other relevant stakeholders will be vital during the course of the claims process. Information should be provided in a timely manner and in accordance with relevant timescales. This will include regular updates being given to staff, claimants (and/or their legal representatives), NHR, panel solicitors, HM Coroner etc., as required, to ensure that the claims process is progressed as effectively and efficiently as possible. All communications should go through the Corporate Governance Officer who will operationally manage this process, supported by the PALS, Complaints and Claims Manager, process on behalf of the Trust. External Agencies could include, for example:-

- Other Department of Health organisations
- Health and Safety Executive
- HM Coroner
- Police
- Lincolnshire County Council
- Health or Social care organisations across boundaries.
- Safeguarding
- Professional Regulatory Body

13. Monitoring and Evaluation

All claims or potential claims are reported immediately to the Corporate Governance Officer, the relevant General Manager and the PALS, Complaints and Claims Manager. They are evaluated and monitored on a day to day basis by the Corporate Governance Officer.

Monitoring Requirement	Process for monitoring e.g. audit	Responsible individuals	Frequency of monitoring	Responsible group for oversight of actions, their implementation and lessons learnt	Responsible individuals/ group/ committee for monitoring of action plan
Claims Summary per service	Monthly claims summary report	Corporate Governance Officer	Monthly	Heads of Service/ Matrons/. Quality Assurance Groups	Clinical Safety and Effectiveness Group
Lessons Learned from Action Plans	Action Plans/Datix Report/ Monthly Summary of Claims	Quality Assurance Groups / Corporate Governance Officer	Monthly	Quality Assurance Groups	Clinical Safety and Effectiveness Group
Full Claims Summary (CNST/ LTPS)	Claims Quarterly Report	Corporate Governance Officer/ Deputy Director of Corporate Governance	Quarterly	Quality and Risk Committee/ Audit Committee	Trust Board
LTPS Claims Summary	LTPS Claims Quarterly Report	Corporate Governance Officer/ Deputy Director of Corporate Governance	Quarterly	Health and Safety Committee	Audit Committee
Full Annual Claims Assurance Review	Annual Claims Report	Corporate Governance Officer/ Deputy Director of Corporate Governance	Annually	Quality and Risk Committee / Audit Committee	Trust Board
Review of claims process and policy	Annual Claims Summary and NHR Claims Profile review	Corporate Governance Officer/ Deputy Director of Corporate Governance	Annually	Audit Committee	Trust Board

14. Inquests

The coroner has a duty to hold an inquest where there is reasonable cause to suspect that the deceased died a violent or unnatural death, or suffered a sudden death (the cause of which is unknown) or died in legal detention (such as prison or in police custody). The

Coroner's duty is to establish, if possible, the identity of the deceased, when and where he / she died, how the deceased met his or her death and in what circumstances.

When the Coroner decides to hold an inquest all staff involved in the patient's care and treatment must write a statement as soon as possible following the death detailing the facts of their involvement with the patient, including their role and qualifications.

In practice, the Coroner's Officer will usually inform the Trust when he/she is aware that the deceased's family have concerns, and whether the family will be legally represented at the inquest. In many cases, staff are already aware of family concerns while the patient is still in the Trust's care.

It is important that managers inform the Practitioner Performance Manager, PALS, Complaints and Claims Manager and Corporate Governance Officer of any death where the family has raised concerns about the patient's care and treatment, and where there is likely to be criticism of the organisation, the Deputy Director of Corporate Governance

In certain circumstances, i.e. if a death may result in a clinical negligence claim being brought against the Trust, NHR may provide funded legal representation at inquests on the Trusts behalf. Requests for this assistance should be made via the Chief Executive's Office to NHR using the Claim Reporting System. Should funded legal assistance not be provided by NHR, the Practitioner Performance Manager will arrange legal representation for the Trust and provide pre-inquest preparation for staff if required.

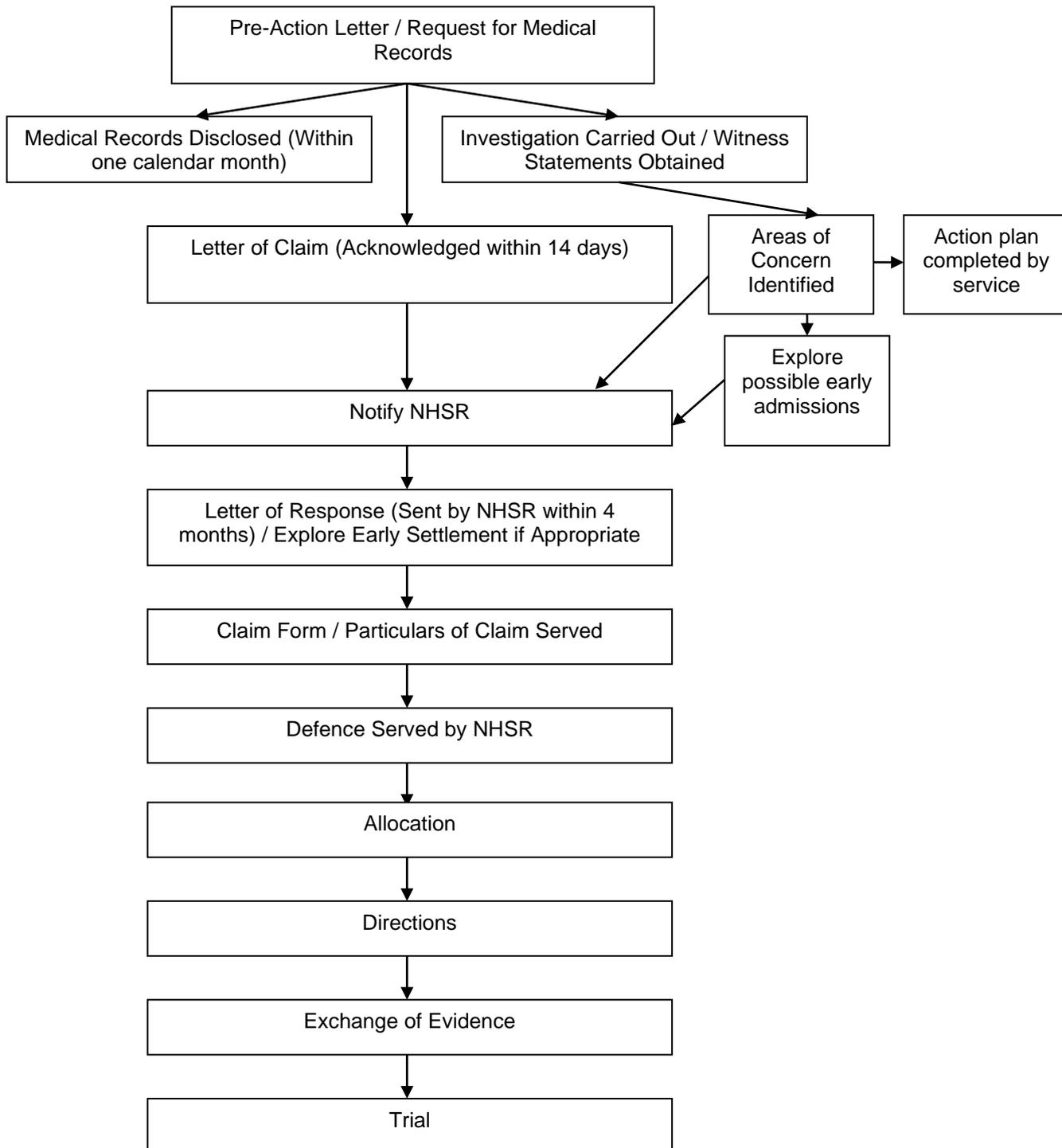
15. Related Policies

This Policy should be read in conjunction with the following Policies and Procedures:

- P_RM_01 - Incident Reporting Policy
- P_RM_02 - Risk Management Strategy
- P_CIG_08 – Complaints Policy
- Guidance for Access to Health Records Requests (DH, Feb 2010)
- Access to Health Records Act 1990
- UK Data Protection Legislation
- Access to Medical Records Act 1988
- Limitation Act 1980
- Freedom of Information Act 2000
- Supreme Court Act 1981 (Section 33)
- NHR Claims reporting guidelines [Claims reporting guidelines - NHS Resolution](#)

Appendix A

Flowchart of a Typical Clinical Negligence Claim



Claims may be withdrawn or settled throughout the claims process. Depending upon the stage of the process reached costs may need to be paid by either party and are normally subject to negotiation.

Appendix B

APPLICATION FOR COMPENSATION / REIMBURSEMENT

Please read the information below to ensure you provide the correct details to allow us to process your claim:

As NHS organisations do not hold private insurance policies for loss/damage to patients' property, we are required to justify and quantify any payments as reimbursement is made from public monies.

In order to proceed with your claim please complete all of the requested details and provide details of proof of payment or a quotation for replacement. Please also provide details of the age of the item(s) as specified. If it is established that the Trust is partly/fully liable for any loss the value of the item(s) is calculated not at replacement as new but at value at the time of the loss, taking age and depreciation into account i.e. second hand replacement cost.

In cases where the Trust is found partly/fully liable for part or whole of the loss/damage we shall do one of the following:-

- Reimburse where proof of payment is provided or;
- Arrange direct payment of an invoice.

If you are claiming on behalf of a deceased patient you are required to provide a Grant of Representation (Probate) as the claim cannot proceed without this. Where the Trust is found partially or fully liable for any loss/damage any monies will be paid directly into the deceased's estate.

Whilst the Trust endeavors to look after patients' property (where staff are advised of its existence), this is sometimes not possible; this is particularly so in an emergency or life-threatening situation at which time the patient's clinical needs are a priority. The circumstances of the loss will be taken into account when considering the case for payment/reimbursement.

Name of claimant :			
Date of birth:			
Address:			
Telephone:			
Place of Incident :	Date of loss :	Time of loss :	
State to whom the incident of loss/damage was reported :			

Please detail below the circumstances of the incident, the loss/damage that occurred and indicate why you believe the Trust has been negligent and is therefore liable for the loss/damage:

.....

.....

.....

.....

.....

.....

.....

.....

Please complete the section below in respect of damaged, stolen, destroyed or lost property:

Provide full details of each item claimed for. For watches give make, model, nature and quality of metal from which the case was made, and type of strap etc. For jewellery give nature and quality of the metal content, size and type of stones etc.

Description of item	Owner	Place of purchase	Date acquired	Purchase method	Purchase cost	Replacement cost

Purchase receipts and valuations must be provided.

For damage claims only – please provide an estimate for repair or if the item is damaged beyond repair, provide written confirmation of this from a relevant tradesman. Please retain all damaged items as we may require them to be forwarded to the department for inspection.

Signed by the Claimant (**owner of the property lost/damaged**) as an accurate record:

..... Date:

NB: the claimant must sign this form. A copy of the Power of Attorney or Grant of Representation must be provided in the absence of the claimant’s signature.

Should the form be incomplete, the claimant may be contacted for further details or the form returned for completion.

**Appendix C
Equality Analysis**

NB - It is the responsibility of the author / reviewer of this document to complete / update the Equality Analysis each time it has a full review and to contact the Equality Diversity and Inclusion Lead if a full equality impact analysis is required

Equality Impact Analysis Screening Form

Title of activity	Claims Management Policy		
Date form completed	07.05.2021	Name of lead for this activity	Catherine Leggett

Analysis undertaken by:		
Name(s)	Job role	Department
Catherine Leggett	Deputy Director of Corporate Governance	Chief Executive's Office

What is the aim or objective of this activity?	To outline the arrangements to be followed by Lincolnshire Community Health Services Trust in the management of claims, thereby ensuring that all claims are dealt with effectively, timely and in accordance with legal and organisational requirements.
Who will this activity impact on? <i>E.g. staff, patients, carers, visitors etc.</i>	Unlikely to impact.

Potential impacts on different equality groups:

Equality Group	Potential for positive impact	Neutral Impact	Potential for negative impact	Please provide details of how you believe there is a potential positive, negative or neutral impact (and what evidence you have gathered)
Age	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Disability	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Gender reassignment	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Marriage & civil partnerships	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pregnancy & maternity	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Race	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Religion or belief	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sex	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Sexual Orientation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Additional Impacts <i>(what other groups might)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

this activity impact on? Carers, homeless, travelling communities etc.)				
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If you have ticked one of the above equality groups please complete the following:

Level of impact

	Yes	No
Could this impact be considered direct or indirect discrimination?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, how will you address this?		
N/A		

	High	Medium	Low
What level do you consider the potential negative impact would be?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If the negative impact is high, a full equality impact analysis will be required.

Action Plan

How could you minimise or remove any negative impacts identified, even if this is rated low?
N/A
How will you monitor this impact or planned actions?
N/A
Future review date: July 2023