NHS
Cheshire
Clinical Commissioning Group

Claims Management Policy

Applies to all employees of NHS Cheshire CCG **Approved by the Governance, Audit and Risk Committee 25 November 2020**
This document should be read in conjunction with:

Amendments Log

Any changes made to this policy should be outlined in the below Review and Amendment Log. In the event of any changes to relevant legislation or statutory procedures this policy will be automatically updated to ensure compliancy without consultation. Such changes will be communicated.

Version No	Type of Change	Date(s)	Description of change
1	Updated policy for Cheshire CCG taken to GARC (November 20)		Updated for NHS Cheshire CCG

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1. Introduction

1.1 NHS Cheshire Clinical Commissioning Group (CCCG) is committed to ensuring a timely investigation and response to any claim of clinical negligence, personal injury and/or loss or damage to personal property and expenses.

1.2 NHS CCCG will ensure that such events are investigated thoroughly and dealt with robustly and systematically in accordance with its Risk Management Strategy and continued membership of the NHS Litigation Authority (NHSLA) risk pooling schemes.

1.3 This policy and ensuing procedure therefore sets out NHS CCCG's arrangements for the management of all clinical and non-clinical claims made against NHS CCCG which fall under the remit of the above schemes and takes account of current national guidance and the NHS Finance Manual.

1.4 The procedure will also be used as an opportunity to ensure lessons learned from adverse incidents and events arising from claims are used to improve the quality and safety of commissioned services.

2. Scope

2.1 This policy and procedure will apply to all claims made against NHS CCCG which relates to its services and liabilities to third parties (including employer's liability, public liability and professional indemnity) and its property and equipment.

2.2 Primary Care Practitioners who are not directly employed or formally engaged by NHS CCCG will be responsible for their own indemnity/cover arrangements and claims management processes.

3. Principles of this policy

3.1 NHS CCCG recognises and accepts its responsibility to provide a safe and healthy workplace and environment for their employees, patients, service users and visitors. There is also potential for claims to be made against NHS CCCG alleging clinical negligence and the primary aim of this policy is to provide a robust process for the management of claims.

3.2 Claims management is separate to disciplinary processes, although some claims may identify information concerning serious matters which will necessitate formal investigation. Should this situation arise, the matter will be handled as a separate process and in accordance with NHS CCCG's relevant HR procedure.

4. NHS Litigation Authority Indemnity

4.1 NHS CCCG is required to secure appropriate insurance to safeguard against the on- going business and commissioning risks it is exposed to on a day to day basis. The NHS Litigation Authority (NHSLA) provides effective best practice cover for NHS Trust bodies and offers a range of cover that is tailored for each organisation's requirements. For that reason NHSLA Indemnity cover for the schemes listed below has been arranged through registration of NHS CCCG to the scheme from 1st April 2020 onwards:

- Clinical Negligence Scheme for Trusts (CNST), which covers liability for clinical negligence claims. Although NHS CCCG has minimal patient facing activity which could result in future claims being made, CNST cover will provide some assurances in the event that patient facing incidents occur after 31st March 2020 and have not been adequately covered elsewhere.

- Liabilities to Third Parties Scheme (LTPS) which covers public employer's liability

- Property Expenses Scheme (PES) which enables NHS CCCG to make claims for loss or damage to property. Note – NHS CCCG may not have taken up the Property Expenses Scheme (PES) cover. If PES is to be sourced via the tenancy agreement with NHS Property Services Ltd who are providing cover under PES directly for all the estate it is to own from 1st April 2020 this should be listed under an 'exclusions' section.

4.2 NHS CCCG will make a financial contribution to the above schemes on an annual basis, with contributions assessed on a number of factors such as specialist services, numbers of staff employed and claims history.

4.3 Although NHS CCCG has minimal patient facing activity which could result in future claims being made, this cover will provide some assurance should some patient facing incidents occur after 31st March 2020 that have not been adequately covered elsewhere following the complex transition processes.

4.4 NHS Indemnity Provisions cover the actions of all staff in the course of their legitimate NHS employment with NHS CCCG. This extends to individuals in certain other categories whenever the NHS body owes a duty of care to the persons harmed, including:

- Locums
- Medical academic staff with honorary contracts
- Students on placement
- Individuals conducting clinical trials
- Charitable volunteers
- Individuals undergoing professional education, training and examinations.

4.5 The above list is not exhaustive and each case should be considered on its own merits and circumstances.

5. NHS Litigation Authority Appointed Solicitors

5.1 The NHSLA appoint solicitors from its own panel to represent/act on behalf of the CCG to defend the claim (where appropriate) or reach the best possible outcome dependent on the particulars of claim and if breach of duty has or may have occurred.

5.2 Under no circumstances must NHS CCCG officers approach solicitors or seek legal advice from law firms not instructed by the NHSLA in relation to any claim which has been progressed under the schemes described in Section 4.

6. Notification of Claims

6.1 The types of notification of a potential claim may come from one or more of the following:

- Complaints handled under NHS CCCG's Complaints Policy which could lead to a claim for compensation;
- Requests for access to patient records
- An adverse or Serious Incident which could lead to a claim for compensation;
- An issue which attracts media attention;
- Letters of 'potential claims' received by NHS CCCG's Accountable Officer. In cases which are considered to be a 'high risk' case (i.e. where there is evidence of breach of duty) advice should be sought from the NHSLA in the first instance and before any response is considered. The NHSLA may then request all documents held by NHS CCCG in relation to the matter for consideration and further instruction and;
- Other issues identified through NHS CCCG's risk management process.

6.2 It is essential that all staff recognise and understand to report such triggers to the Chief Finance Officer at the earliest opportunity. The Chief Finance Officer will make a decision on whether the matter warrants referral to the NHSLA.

6.3 For actual claims, notification will generally come from one of the following routes;

- Letter of Claim – this may be from the individual claimant or solicitor
- Court Proceedings Claim Form
- Formal Letter of Claim, Service of Proceedings from Claimant or Solicitor.

6.4 When notification of a claim is received it will be emailed, faxed or scanned to the Chief Finance Officer who will be required to take immediate action. No acknowledgement should be made to the claimant by any other member of staff.

7. Clinical Negligence Claims

7.1 All claims alleging Clinical Negligence will be managed by the NHSLA under the Clinical Negligence Scheme for Trusts (CNST). The NHSLA's definition of a claim is:

"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 NHS CCCG."

7.2 Reporting requirements for all CNST schemes are as follows:

- All Letters of Claim and Part 36 Offers to Settle (Pre-Action Protocol) to be notified to the NHSLA immediately;
- Acknowledge all Letters of Claim within 14 days of receipt;

- Requests for disclosure of medical records must be processed within one calendar month –see separate Subject Access Request policy;

- Report all relevant cases to NHSLA within two months of requests for records or sooner if event is serious;

- Check that sufficient initial information has been provided by patient or adviser and request further information where necessary;

- Collect, retain, page number and index relevant records;

- Undertake preliminary analysis, and;

- Have systems in place for identifying adverse incidents, significant litigation and risks etc.

7.3 The NHSLA will coordinate the provision of a detailed response to all claims within 3 months of receipt of the Letter of Claim.

8. Liabilities to third parties scheme (LTPS)

8.1 LTPS typically covers employers' and public liability claims from NHS staff, patients and members of the public. These range from straightforward slips and trips to serious workplace manual handling, bullying and stress claims. LTPS also covers claims arising from breaches of the Human Rights Act, the Data Protection Act and the Defective Premises Act, as well as defamation, unlawful detention and professional negligence claims. LTPS also extends to cover the personal liabilities of the members of NHS boards, including non-executive directors.

8.2 The NHSLA's definition of a claim under LTPS is:

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

8.3 NHS CCCG is expected to report serious adverse incidents and/or serious outcomes representing a significant litigation risk to the NHSLA prior to an actual demand for compensation being made. NHS CCCG may be made aware of incidents through:

- In-house incident reporting/investigation;

- Complaints which are likely or highly likely to lead to claims, and;

- Other matters identified through risk management processes.

8.4 Immediate notification to the NHSLA is essential if the following features arise:

- MP involvement;

- Media attention;
- Human Rights issues;
- Multi-party actions;
- Multiple claims from a single clause, and;
- Novel, contentious or repercussive claims

8.5 All Letters of Claim received in relation to LTPS must be acknowledged within 21 days of receipt. To comply with NHSLA guidelines, for all new LTPS claims NHS CCCG is expected to:

- Have a system in place for identifying and appropriately investigating and documenting adverse incidents as soon as they are discovered/reported;
- Report all Letters of Claim to the NHSLA immediately at www.nhsla.com using the online "Wizard" which is available via the Member's extranet access. Where the online facility cannot be used, the standard LTPS Incident Report Form is available for download at www.nhsla.com (and can be found in Appendix C of this policy). Completed forms should be accompanied with all accident records, reports and related documents;
- Notify the NHSLA of any subsequent letters received in relation to the claim and all Part 36 Offers;
- Provide priority assistance to NHSLA staff and/or panel solicitors in identifying and making readily available any staff or individuals relevant to the issues arising in any claim, and;
- Inform the NHSLA immediately if legal proceedings have been commenced.

8.6 For LTPS claims, NHS CCCG is required to immediately report incidents or claims where the total cost of the case will approach or exceed the scheme excess. The standard 'excesses' applied under LTPS are:

- £10,000 Employers Liability claims
- £3,000 Public Liability claims.

8.7 NHS CCCG will make an assessment of the claimant's legal costs and any defence costs when determining whether a case is likely to result in a total cost approaching or exceeding the excess. Where the value of a claim is ***less*** than the excess, NHS CCCG will assume responsibility for the management of the claim, but may opt to use the NHSLA claims handling service (a notional handling fee would be applied).

8.8 Any excess payments made will be reported by the Chief Finance Officer in accordance with the 'Losses and Special Payments' requirements contained within Chapter 5 of the NHS Finance Manual (2013).

8.9 **Ex-Gratia Payments. '**Ex-gratia' settlements offered by Members are by definition not payments based upon legal liability and are therefore not recoverable under LTPS.

8.10 **Compensation Recovery Unit (CRU).** The requirements of the Compensation Recovery Unit for reporting cases and obtaining certificates of benefits recoverable remain in place for claims made after 1st April 2013. For all claims made under the Scheme this task will be handled centrally by the NHSLA. NHS CCCG will endeavor to identify and provide the National Insurance numbers of all employee or patient Claimants.

9. Property Expenses Scheme (PES)

9.1 The Property Expenses Scheme (PES) provides cover for CCG owned buildings, plant, machinery and contents. Similar to claims made under CNST and LTPS, the NHSLA should be notified immediately of any incident where a claim is likely to be made.

9.2 Annual excess levels set by the NHSLA for PES, together with upper threshold values are:

Excess	**Upper Threshold (Delegated Limit)**
Buildings/Contents £20,000	£600,000

9.3 Any excess payments made will be reported by the Chief Finance Officer in accordance with the 'Losses and Special Payments' requirements contained within Chapter 5 of the NHS Finance Manual (2013).

9.4 Assets and liabilities (including all land and buildings) transferred by way of 'Sender' organisations Transfer Schemes and for PES will in most cases be transferred to NHS Property Services Ltd (as the new owners of the property). Other receiver organisations for LIFT Buildings and Community clinics and health centres will vary depending on the particulars of the Transfer Scheme and the transfers of property, staff and liabilities between entities.

10. Claims made outside of the NHSLA Scheme

10.1 Claims may be made against NHS CCCG which do not fall within the NHSLA Schemes (for example claims for compensation due to maladministration). Claims which are excluded or fall outside of the NHSLA Schemes or scheme excesses, including any loss of personal effects by patients, staff or visitors whilst on NHS CCCG premises will be reported to and processed by the Chief Finance Officer in accordance with the 'Losses and Special Payments' requirements contained within Chapter 5 of the NHS Finance Manual (2013).

11. Losses and special payments register and financial reporting

11.1 In accordance with Financial Standing Orders the CCG holds and maintains a Losses and Special Payments Register in which judgments, losses and special payments are recorded and accounted for. The Chief Finance Officer is to be

notified each time a payment is made in relation to a legal claim of damages, claimant legal costs and/or costs incurred as part of a claim investigation for recording in the Register.

11.2 Most legal expenses arising from claims will be met by the NHSLA. In some circumstances, however, NHS CCCG may incur legal expenses in its own right. In these situations the delegated limit for Chief Officer is over £5000 whilst the delegated limits for Directors is up to £5000.

12. Liaison with third parties

12.1 The Chief Finance Officer will act as lead contact for all legal claims and will be responsible for maintaining close links and liaison with third parties such as NHSLA, claimant solicitors and panel solicitors. These links will be established either on receipt of a new claim against NHS CCCG (or when the claims process is triggered) and maintained throughout the life of the claim.

12.2 NHS CCCG will maintain a list of external agencies which should be advised of an adverse event and who will maintain an interest in the progression and outcome of a claim (including timescales for reporting and the responsible person).

13. Request for the disclosure of medical records

13.1 Requests for the disclosure of clinical records are made under the provisions of the Data Protection Act 2018 and generally come via the following routes:

- By a patient or their representative directly (Personal Disclosure);
- By a solicitor requesting records in respect of a claim against another party (Third Party Disclosure) and;
- By a solicitor acting either to investigate or notify a claim against NHS CCCG (Pre-Action Disclosure).

13.2 All requests for Personal and Third Party Disclosure under the Data Protection Act 2018 will be managed by the NHS CCCG who will ensure compliance with the provisions of the Act in terms of adhering to timescales and costs associated with the release of records and liaison with NHS CCCG's Caldicott Guardian and SIRO as appropriate.

13.3 The Pre-Action disclosure is provided by the rules of the Court and places an onerous duty on NHS CCCG in respect of disclosure which cannot be ignored or avoided. Therefore, documents will be collated and referred to the NHSLA swiftly to improve the prospect of both full and proper consideration of the merits of the claim and enabling an accurate and full Pre-Action response to be provided.

13.4 Should there be no (or inadequate) disclosure with the Pre-Action response there is a risk of an adverse Court Order being made against NHS CCCG with costs awarded against it which the CCG may be ultimately responsible for. Authorisation for the release of documents must not contravene the Data

Protection Act 1998, namely where records contain information which is:

- Likely to cause serious harm to the physical or mental health of a patient or another individual;

- Relating to (or provided by) an individual other than the patient or health professional involved in the care of the patient who could be identified and has not given consent to the disclosure.

13.5 Records of deceased patients are governed by the Access to Health Records Act 1990. Applications for copies under this Act should only be granted to the personal representatives of the estate or to someone making a claim arising from the death. Disclosure can be withheld where it is recorded in the patient notes that the patient does not want information disclosed to a third party.

14. Authorisation for payment

14.1 The Accountable Officer and Chief Financial Officer have overall responsibility for approval of the settlement of all claims and will have joint responsibility for agreeing the payment of any claims which fall below the NHSLA's excess levels. For payments of non-NHSLA claims, the Department of Health and NHS CCCG Governing Body's delegated limits will apply. In the absence of the Accountable Officer or Chief Financial Officer, the Finance Manager or Business Team Lead will act as nominated deputy on their behalf.

15. Damage or losses caused by contractors

15.1 Where investigations reveal that a contractor was potentially responsible for the incident, the Chief Finance Officer will make a decision as to whether NHS CCCG's Solicitors should be instructed to pursue a claim against the contractor. The Chief Financial Officer may, in liaison with NHS CCCG's Solicitors, call on independent expert witnesses to report on liability, causation and action to assist with the claim against the contractor and to prevent recurrences.

16. Mediation/alternative dispute resolution (ADR)

16.1 ADR can take one of a number of different forms, for example, a time-limited discussion. Mediation is a specific form of ADR and involves a trained mediator to facilitate settlement.

16.2 NHS CCCG is committed to ADR and Mediation in appropriate circumstances as a means of resolving disputed claims. Claims of relatively limited financial value, but possessing major emotional elements, for example, the death of a child, might be suitable candidates. All cases, however, may potentially benefit from mediation or ADR at any stage.

17. Learning from experience

17.1 As with complaints, lessons learned from the claims process can be used as an important tool to assist quality and responsiveness and improve patient safety. The Governance Team will report the outcome of all claims to ensure that lessons are shared and disseminated internally and externally as appropriate. To facilitate this, update reports to Governance, Audit and Risk Committee will contain recommendations and will be explicit in linking claims to risk

management and inclusion on the Corporate Risk Register where appropriate.

18. Monitoring compliance and effectiveness of this policy

18.1 Compliance and the effective implementation of this policy will be monitored by the review of update reports to the Governance, Audit and Risk Committee. The reports will provide an overview of each claim, the status of the claim (in terms of whether liability has been admitted or contested) in addition to learning outcomes/issues identified and problems encountered which have adversely affected the investigation process and the achievement of meeting timescales. The reports will also monitor claims payments and identify patterns, trends and themes in relation to claims received.

18.2 Although there is no specific requirement for the delivery of training for this policy, NHS CCCG staff will be required to read and understand this policy in the event that they are called upon to support an investigation or staff due to receipt of a claim. If any support or advice concerning this policy is required, staff/managers can contact the Chief Finance Officer.

19. Appendix A

Pre-action Protocol for the Resolution of Clinical Dispute

This protocol accompanies the Civil Procedure Rules, which were introduced on 26th April 1999 as part of a package of reforms to improve the ways in which civil litigation is conducted.

The Civil Procedure Rules (CPR) apply strict criteria for the conduct of civil claims, including Clinical Negligence. The key elements are openness from an early stage and timeliness in terms of a response to claimant's concerns in order to maintain/restore the patient/healthcare provider relationship and to resolve as many disputes as possible without litigation.

1. Patient's Request for Medical Records

Any request for records by the patient or their adviser should:

- Provide sufficient information to alert the Healthcare Provider of an adverse incident;

- Be as specific as possible as to the nature of the request for medical records, and;

- Use the Law Society and Department of Health approved standard forms, adapted as necessary.

The copy records should be provided within one calendar month of the request in accordance with the Subject Access policy and the Access to Health Records Act 1990.

In the rare circumstances that the healthcare provider is in difficulty in complying with the request within one calendar month, the problem should be explained quickly and details given of what is being done to resolve it. If the Healthcare Provider is unable to provide records within one calendar month the patient can apply to the Court for Pre-Action Disclosure with associated cost sanctions.

2. Letters of Claim

Letters of Claim should contain a clear summary of the facts and chronology on which the claim is based, including the alleged adverse outcome and the main allegations of negligence. It should also describe the patient's injuries, present condition and prognosis. The financial loss incurred by the plaintiff should be outlined with an indication of the damages to be claimed and the scale of the loss, unless this is impracticable.

The letter of claim should also refer to any relevant documents, including health records, and if possible enclose copies of any of those which will not already be in the potential defendant's possession, e.g. any relevant general practitioner records if

the plaintiff's claim is against a hospital. Sufficient information must be given to enable the healthcare provider defendant to commence investigations and to put an initial valuation on the claim.

If an offer to settle is made, generally this should be supported by a medical report which deals with the injuries, condition and prognosis, and by a schedule of loss and supporting documentation. The level of detail necessary will depend on the value of the claim. Medical reports may not be necessary where there is no significant continuing injury, and a detailed schedule may not be necessary in a low value case.

3. Acknowledgements to Letters of Claim

All acknowledgements to Letters of Claim must be made within 14 days of their receipt and identify within the acknowledgement the person dealing with the matter on behalf of the organisation.

4. Providing a Fully Reasoned Response

The healthcare provider should, within four months of the letter of claim, provide a reasoned answer

• If the claim is admitted the healthcare provider should say so in clear term

• If only part of the claim is admitted the healthcare provider should make clear which issues of breach of duty and/or causation are admitted and which are denied and why;

• If it is intended that any admissions will be binding;

• If the claim is denied, this should include specific comments on the allegations of negligence, and if a synopsis or chronology of relevant events has been provided and is disputed, the healthcare provider's version of those events;

• Where additional documents are relied upon, e.g. an internal protocol, copies should be provided.

If the patient has made an offer to settle, the healthcare provider should respond to that offer in the response letter, preferably with reasons. The Healthcare provider may make a counter-offer to the patient's, or of its own accord, but should accompany any offer by any supporting medical evidence, and/or by any other evidence in relation to the value of the claim which is in the healthcare provider's possession.

If the parties reach agreement on liability, but time is needed to resolve the value of the claim, they should aim to agree a reasonable period. Proceedings should not be issued within 3 months of the Letter of Claim unless limitation period is about to expire

20. Appendix B

Personal Injury Claim Pre-action Protocol

This protocol is intended to apply to all claims which include a claim for personal injury (except those claims covered by the Clinical Disputes and Disease and Illness Protocols) and to the entirety of those claims: not only to the personal injury element of a claim which also includes, for instance, property damage.

1. Claimant's Letter of Claim

The priority at letter of claim stage is for the claimant to provide sufficient information for the defendant to assess liability. Sufficient information should also be provided to enable the defendant to estimate the likely size of the claim.

Claimants are expected to send the proposed defendant two copies of a letter of claim; one copy for the defendant and the second for passing on to insurers. Letters should contain:

- A clear summary of the facts on which the claim is based;
- Main allegations of negligence;
- An indication of the nature of any injuries suffered and of any financial loss incurred.
- Request for details of proposed defendant's insurance

A Schedule of Special Damages should follow as soon as practicable. Where the case is funded by a conditional fee agreement (or collective conditional fee agreement), notification should be given of the existence of the agreement and where appropriate, that there is a success fee and/or insurance premium, although not the level of the success fee or premium.

2. Defendant's Acknowledgement of Letter of Claim

The defendant should reply within 21 calendar days of the date of posting of the letter identifying the insurer (if any) and, if necessary, identifying specifically any significant omissions from the letter of claim. If there has been no reply by the defendant or insurer within 21 days, the claimant will be entitled to issue proceedings.

3. Defendant to Provide Fully Reasoned Response

Within 3 months of the date of acknowledgement, the defendant should:

- Admit the claim in full or in part (binding for all claims)

- Make specific denials of claim to include reasoning and providing supporting documentation;

- Make allegations of ‘contributory negligence’ with supporting reasoning

Although the protocol recommends that a defendant be given three months to investigate and respond to a claim before proceedings are issued, this may not always be possible; particularly where a claimant only consults a solicitor close to the end of any relevant limitation period. In these circumstances, the claimant’s solicitor should give as much notice of the intention to issue proceedings as is practicable and the parties should consider whether the court might be invited to extend time for service of the claimant’s supporting documents and for service of any defence, or alternatively, to stay the proceedings while the recommended steps in the protocol are followed.

4. Use of Experts

This protocol encourages joint selection of, and access to, experts. This is more likely to apply to the medical expert, but on occasions also to liability experts. If proceedings have to be issued, a medical report must be attached to these proceedings. However, if necessary after proceedings have commenced and with the permission of the court, the parties may obtain further expert reports. It would be for the court to decide whether the costs of more than one expert's report should be recoverable.

Some solicitors choose to obtain medical reports through medical agencies, rather than directly from a specific doctor or hospital. The defendant’s prior consent to the action should be sought and, if the defendant so requests, the agency should be asked to provide in advance the names of the doctor(s) whom they are considering instructing.

21. Appendix C

LTPS REPORT FORM EXAMPLE

LTPS CLAIM REPORT FORM	NHS Litigation Authority

Please return to:

NHS Litigation Authority Non-Clinical Claims 2nd Floor 151 Buckingham Palace Road London SW1W 9SZ	Please complete fully in **BLOCK CAPITALS**

1. MEMBER DETAILS	
Membership Number:	
Name and Address:	
Telephone Number:	
Fax Number:	

2. INJURED PARTY DETAILS	
Full Name of Injured Party	
Address	
National Insurance Number	
Occupation	
Marital Status	
Date of Birth	

IF THE INJURED PARTY WAS AN **EMPLOYEE,** PLEASE COMPLETE **SECTIONS 3 AND 4.** OTHERWISE GO STRAIGHT TO **SECTION 4**.

3. EMPLOYERS' LIABILITY CLAIMS		
Date of commencement of employment:		
For the 13 weeks prior to the accident (or lesser period employed) please state:		
i.	Gross earnings and Pay Band	
ii.	Income Tax deducted	
iii.	NI benefits deducted	
iv.	Net Earnings	
Please state any periods of absence in the 52 weeks prior to the incident, with causes, and whether paid or unpaid (supply details on a separate sheet if necessary)		
Nature of injuries (please give as much detail as possible)		
If removed to hospital or otherwise medically examined, please provide the name and address of the hospital or doctor		
Please state the date on which the employee:		
i.	Returned to work:	
ii	If not yet returned, when are they expected back?	

4. <u>INCIDENT CIRCUMSTANCES</u>	
Date and time:	
Location.	
Did the incident happen in a PFI developed area?	
When was the incident first reported by the Claimant?	
Who was it reported to?	
Please state what happened.	
Does the Claimant's line manager accept the Claimant's version of the events as recorded on the Incident Form as being correct?	
Were there any witnesses to the incident? If so, please provides names and addresses and state whether they were employed by you?	

Please supply any additional information on the following page and sign the 'Declaration'.

Please do not enter into any correspondence with the injured employee or his/her representatives other than to acknowledge the Letter of Claim.

5. ANY ADDITIONAL INFORMATION

6. DECLARATION	
Name: ……	Signature: ……..
Status of Signatory: ……..	Date: ……..

Please return this form to NHSLA at the address at the top of the first page and make sure that you have:

(a) Signed the 'Declaration' and enclosed the Claimant's Letter of Claim

(b) Where the Claimant is an employee, enclosed all the documents on the NHSLA Disclosure List applicable to the particular type of claim.

22. Appendix D

Summary of External Reporting Requirements

With any claim, incident or complaint consideration as to the involvement of external bodies should be made. The table below summarises the external agencies and stakeholders who may need to be informed/involved on a case-by-case basis. This list is not exhaustive and is intended as guidance only as there may be other external agencies which may need to be contacted depending on the nature of the incident or issue to be investigated.

Stakeholder	Requirement	CCG Lead Officer
Health and Safety Executive	Injuries, disease, dangerous occurrences. Where a staff member or self-employed person working on the premises suffers an injury which results in them being unable to do their work for more than 3 days. Report within 10 days of incident.	Nominated Health & Safety Lead
NHS England	All serious adverse incidents – category red and in particular tho se which may generate or attract media attention.	Nominated Clinical Governance Lead
NHS England Special Health Authority	Adverse Patient Incidents reported via NRLS. Category Red incidents must be reported within 3 days.	Nominated Clinical Governance Lead
Medicines and Healthcare products Regulatory Agency	Any incident involving a medical device.	Nominated Clinical Governance Lead
Medicines Control Agency	Suspected adverse reactions to medicines.	Pharmaceutical/Medicines Management Lead
Environmental Health	Incidents involving pests, food hygiene, infections & diseases.	Health & Safety Lead

NHS Property Services Ltd	Defects and failure relating to non-medical equipment, engineering plant, installed services, building & fabric.	Estates Lead
DoH Investigations & Enquiries Unit	All serious adverse incidents (Cat Red) and in particular those with media interest	Chief Officer or nominated Director
NHS Litigation Authority	All incidents leading to/potentially leading to more than 10 days sickness absence, fatal injuries, amputation, head injuries, likely HSE prosecution, potential legal implications.	Corporate Governance Lead
Police	Any incident which breaks (or may break) criminal law such as assault, theft, vandalism and unexpected death.	Chief Officer or nominated Director
Other CCG, NHS Trusts, Local Authority	Any incident which may have negative consequences for other organisations	Chief Officer or nominated Director