

Claims Handling Policy and Procedure

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EQUALITY STATEMENT

In applying this policy, the organisation will have due regard for the need to eliminate unlawful discrimination, promote equality of opportunity, and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, gender, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation. In addition, the CCG will ensure that employees and job applicants are not unreasonably discriminated against on the basis of other characteristics including socio-economic status, offending background, political affiliation and trade union membership. An Equality Impact Assessment is used for all policies and procedures (see Appendix 2).

1. INTRODUCTION

NHS Leeds Clinical Commissioning Group is committed to the effective and timely investigation of, and response to, any claim that includes allegations regarding clinical negligence, liability to third parties or personal injury. The organisation will follow the requirements of, and respond to the recommendations made by, NHS Resolution in the management of all claims. It is important that patients, staff and visitors who have valid claims against NHS Leeds Clinical Commissioning Group have access to a range of remedies, including an explanation, an apology, remedial treatment and, where justified, monetary compensation. NHS Leeds Clinical Commissioning Group is also committed to monitoring claims and collecting information to help facilitate wider organisational learning as a tool of risk management.

This policy deals only with the handling of clinical negligence, personal injury and property expense claims against the NHS Leeds Clinical Commissioning Group. It is based on current guidance from NHS Resolution. Any future changes in guidance will be followed, and may supersede the procedures laid down in this policy. NHS Resolution is, in effect, an insurer to NHS bodies.

NHS Leeds Clinical Commissioning Group aims to manage claims in a systematic and co-ordinated way to achieve:-

- Openness and timeliness in the investigation of concerns raised by individuals who feel they have been harmed by the acts or omissions of NHS Leeds Clinical Commissioning Group or its staff;
- Prompt processing of claims to remove uncertainty for all involved, particularly the claimant, to settle quickly those claims that have merit, and to discourage the prolonged pursuit of unmeritorious claims and the prolonged defence of meritorious claims;
- Minimisation of costs associated with the investigation of claims and any subsequent litigation;
- Resolution of as many disputes as possible before the issue of Court Proceedings;

- Where a resolution is not achievable, to lay the ground to enable litigation to proceed on a reasonable timetable, at a reasonable and proportionate cost, and to limit the matters in contention;
- Learn from claims and minimise recurrence.

The policy covers all incidents which have given, or may give rise to, a claim by an employee, patient or a third party. The policy applies to all staff but not to independent contractors, who are required to make their own arrangements for managing claims against them.

As a Clinical Commissioning Group, the organisation is a commissioner rather than a provider of care. Therefore, where CCG staff are aligned with other organisations involved in the delivery of clinical care, the provider organisation will be required to ensure that adequate indemnity cover is in place for the delivery of clinical care, as appropriate.

2. PURPOSE

The purpose of this document is to set out NHS Leeds Clinical Commissioning Group's policy and guidance with regard to the management of Clinical Negligence Scheme for Trusts (CNST), Liabilities to Third Parties Scheme (LTPS) and Property Expenses Scheme (PES) claims to ensure that:-

- The processes for claims handling are integrated into the overall governance framework within NHS Leeds Clinical Commissioning Group;
- Reliable and complete information is gathered at the start of any claim;
- Individual claims are risk assessed and categorised in terms of severity and likelihood and the risk score will determine the level of investigation to be undertaken;
- Risk issues are identified and addressed promptly;
- Staff who are involved in the investigation of claims are supported through the process and kept up-to-date with developments;
- The interface between complaints, incidents and claims is such that individuals are not compelled into commencing unnecessary litigation;
- The offer of non-pecuniary solutions to patients is made where appropriate;
- NHS Leeds Clinical Commissioning Group learns from claims and minimises recurrence.

3. ROLES AND RESPONSIBILITIES

Roles and Responsibilities within NHS Leeds Clinical Commissioning Group

The Accountable Officer has overall responsibility for claims management. Prime responsibility and accountability for claims management must remain part of NHS Leeds Clinical Commissioning Group's management structure with Executive Directors, Managers and other senior professional staff responsible for the maintenance of standards in their areas.

The NHS Leeds Clinical Commissioning Group Governing Body will:

- Ensure that the organisation is managing its affairs efficiently and effectively through the implementation of internal controls to manage risk;
- Promote an open, fair and positive learning culture to support staff and help improve the safety and quality of the CCG, and reflect a duty of candour as described in the Francis Report (see the NHS Leeds Clinical Commissioning Group Being Open Statement contained within the Incident Management Policy and Procedures).

Designated Governing Body Member

The Director of Corporate Services is the Director responsible for compliance with the Claims Handling Policy, and is responsible for ensuring the Governing Body is informed, and assured, that the claims management system within NHS Leeds Clinical Commissioning Group is effective.

Head of Corporate Governance and Risk

The Head of Corporate Governance and Risk is responsible for developing the Claims Handling Policy and Procedure, including procedures for managing clinical negligence and personal injury claims, and will inform the Governing Body of significant issues and major developments related to the management of claims. The Head of Corporate Governance and Risk is also responsible for signing a Statement of Truth.

Risk Manager

The Risk Manager is responsible for oversight of the investigation of any claims made against the CCG, and will liaise with NHS Resolution in relation to claims and the CCG's indemnity cover.

Committee with over-arching responsibility for claims management

The Audit Committee will be provided with claims information on a six monthly basis. The Audit Committee will ensure that the system for claims reporting, and learning the lessons, is regularly reviewed and implemented in line with NHS Resolution and NHS Leeds Clinical Commissioning Group requirements.

Corporate Governance and Risk Team

The Corporate Governance and Risk Team will administer the claims reporting process and provide advice and guidance to staff regarding Claims Handling Policy and the reporting procedure. The Corporate Governance and Risk Team is responsible for co-ordinating the investigation of claims, which includes:

- Responsibility for the conduct and control of all claims in accordance with this Claims Handling policy and for the management of claims and NHS Resolution reporting guidelines;
- Responsibility for ensuring that certain initial investigations have been made and a preliminary analysis has been done, if required;
- Responsibility for following the Pre-action Protocol for the Resolution of Clinical Disputes is followed, including responding to letters of claim and forwarding them to NHS Resolution, within the timescales laid down;
- Responsibility for liaising with NHS Leeds Clinical Commissioning Group staff, neighbouring provider trusts, NHS Resolution, legal advisors, claimant and defence solicitors, Coroners, Police Services and any other relevant person/agency, as appropriate;
- Requesting the signing of Statement of Truth documents by the Director of Corporate Services of NHS Leeds Clinical Commissioning Group and liaising with NHS Resolution and relevant staff at appropriate stages of claims;
- Keeping relevant staff informed of developments with regard to individual claims;
- Ensuring six monthly reports are submitted to the Audit Committee ;
- Maintaining a record of claims on a database;
- Advising on the preservation of records relating to individual claims;
- Liaising with the Head of Communications and Engagement, as necessary, where there is the possibility of publicity occurring;
- Identifying risk management issues, ensuring that these are reported to the relevant Directors for action and recording on the risk register, as appropriate, and that lessons are learnt for service improvement and that these are reported to the relevant groups for action.

Role of Managers

Wherever possible those involved in the claims investigation should be encouraged to provide factual statements to aid the claims investigation process. The Clinical Lead can be asked to provide an objective overview or advice where appropriate. If external opinion is necessary, NHS Resolution/Defence Solicitor would routinely instruct such independent experts.

Clinicians/Specialist Advisors

Arrangements will be made to ensure that adequate advice can be obtained at all times, e.g. via NHS Resolution or NHS Leeds Clinical Commissioning Group solicitors, particularly when deciding when to involve clinical staff or specialist advisors.

All Staff

All staff are responsible for referring immediately all claims and potential claims to the Corporate Governance and Risk Team who must be informed about all claims correspondence within 1 working day. No contact may be made with the claimant's solicitors or NHS Leeds Clinical Commissioning Group solicitors/legal advisors without prior agreement. Staff will participate fully in the management of claims, providing relevant records, incident reports, complaint files, together with supporting documentation and complying with all notified deadlines.

Staff should ensure that the content of reports must be factual and avoid personal opinion and supposition as far as practically possible.

The interpretation of such reports may amount to an admission of liability but this should not inhibit staff from dealing properly and effectively with any remedial action that may be indicated.

4. PROCEDURE FOR CLAIMS MANAGEMENT

An overview of the claims process is set out at appendix 1.

Triggers for invoking the Claims Procedure

Routinely for clinical negligence claims the initial trigger will be a Pre Action disclosure request from the claimant's solicitors, or occasionally a request from a litigant in person. This may or may not follow on from a previous complaint/incident investigation, Root Cause Analysis, or Coroner's Inquest. Such requests are reported to NHS Resolution in accordance with the clinical negligence reporting guidelines. Such requests are normally received by the Corporate Governance and Risk Team. Where such correspondence is received by another department; it must be passed immediately to the Head of Corporate Governance and Risk, unacknowledged.

Routinely for employer's/public liability claims, a Pre-Action Protocol Letter of Claim is received from the claimant's solicitors; occasionally a request for compensation is made by a litigant in person. These are reported to NHS Resolution in accordance with the non-clinical claims reporting guidelines.

Delegation Limits

From 1 April 2002, NHS Resolution meets all/any demands for compensation as a result of clinical negligence. As there are no longer any excesses in the CNST scheme, NHS Resolution authorisation will be required before admissions are made and monetary compensation is offered.

The Corporate Governance and Risk Team will work in conjunction with NHS Resolution to determine the conduct of individual cases, reporting appropriate cases

and, at an appropriate stage, in line with the CNST Reporting Guidelines. It is therefore normally inappropriate for payments to be made by NHS Leeds Clinical Commissioning Group; the only exceptions may be small ex-gratia payments, caused by administrative failures, involving loss of out-of-pocket expenses. These may be made in appropriate circumstances, subject to them not compromising NHS Resolution responsibilities in relation to liability.

For non-clinical claims the standard excesses applying are:

- Employers Liability Claims - £10,000
- Public Liability Claims - £3,000
- Property Expenses Scheme - £20,000

Disclosure

Requests for disclosure of medical records in clinical claims and potential clinical claims are handled by the [team] which will be expected to comply with relevant disclosure process and timescales in the Data Protection Act 2018, Access to Health Records Act 1990, the General Data Protection Regulation (EU) 2016/679 (GDPR) and the Pre-action Protocol for the Resolution of Clinical Disputes – within one calendar month of receiving a properly authorised request or within 21 days for deceased patients' records.

In claims where disclosure is the responsibility of the Corporate Governance and Risk Team they will ensure that all relevant originals of medical records, ancillary records, supplementary documents, specimens, recordings including CTG traces, charts etc. are collated and retained until the conclusion of the claim.

Timescales

There are timescales relating to the period within which a claim should be brought which is described as the 'limitation period'. For personal injury and clinical negligence claims, the claimant should issue their Claim within a period of 3 years from the date of the incident which allegedly caused them harm, or within 3 years of their 'date of knowledge' if this can be proven to be later.

There are two main exceptions to this relating to children (their 3 year period does not commence until they reach the age of 18) or people with a disability who are incapable of managing their own affairs. These individuals may bring an action at anytime whilst the disability exists.

There are a number of timescale targets which apply to the claims management process. The Corporate Governance and Risk Team on behalf of NHS Leeds Clinical Commissioning Group will aim to meet the following targets, where applicable:

- a) Reporting a letter of claim regarding clinical negligence to NHS Resolution – within 24 hours of receipt. The letter of claim indicates that the formal legal process has commenced and there will be three months to respond formally, provided that the letter is Protocol compliant.

- b) Reporting a potential employer/public liability claim to NHS Resolution – immediately when a letter of claim has been received with the completed report form and disclosure list and as much key documentation as possible. If all the necessary documentation is not immediately available this should not delay the reporting. The letter of claim should be sent alone in the meantime.
- c) Acknowledge the Claimant’s solicitors letter of claim – within 21 days for LTPS claims and 14 days for Clinical Negligence claims.
- d) Report the service of formal proceedings to NHS Resolution immediately.

Any employee receiving paperwork or correspondence relating to a claim must contact the **Corporate Governance and Risk Team based at WIRA House** for advice and support. Any financial Court penalties incurred by managers holding onto claim information, and thereby slowing the process, will be chargeable to the service holding onto the documentation.

5. INVESTIGATION AND ROOT CAUSE ANALYSIS

Internal investigations must be commenced immediately upon receipt of a letter of claim or claim form. Occasionally, it may be considered appropriate to commence investigations upon receipt of a request for records. This is likely to be the case for very serious claims which are likely to proceed against the CCG and which will have a significant financial impact upon the CCG. The decision to commence investigations at this stage will be made by the Risk Manager, in consultation with NHS Resolution and the Director of Corporate Services.

The Risk Manager should always be notified immediately of any incident or complaint that could result in a claim. The majority of claims originate from either a complaint or an incident, and will as a consequence have been investigated in accordance with the Incident Management Policy and Guidance. The investigating manager will already have carried out a detailed investigation using root cause analysis. This information should be obtained as part of a claims investigation.

If a claim is received which has not previously been investigated, the Head of Corporate Governance and Risk will appoint an investigation manager, who will carry out the investigation adopting a root cause analysis approach (see Incident Management Policy and Guidance). The purpose of conducting a root cause analysis of claims is to identify the real cause of the incident and to establish legal causation. Root Cause Analysis can also reveal underlying system failures and other contributory factors that may have had an impact on the claim.

The principal aims of any investigation will always be as follows:

- To identify the full names and titles of all staff involved, and the identity of doctors’ defence organisations and membership numbers of professional bodies, if applicable.
- To establish an account of the original incident.
- To identify or maintain all written records.

- To establish and maintain contact with the staff involved and to obtain an in-house expert opinion.

6. CONFIDENTIALITY

Staff involved in any claim will be made aware of the importance of maintaining confidentiality, particularly in relation to documentation and disclosure of records in accordance with the 'Confidentiality: NHS Codes of Practice'(DH2003).

The Corporate Governance and Risk Team will arrange the correct storage of all relevant records, by storing the original records securely in the designated location. If the records are required elsewhere, their whereabouts will be tracked and recorded on the case file.

On release of records, the Risk Manager, with the Information Governance Manager, shall determine the level of disclosure and check records to ensure that they contain only documents which should be disclosed to the patient's solicitors. Where the records are not disclosed in their entirety, a copy of the records will be retained with the claims file.

7. SUPPORT MECHANISMS FOR PATIENTS/CARERS AND STAFF

Staff

Being required to be involved in litigation or inquest proceedings when an individual's practice, or conduct is under scrutiny, can be very stressful.

Systems are in place to assist staff during the investigation of a potential claim or Coroner's Inquest and all members of staff must be informed about the support and counselling service available. Any member of staff involved in the investigation of a claim will be kept informed of the progress of an investigation. Staff are asked to contact the Corporate Governance and Risk Team if they require some support or representation with preparation or attendance at proceedings.

It is not the intention of the investigation process to assess whether disciplinary action against an individual member of staff should be considered. However, if, as a result of the investigation, there is prima facie evidence of a breach of the law, professional misconduct, or repetitive incidents, further action may be taken. In these circumstances, the appropriate senior manager will decide whether the Disciplinary Policy and Procedures should be invoked.

Staff should also be aware that in exceptional circumstances their actions may give rise to personal criminal liability.

Patients/Carers

Promoting a culture of openness is a pre-requisite to improving patient safety and the quality of healthcare systems. It involves apologising and explaining what happened to patients who have been unintentionally harmed as a result of their

healthcare treatment. It ensures communication is open, honest and occurs as soon as possible following an incident.

The key elements and principles of “Being Open” are outlined in NHS Leeds Clinical Commissioning Group Being Open Statement included in the Incident Management Policy and Procedures.

8. LINKS WITH GOVERNANCE AND RISK MANAGEMENT

Claims handling is part of the overall Corporate Governance and Risk Management function of NHS Leeds Clinical Commissioning Group. This is to ensure that there is a robust interface, in a way which enables the best use of information available around adverse incidents, thus avoiding duplication and unnecessary expense. Most claims will arise from incidents that have been reported under the incident reporting procedures and/or a complaint may also have been made.

The Corporate Governance and Risk Team has established systems in place for the sharing of information to ensure an integrated approach.

9. LIAISON WITH THIRD PARTIES

The Risk Manager will report as appropriate to the Head of Corporate Governance and Risk, to determine if external agencies should be involved in the claim investigation process, for example:

- Where the circumstances give rise to suspicion of an unlawful act, the Director of Corporate Services will consult with the Accountable Officer to decide whether the matter should be reported to the Police Services/Health and Safety Executive.
- Where the circumstances give rise to allegations of professional misconduct, the Director of Corporate Services will advise whether the matter should be reported to the relevant professional body.
- Where Health and Safety issues arise, and the matter has not previously been reported, the Head of Corporate Governance and Risk will advise the Director of Corporate Services if the matter should be reported to the Health and Safety Executive.

The Corporate Governance and Risk Team will liaise with NHS Resolution; claimants; Coroner and claimant/defence solicitors as required. Specifically, NHS Resolution liaison will involve reporting appropriate cases in accordance with NHS Resolution reporting guidelines.

10. CORONER

Correspondence with HM Coroner in the context of claims will be rare. When it occurs, the correspondence will be sent to the Corporate Governance and Risk Team. Coronial proceedings may alert the potential for a claim for damages. The Corporate Governance and Risk Team should always be notified of any inquest

proceedings by the clinical member of staff involved with the patient's care. NHS Resolution may then be forewarned, as NHS Resolution must be notified when a significant litigation risk has been identified.

Any employed manager that has staff who are asked to be involved in Coronial proceedings must make contact with the Corporate Governance and Risk Team as soon as they become aware, and most definitely no later than six weeks in advance of the proceedings, in order to establish if any legal representation is required for employees. If it becomes necessary to obtain legal representation, the procedure for seeking legal advice will be followed and the costs may be met by NHS Leeds Clinical Commissioning Group.

11. CLAIMS DATA COLLECTION AND ANALYSIS

The Corporate Governance and Risk Team will have the responsibility to establish and maintain a database of all claims relating to NHS Leeds Clinical Commissioning Group, including information about the nature of each claim, financial data and other information.

This database will assist in the production of relevant and timely reports, including analysis of trends, as required by the Governing Body and NHS Resolution. Due regard will be paid to the confidentiality of data relating to individuals.

12. LEARNING FROM EXPERIENCE

NHS Leeds Clinical Commissioning Group is committed to learn and make changes to practice to improve services as a result of claims. A systematic approach will be adopted to encourage learning and promote improvements in practice based on individual and aggregated analysis of incidents, complaints and claims, is a key.

Practice development and organisational learning occurs following the recommendations made from investigations into claims. The Corporate Governance and Risk Team will support teams to produce and implement action plans to develop good practice. Monitoring of progress against agreed action plans will be undertaken.

13. DECISION PROCESS

The decision on resolving claims will be made on advice from NHS Resolution.

14. EX-GRATIA PAYMENTS

Any ex-gratia settlements offered by NHS Leeds Clinical Commissioning Group, whether as a consequence of a case passing through the claims or complaints process are, by definition, not payments based upon legal liability, and are therefore not reimbursable by NHS Resolution. Ex-gratia payments can be made in settlement of small claims (caused by administrative failures, involving loss of out-of-pocket expenses). In all cases the offer must be made "*without prejudice or acceptance of liability as an ex-gratia payment and goodwill gesture, in full and final*

*settlement*⁹. Such payments must be approved in accordance with the CCG Operational Scheme of Delegation.

Payment of an ex-gratia settlement does not preclude a claimant from bringing a claim.

15. REVIEW AND REVISION ARRANGEMENTS

The Claims Handling Policy will be reviewed on a three yearly basis, or earlier in the event of changes to NHS Resolution requirements, changes in legislation and good practice.

16. MONITORING COMPLIANCE/EFFECTIVENESS

The effectiveness of the implementation of this policy will be monitored by the six monthly reports of all claims, which will be submitted to the Audit Committee.

The reports will inform against the following quality performance indicators:

- Specify the numbers of claims received
- Identify the subject matter of those claims
- Recommendation and actions taken

17. REFERENCES

- Pre-Action Protocols for the Resolution of Clinical Disputes 1998/183 [online]. London: the Stationery Office. Available from www.justice.gov.uk
- Department for Constitutional Affairs 1998. Pre-Action Protocols for Personal Injury Claims [online]. London: the Stationery Office. Available from www.justice.gov.uk
- The National Health Service Litigation Authority Framework Document. Available from www.resolution.nhs.uk (Publications – Claims publications)
- Clinical Negligence Reporting Guidelines fifth edition – October 2008. Available from www.resolution.nhs.uk (Publications – Claims publications)
- Non-clinical claims reporting guidelines. Available from www.resolution.nhs.uk (Publications – Claims publications)
- NHS Resolution Disclosure List. Available from www.resolution.nhs.uk (Publications – Claims publications)

- Confidentiality – NHS Codes of Practice (DH2003)
<https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice>

18. ASSOCIATED POLICIES

- The NHS Leeds Clinical Commissioning Group Incident Management Policy and Guidance
- The NHS Leeds Clinical Commissioning Group Complaints, Concerns, Comments and Compliments Policy
- The NHS Leeds Clinical Commissioning Group Disciplinary Policy
- The NHS Leeds Clinical Commissioning Group Operational Scheme of Delegation

19. DEFINITIONS

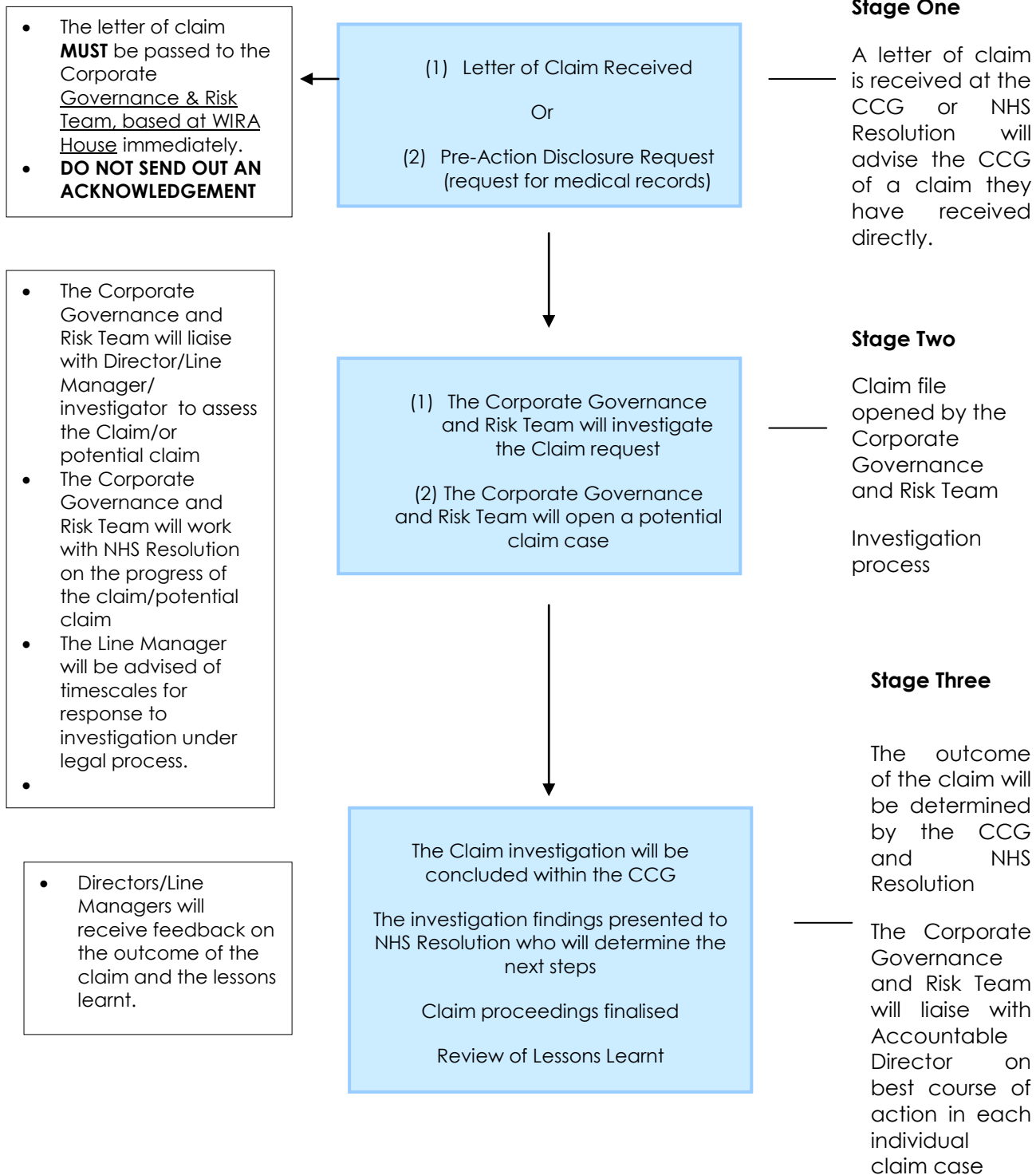
Adverse incident	An adverse incident is an event which causes, or has the potential to cause, unexpected or unwanted effects that will involve the safety of patients, staff, users and other people.
Claim – as defined in the NHS Resolution Guidelines	An allegation of clinical negligence and/or a demand for compensation made following an adverse clinical incident resulting in personal injury, or any untoward occurrence that carries significant litigation risk for Leeds CCG.
Claimant	A person making a claim.
Complaint	A complaint is an expression of dissatisfaction about any aspect of the CCG and its commissioned services requiring a response.
Coroner	A coroner is a person whose standard role is to confirm and certify the death of an individual within a jurisdiction. A coroner may also conduct or order an inquest into the manner or cause of death, and investigate or confirm the identity of an unknown person who has been found dead within the coroner's jurisdiction.
Executor	When the testator (the person who created the will) dies, the executor, who is named in the will, administers the distribution of the estate to the beneficiaries (a beneficiary is any person or organization that receives the assets after the testator's

	death).
Ex gratia payments	An ex gratia payment is one that is given as a favour or gift and not because it is legally necessary
Independent contractors	An independent contractor is a natural person, business, or corporation that provides goods or services to another entity under terms specified in a contract or within a verbal agreement. Unlike an employee, an independent contractor does not work regularly for an employer but works as and when required, during which time they may be subject to law of agency. Independent contractors are usually paid on a freelance basis. Contractors often work through a limited company or franchise, which they themselves own, or may work through an umbrella company.
Mental capacity	<p>'Mental capacity' means being able to make your own decisions.</p> <p>Someone lacking capacity - because of an illness or disability such as a mental health problem, dementia or a learning disability - cannot do one or more of the following four things:</p> <ul style="list-style-type: none"> ▪ Understand information given to them about a particular decision ▪ Retain that information long enough to be able to make the decision ▪ Weigh up the information available to make the decision ▪ Communicate their decision.
Inquest	An official process to discover the cause of someone's death. The process is led by the Coroner.
Litigant in person	A claimant who brings a claim without the assistance of a solicitor.
NHS Resolution	NHS Resolution is, in effect, an insurer to NHS bodies.
Personal criminal liability	The liability that arises out of an individual breaking a law or committing a criminal act. Liability insurance does not cover criminal liability.
Pre-action	Use of the court's power to order disclosure, pre-action, so

disclosure	before proceedings have commenced, to determine whether there are documents in their opponent's possession which have a great impact upon the evidence available to resolve the dispute.
Pre-action protocol letter of claim	Pre-action protocols are a series of steps to be taken by a person who wishes to bring a claim to court. The purpose of the pre-action protocols is very clear and covers the following: <ol style="list-style-type: none"> 1. To encourage the parties to settle disputes through the use of Alternative Dispute Resolution (ADR) such as mediation and arbitration. 2. To ensure that parties are able to get all the information needed as soon as possible. 3. To allow suitable offers to resolve the issue to be made. 4. To ensure that, if the issue goes to court, it can be dealt with as quickly and simply as possible
Root cause analysis	Root cause analysis is a method of problem solving used for identifying the root causes of faults or problems.
Small claims	Caused by administrative failures, involving loss of out-of-pocket expenses.
Unacknowledged	Without confirming receipt of the claim to the complainant.
CNST	Clinical Negligence Scheme for Trusts (CNST) — The scheme operated by the National Health Service Resolution (NHSR) of which the CCG is a member for the management of clinical claims including the instruction of solicitors and settlement of clinical negligence claims. Members' contributions are based on a range of factors, for example size of Trust, specialities and number of whole time equivalent clinical staff and claims and the demonstration of effective learning from claims which is likely to reduce the frequency or value of claims.
LTPS	Liabilities to Third Parties Scheme (LTPS) — The scheme, operated by the National Health Service Litigation Authority of which the CCG is a member, and which assumes liability for the instruction of Solicitors (subject to member excess) and settlement of all non-clinical claims (that is to say employers and public liability claims and property expenses claims).

Property Expenses Scheme	The scheme, operated by the NHSR of which the CCG is a member, and which assumes liability for the management and settlement of all claims made by the Trust in respect of premises and property.
Limitation	Under ss 11 and 12 of the Limitation Act 1980 where a claim is pursued for personal injuries, the claimant must normally commence an action within 3 years from the date on which the cause of action/injury occurred or the date on which the claimant acquired date of knowledge (if later) that the injury was caused as a result of negligence. In respect of children, a claim can be brought until the age of 21 (3 years following the child's 18th birthday). In cases of children with severe disabilities, who lack capacity, a claim may be brought for life. Also in cases where the claimant is suffering from a mental illness limitation can change according to the illness and whether the patient has capacity.
Statement of truth	The way that court proceedings are signed off as true and accurate in the claims process.

CLAIMS PROCESS FLOWCHART



Equality Impact Assessment

Title of policy	Claims Handling Policy and Procedure	
Names and roles of people completing the assessment	Anne Ellis Playfair, Risk Manager	
<u>Date assessment started/completed</u>	8/1/19	8/1/19

1. Outline	
Give a brief summary of the policy	To provide guidance on the procedure for dealing with claims made against NHS Leeds Clinical Commissioning Group.
What outcomes do you want to achieve	Claims against the CCG are dealt with effectively and that all legislative and court imposed deadlines can be adhered to.

2. Evidence, data or research	
Give details of evidence, data or research used to inform the analysis of impact	The policy has been written in conjunction with current legislation.

3. Consultation, engagement	
Give details of all consultation and engagement activities used to inform the analysis of impact	This policy has been shared with the Head of Corporate Governance and Risk, the Director of Corporate Services and, the Equality and Diversity Manager.

4. Analysis of impact

This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations

	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age	No		
Carers	No		
Disability	No		
Sex	No		
Race	No		
Religion or belief	No		
Sexual orientation	No		
Gender reassignment	No		
Pregnancy and maternity	No		
Marriage and civil partnership	No		
Other relevant group	No		

Summary of findings

<p>If any negative/positive impacts were identified are they valid, legal and/or justifiable?</p> <p>Please detail.</p>	<p>No anticipated detrimental impact on any equality group. The policy is applicable to all employees and adheres to the NHS Resolution Standards, statutory requirements and best practice. Makes all reasonable provision to ensure equity of access to all employees. There are no statements, conditions or requirements that disadvantage any particular group of people with a protected characteristic.</p>
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5. Monitoring, Review and Publication

How will you review/monitor the impact and effectiveness of your actions

N/A – no actions required

Lead Officer

Anne Ellis Playfair

Review date:

N/A

6. Sign off

Lead Officer

Laura Parsons, Head of Corporate Governance and Risk

Director

Sabrina Armstrong,
Director of
Corporate Services

Date approved:

18 January
2019