


<b>MEETING DATE:</b>	10 October 2013	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item 7.1	
<b>AUTHOR:</b>	Steve Mason	
<b>JOB TITLE:</b>	Legal and Governance Lead	
<b>DEPARTMENT:</b>	North Yorkshire and Humber Commissioning Support Unit	

## CLAIMS MANAGEMENT POLICY

<b>PURPOSE/ACTION REQUIRED:</b>	Decisions for Approval
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	
<b>FREEDOM OF INFORMATION:</b>	<i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i>  Public

### 1. PURPOSE OF THE REPORT:

NHS North Lincolnshire CCG is committed to effective and timely investigation and response to any claim that includes allegations of clinical negligence or personal injury. NHS North Lincolnshire CCG will follow the requirements of the NHSLA (National Health Service Litigation Authority) in the management of claims. Every member of staff within any NHS organisation is expected to co-operate fully as required, in the assessment and management of each claim. NHS North Lincolnshire CCG also aims to ensure that its policies will be compliant with the Human Rights Act 1998.

This policy is based on current guidance from the NHSLA. Any future changes in guidance will be followed, and may supersede the procedures laid down in this policy.

The NHSLA is, in effect, an insurer to NHS bodies. The CCG undergoes an assessment of risk by the NHSLA and a contribution or premium for membership of the scheme is then calculated.

### 2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

<b>Continue to improve the quality of services</b>	<b>x</b>
<b>Reduce unwarranted variations in services</b>	
<b>Deliver the best outcomes for every patient</b>	<b>x</b>
<b>Improve patient experience</b>	
<b>Reduce the inequalities gap in North Lincolnshire</b>	

**3. IMPACT ON RISK ASSURANCE FRAMEWORK:**

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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Claims management is used to inform risk management.

**4. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:**

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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**5. LEGAL IMPLICATIONS:**

Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>
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**6. RESOURCE IMPLICATIONS:**

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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**7. EQUALITY IMPACT ASSESSMENT:**

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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**8. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>
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**9. RECOMMENDATIONS:**

The CCG is asked to: -

- Approve the policy

Title: **Claims Management Policy**

Reference No:

Owner:

Author: Steve Mason, Legal Services and Governance Lead

First Issued On:

Latest Issue Date:

Operational Date:

Review Date:

Consultation Date:

Policy Sponsor:

Ratified and Approved by:

Distribution:

Compliance:

Equality and Diversity Statement:

## 1.0 Introduction

NHS North Lincolnshire CCG is committed to effective and timely investigation and response to any claim that includes allegations of clinical negligence or personal injury. NHS North Lincolnshire CCG will follow the requirements of the NHSLA (National Health Service Litigation Authority) in the management of claims. Every member of staff within any NHS organisation is expected to co-operate fully as required, in the assessment and management of each claim. NHS North Lincolnshire CCG also aims to ensure that its policies will be compliant with the Human Rights Act 1998.

This policy is based on current guidance from the NHSLA. Any future changes in guidance will be followed, and may supersede the procedures laid down in this policy.

The NHSLA is, in effect, an insurer to NHS bodies. The CCG undergoes an assessment of risk by the NHSLA and a contribution or premium for membership of the scheme is then calculated.

## 2.0 Scope

The policy covers all incidents which have been given, or may give rise to, a claim by an employee, patient or a third party. It applies to all staff but not to independent contractors.

## 3.0 Definitions

### 3.1 Definition of a claim

A claim can be defined as: a demand for compensation made following an incident resulting in damage to property, death or personal injury.

There are 6 main types of claims that could be made against the CCG. These are:-

- **Clinical Negligence**      An injury to a patient as the result of treatment
- **Employer's Liability**      Personal Injury to a staff member at work
- **Public Liability/Occupiers Liability**      Injury to a patient or member of the public although not as a result of treatment or damage/loss of property
- **Employment Matters**      Claims for wrongful dismissal, discrimination, harassment etc.
- **Vehicle Accidents**

- **Miscellaneous** Including challenges to the lawfulness of decisions by way of Judicial Review.

### 3.2 Who may make a claim

Claims originate from a wide variety of sources. They may be from contractors, patients, employees and other members of the public. A person can bring a claim if they can establish that they have suffered a loss as a result of a breach of a duty of care owed to them by the CCG or its staff.

It may be, for example, that the CCG has failed in its duty of care, which has caused a loss for the claimant, which does not have to be of a monetary nature, that they are entitled to compensation.

### 3.3 Triggers

The trigger for claims is when the CCG is issued with a Letter of Claim or Letter Before Action. There may be correspondence preceding a formal letter of claim in an attempt to settle the matter. These are required by the Civil Procedure Rules and Protocols. In some cases they are warnings that further action will be taken. In others these are formal notification that action is going to be taken. The notifications may not be addressed to the CSU Legal and Governance Lead. It is important that the Legal and Governance Lead is notified immediately when one is received as failure to do this may prejudice dealing with the claim due to time constraints or other protocol requirements.

The Pre-Action Protocols and Civil Procedure Rules often contain strict time limits for the next steps to be taken. Failure to take the necessary steps within the time limits, which on occasion can be as short as 24 hours, can result in severe prejudice to the conduct of the matter which can be fatal to the defence of any claim.

### 3.4 Signing of Documents.

The Accountable Officer is the only officer authorised to sign any document at any step in legal proceedings; although, the Legal Services and Governance Lead has delegated authority to act on their behalf.

### 3.5 Timescales and procedures

**It is imperative that all correspondence including Court documentation should be forwarded to the Commissioning Support Unit immediately. A failure to do so is likely to have major consequences for the CCG both financial and otherwise.**

The Civil Procedure Rules 1999 provide tight deadlines, which the CCG are bound by and the Court will often impose sanctions for a failure to meet these deadlines.

The sanctions available to the court include ordering the CCG to pay the legal costs incurred by the other party in going to Court to get an order which would not have been required had the CCG acted properly..

In addition, the court might make an order debaring the CCG in default from relying on some part of its case- for example if the statement of a witness is not exchanged on time, the court may refuse to hear that witness and refuse to permit the CCG.

In cases of failure to meet deadlines, the court can give judgment for the claimant in default, without there being a trial. There are only limited grounds on which the CCG would be able to apply to have such a judgment “set aside”.

On receipt of a Letter of Claim it should be forwarded to the Commissioning Support Unit immediately and the Legal Services and Governance Lead will acknowledge the letter upon receipt and ensure a copy is forwarded to the NHSLA in appropriate cases. The Litigation Authority does not conduct all claims on behalf of the CCG, which is dependent on the nature of the claim.

### 3.6 Confidentiality

Medical confidentiality must be protected so patient information may only be disclosed with their consent or by other lawful authority. If there is any doubt in this respect, advice should be sought. Any document approved for the purpose of dealing with the claim or advice given by the Legal and Governance Lead may be protected by legal professional privilege.

### 3.7 Support mechanisms for staff

Any member of staff required to give evidence in any proceedings may request support either from their line manager or the Legal and Governance Lead.

### 3.8 Clinical Negligence Scheme for Trust (CNST)

The CNST is a scheme covering liabilities for alleged clinical negligence where the original incident occurred on or after 1<sup>st</sup> April 1999.

The CCG shall deal with all claims falling under the CNST in-line with the NHSLA’s Clinical Reporting Guidelines.

### 3.9 The Risk Pooling Scheme for Trusts (RPST):

Two separate schemes covering non-clinical risks, the Liabilities to Third Parties Scheme (LTPS) and the Property Expenses Scheme (PES), are known collectively as the Risk Pooling Schemes for Trusts (RPST).

### 3.10 Employers’ & Public Liability Scheme

The Employers' and Public Liability Schemes are separate schemes that fall under the Liabilities to Third Parties Scheme (LTPS) of the NHSLA.

The schemes are for any claims brought against the CCG that are from third parties where the incident occurred on or after 1<sup>st</sup> April 1999.

The CCG is required to report all new claims that fall under the LTPS with the following information via the NHSLA's online claims reporting system:

- Letter of Claim
- All documents relating to the type of claim being reported. Sample lists taken from the *Pre-Action Protocol for Personal Injury Claims* are enclosed in the form of the 'NHSLA Disclosure List'.

If the above documentation is not completed and supplied when the claim is reported the NHSLA may not accept the claim under the Scheme thus causing delays and possible failure to adhere to protocol.

**The collation of the documentation required may be a time consuming task. It is ESSENTIAL that it is dealt with in a timely fashion and it is the responsibility of the manager concerned.**

### 3.11 Property Expenses Scheme (PES)

The PES relates to any expenses incurred from any loss or damage to property where the original loss occurred on or after 1<sup>st</sup> April 1999.

These should be reported promptly using the NHSLA's Property Expenses Scheme Report form.

## 4.0 Process

Upon receipt of any letter of claim, the CSU must be informed immediately. The claim will be reported to the NHSLA by the CSU alongside all related documentation, i.e. reports, documentation, personnel information.

If deemed necessary, the CSU will obtain statements from any members of staff involved.

Prior to any admittance of liability or agreement in respect of quantum, instructions will be sought from the nominated member of the CCG. As there are often timescales to adhere to, any instructions must be provided within a timely manner.

Upon completion of a claim, the Legal and Governance Lead may provide a report detailing the payments made, and any learning points to avoid the incident occurring in the future.

At any point during the life of a claim, the nominated member of the CCG may request an update from the Legal Services and Governance Lead.

## **5.0 Duties**

### **5.1 Governing Body**

The Governing Body is responsible for oversight of the work of the CCG and may exceptionally be required to authorise settlement of claims.

### **5.2 Accountable Officer**

The Accountable Officer is responsible for ensuring an appropriate assurance framework is in place.

The Accountable Officer is the only officer authorised to sign any document at any step in legal proceedings; although, the Legal and Governance Lead has delegated authority to act on their behalf.

### **5.3 Senior Management**

The Legal and Governance Lead is responsible for the conduct, control and documentation of all claims and potential claims where it is not yet clear whether a claim will be pursued. They will be responsible for:

- Ensuring that the Pre-action Protocol for the Resolution of Clinical Disputes is followed, including responding to letters of claim and forwarding them to the NHSLA, within the timescales laid down.
- Ensuring the disclosure of medical records, within the timescales laid down in the Data Protection Act 1998 or the Access to Medical Records Act 1990, as applicable.
- Receiving, acknowledging and processing all new potential claims forwarded from the CCG.
- Ensuring that certain initial investigations have been made and a preliminary analysis has been done, if required.
- Reporting potential claims to the NHSLA in accordance with their reporting guidelines.
- Establishing and, as necessary, maintaining contact with relevant staff and former staff.
- Obtaining expert and clinical advice as necessary.



- Any admission of liability or agreement to settle any claim may only be made by the Legal Services and Governance Lead or the nominated member of the CCG.

The Legal Services and Governance Lead will provide performance indicators to the CCG Governing Body upon request.

#### 5.4 Investigating Manager

The Legal and Governance Lead will carry out such preliminary action, investigations and analysis of reportable claims as is required by the NHSLA by the NHSLA, and will liaise with the NHSLA as necessary over the conduct of such claims.

The Investigation Manager is the manager who is closely involved in the incident, and is therefore responsible for collating such documentation as is required in order to deal with a claim and for investigating the circumstances of any incident and preparing a report on that incident.

**It is essential that it is understood that the CSU can only act on the instructions of the CCG. Once the CSU has been instructed to deal with a claim, the CCG will retain responsibility for the provision of information to enable the claim to be dealt with and for providing instructions at key stages during the claim.**

#### 5.5 Role of clinicians/specialist advisers

All managers and staff of all NHS organisations must co-operate fully with the Legal and Governance Lead and the NHSLA in the investigation and handling of claims and potential claims.

As many claims have set timescales for response, it is important that managers and staff respond quickly to all requests for information, statements and copies of records.

### 6.0 Links of incident management and complaints management

Management meetings, relevant databases and reporting to the Governance Body ensure effective links between incident management, complaints management and claims management.

### 7.0 Internal Consultation, Approval and Ratification Process

#### 7.1 Policy Approval and Ratification Process

This policy is submitted to the Governing Body for approval.

### 8.0 Liaison with third parties

## 8.1 NHS Litigation Authority

It is the Legal and Governance Lead's role to prepare reports and other submissions as required for the NHSLA.

It is a requirement that the CCG must obtain legal advice for all claims involving potential expenditure above the standard delegated limit for *ex-gratia* payments. This advice may be provided internally or obtained from external advisors.

The CCG may obtain legal advice for clinical negligence and RPST claims from the NHSLA. The CCG may instruct the NHSLA to act on its behalf on receipt of a request for medical records and should instruct the NHSLA on receipt of a letter of claim or claim form.

The final decision to pursue or settle a claim is the CCG's although it may be the case that if advice on the conduct of any particular claim is not followed, the NHSLA will refuse to further indemnify the CCG.

The CCG will co-operate with the CSU and NHSLA solicitors at all times, and the Legal and Governance Lead, who is responsible for handling litigation claims will respond to requests for further information, and will ensure that the NHSLA solicitors are in a position to meet the Court's timetable for conduct of a claim.

The NHSLA should provide quarterly updates on the progress of all claims.

## 8.2 Solicitors

In the case of all reportable claims, defence solicitors may be instructed directly by the NHSLA and not by the CCG. However, where appropriate, the Legal and Governance Lead may instruct solicitors or counsel to provide advice or representation where it appears in the interests of the CCG. Any additional costs to the CCG will be discussed prior to instruction.

## 8.3 Coroners

During any Inquest the Legal and Governance Lead will decide whether to represent the CCG or to instruct others to do so. It is essential that any member of staff requested to produce documents or attend any Inquest liaise with the Legal Services and Governance Lead at the earliest opportunity.

## 9.0 Investigation and root cause analysis

### 9.1 Root cause analysis

The Investigating Manager will adopt a root cause analysis approach to all investigations, which might lead to claims. The purpose of conducting a root cause analysis of potential claims is to identify the real causes 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 incident.

In-line with national requirements the CCG is applying a root cause analysis approach to investigations into incidents, complaints and claims. Staff should have undertaken training prior to conducting root cause analysis.

Reference should be made to the Serious Incident Policy when planning any root cause analysis. This document provides an explanation of the varying ratings of incident: red, amber and green, and the depth of investigation that is attached to an incident with a particular rating.

All incidents classed as red will have a full root cause analysis.

Information on Risk Management issues arising and improvements undertaken will be reported to the relevant CCG body as determined by the Accountable Officer.

## 9.2 Claims Management Procedure

The CCG recognises and at all times will adhere to the pre-action protocols for the resolution of clinical disputes and personal injury claims, in the interests of:

- Encouraging a climate of openness when something has “gone wrong” with a patient’s treatment or the patient is dissatisfied with that treatment and/or outcome
- Encouraging the adoption of a constructive approach to complaints and claims, and accepting that concerned patients are entitled to an explanation and an apology if warranted, and to appropriate redress in the event of negligence
- Building on and increasing the benefits of early but well informed settlement which genuinely satisfies both parties to the dispute.

It should be noted that care must be exercised in issuing apologies as it may be that an apology is taken to be an admission of liability.

## 9.3 Pre-action Protocol for clinical negligence claims

### 9.3.1 Obtaining Health Records

The patient and/or their legal advisor will request copies of the patient’s clinical records (which includes any x-rays, CT scans, test results etc.). The request should be made in writing to the CCG. These requests should adhere to the Department of Health Guidelines and should, when properly completed, constitute satisfactory evidence for the CCG’s purposes of the patient’s consent for the release of their records to their legal, and other expert, advisers.

The CCG must provide records within **40 days** of this request. In the rare circumstances that the CCG is unable to comply with a request within 40 days, the problem should be explained to the patient quickly, and details of what is being done to resolve it. A fee is usually payable.

If the records are not provided to the patient within 40 days, the patient can apply to the court for an order for pre-action disclosure. This will have adverse cost consequences for the CCG.

A copy of the records should be forwarded to the CSU upon request.

### 9.3.2 Freedom of Information Act 2000

Staff should be aware that claimants or their representatives may make requests for access to information under the Freedom of Information Act but that a class of information is legally privileged and not liable to be disclosed. This covers most information which is prepared or gathered in contemplation of legal proceedings and all information and advice given to the CCG or CSU by legal advisors or advice by the CSU to the CCG.

### 9.3.3 Letter of Claim

If the patient decides that there are grounds for a claim, they or their solicitor will send a **letter of claim** to the CCG.

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 the Claimant. In more complex cases a chronology of the relevant events should be provided. Sufficient information should be given to enable the CCG to commence investigations if it has not already done so and for the NHSLA to put an initial valuation on the claim.

The letter of claim should be dealt with by the CCG immediately by forwarding the correspondence to the CSU to ensure this is passed to the NHSLA swiftly, as they will have to make an initial response within **14 days of receipt**.

Under the protocol, the Claimant should not issue proceedings until after **3 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 therefore requiring protective proceedings to be issued. All claims are subject to a time limit in which they can be brought which is referred to as the limitation period. For most cases founded on negligence, the period is three years, although that may exceptionally be extended. The limitation period is different according to the nature of the claim. For example, Judicial Review proceedings must be brought within three months of the decision complained about

### 9.3.4 Letter of response

The NHSLA should investigate the claim and within **3 months** of the letter of claim and provide a reasoned answer to it in the form of a **letter of response**. The NHSLA in consultation with the CSU will specify which issues of breach of duty and/or causation are admitted and which are denied and why. Documents must be enclosed which are material to the issues in dispute and which would be likely to be ordered to be disclosed by the court during proceedings.

The letter of response will ordinarily be drafted by the NHSLA who deal with all Clinical Negligence cases under the CNST.

**It should be noted that admissions of liability made in a letter of response are binding.**

#### 9.4 Pre-action protocol for Personal Injury Claims

##### 9.4.1 Letter of claim

Receipt of a letter of claim may be the first indication that the CCG receives of a potential personal injury claim.

The CCG should issue a bare acknowledgment of the **letter of claim** immediately and forward it to the CSU who will report it to the NHSLA if required. The CSU or NHSLA will acknowledge the letter of claim with **21 days** of receipt.

Under the protocol, the Claimant should not issue proceedings until after **3 months** from the date of the letter of claim as detailed within 9.3.3.

##### 9.4.2 Letter of response

The CSU or NHSLA will investigate the claim and within three months of the acknowledgement of claim provide a reasoned answer to it in the form of a letter of response. If liability is denied, reasons must be provided for the denial, and documents must be enclosed which are material to the issues in dispute and which would be likely to be ordered to be disclosed by the court during proceedings.

The letter of response will usually be drafted by the NHSLA and admissions made in a letter of response are binding for all claims.

##### 9.4.3 Investigation of Claims

The receipt of any of the following may trigger an investigation by the CSU or NHSLA:

- A request for records pursuant to the pre-action protocol for clinical negligence disputes which intimates a claim against the CSU; or

- A letter of claim; or
- A completed and sealed court claim form

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 Legal and Governance Lead, in consultation with the NHSLA and the appropriate member of the CCG.

The Legal and Governance Lead should always be notified immediately of any incident or complaint that could result in a claim. Very serious claims are likely to have been the subject of an incident report in accordance with the CCG's Incident Reporting and/or Complaints Policies.

#### 9.4.4 Principal aims of all investigations

The principle aims of any investigation by the CSU or NHSLA 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

The Legal and Governance Lead may then pursue further investigations on behalf of the NHSLA depending on whether the claim is for clinical negligence or personal injury.

#### 9.4.5 Investigation of a Clinical Negligence Claim

The NHSLA Claims investigator, the Legal and Governance Lead and the responsible member of the CCG may arrange a meeting with any staff involved. The objectives of the meeting will be to gain appropriate information by:

- Obtaining comments from all potential witnesses;
- Obtain authority to release the medical records to the claimant (if they have not already been released to the NHSLA pursuant to a proper earlier request);

- Obtain details of any similar incidents;
- Identify any risk management issues;
- Identify the steps required to avoid repeat incident and agree a plan for any corrective action;
- Identify a timescale for the implementation for any corrective action.

#### 9.4.6 Corrective Action

On receipt of a claim the NHSLA may advise the CSU of the possible outcome and may ask for evidence of corrective action taken by the CCG, if this has not already occurred as a result of an incident report or complaint.

The NHSLA will report on the progress of claims where corrective action has been showed to be necessary.

### **10 Claims data collection and analysis**

#### 10.1 Claims report to the board and relevant committee(s)

The Legal Services and Governance Lead is required to report to the CCG on a six-monthly basis and must include all new and settled claims in that report.

### **10. Learning from experience**

Every claim and its facts are different. However, on closing a file, the Legal and Governance Lead may provide a report to the CCG which may include recommendations to avoid repetition.

### **11. Equality Impact Assessment**

North Lincolnshire CCG recognises the diversity of the local community and those in its employ. Our aim is therefore to provide a safe environment free from discrimination and a place where all individuals are treated fairly, with dignity and appropriately to their need. The CCG recognises that equality impacts on all aspects of its day to day operations and has produced an Equality and Human Rights Strategy and Equal Opportunities Policy to reflect this. All strategies, policies and procedures are assessed in accordance with the Equality & Diversity Assessment Toolkit, the results for which are monitored centrally.

This policy has been assessed in accordance with the Equality & Diversity Assessment Toolkit and complies with its requirements in full.

### **12. Review and Revision arrangements including version control**

## 12.1 Process for reviewing the Claims Handling Policy

This policy will be reviewed in two years time. Earlier review may be required in response to exceptional circumstances, organisational change or relevant changes in legislation or guidance.

## 12.2 Version Control

This policy will follow the CCG's Policy on Policies for version control, which is as outlined below:

- Version numbers start, for a new document, at 0.01
- Working versions increase in the last decimal (e.g. 0.01, 0.02, 0.03, etc)
- Versions which gain approval by (or on behalf of) the Board are promoted to whole numbers (e.g. 1.00).

## 13. Dissemination and Implementation

### 13.1 Dissemination of the Claims Handling Policy

The policy will be published on the CCG's Intranet website.

## 14. Document Control including archiving and retrieval arrangements

### 14.1 Register of Procedural Documents

This policy will be stored on the CCG's Intranet, on the policies and procedures section. The policy template, policy submission form and equality and diversity templates will be available on the CCG Intranet in a format that can be completed electronically.

### 14.2 Archiving Arrangements

On review of this policy, archived copies of previous versions will be held by the Policy Coordinator on behalf of the Policy owner. The Policy Coordinator will keep an up to date list of the archived policies and their location (this can either be electronically or as a paper copy). The Policy will be available as an archived document as soon as the latest version has been made available on the CCG Intranet/Internet.

## 15. Monitoring Compliance with, and the effectiveness of, the Claims Handling Policy

- 15.1 Each closed file may be the subject of a report detailing the circumstances of the incident and any learning points which arise out of it. This report is submitted both to the service manager concerned and



the Accountable Officer. The number of claims is such that this is considered a sufficient monitoring process.

## 16. References

### References in relation to claims handling

Ministry of Justice, [Pre-action Protocols for the Resolution of Clinical Disputes Forum](#) [online]. London: The Stationary Office. Available from: [www.justice.gov.uk](http://www.justice.gov.uk)

Ministry of Justice. Pre-Action Protocol for Personal Injury Claims [online]. London: The Stationary Office. Available from [www.justice.gov.uk](http://www.justice.gov.uk)

The National Health Service Litigation Authority Framework Document. Available from [www.nhs.uk](http://www.nhs.uk) (Publications - Claims publications)

Clinical negligence reporting guidelines fifth edition – October 2008. Available from [www.nhs.uk](http://www.nhs.uk) (Publications - Claims publications)

Non-clinical claims reporting guidelines Available from [www.nhs.uk](http://www.nhs.uk) (Publications - Claims publications)

NHSLA Disclosure List. Available from [www.nhs.uk](http://www.nhs.uk) (Publications - Claims publications)

## 17. Associated Documents

Below is a list of documents that are to be considered in conjunction with this policy:

- Serious Incident Policy
- Complaints Policy
- Policy for the Investigation of Incidents, Claims and Complaints
- Communications Policy
- Incident Reporting Policy

This policy is also to be used in conjunction with any relevant human resources policies, particularly in terms of disciplinary and grievance procedures.