

DOCUMENT CONTROL	
Title:	Losses and Compensations Policy
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Scope:	
This policy applies to all staff including bank staff, agency staff, students, patients, volunteers & visitors	
Purpose:	
All losses of equipment, items held in storage, cash belonging to service users of the Trust must be reported as described in this document. All claims for reimbursement in respect of loss or damage to personal effects should also be handled in accordance with the provisions of this document.	
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Good Governance	
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CL122	Safeguarding Families
Policy Associated Documents:	
Other external documentation/resources to which this policy relates:	
CQC Regulations	
This guideline supports the following CQC regulations:	
Regulation 17	Good Governance
Regulation 16	Receiving and acting on Complaints

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1. INTRODUCTION

All losses of equipment, items held in storage, cash belonging to the Trust must be reported as described in this document. All claims by staff, patients, visitors, etc. for reimbursement in respect of loss or damage to personal effects should also be handled in accordance with the provisions of this document.

2. RESPONSIBILITIES

It is the responsibility of each Department Manager to ensure that the appropriate investigations are carried out in to all losses and claims, and that they are reported in the prescribed manner.

The Executive Director of Finance is the officer who has the delegated authority to write off losses and to recommend acceptance of liability for special compensation claims (within limits as specified in the Trust's Scheme of Delegation). It is important that no other persons admit liability on behalf of the Trust in any cases where claims arise. However, where loss occurs to a patient's or a member of the public's property, staff should seek to be sympathetic, and where appropriate apologetic, without formally admitting liability.

An apology, an offer of treatment or other redress, shall not of itself amount to an admission of negligence or breach of statutory duty.¹

Saying sorry does not mean admitting liability.

It is the responsibility of the Head of Corporate Governance to co-ordinate the investigation into the claim and advise the Executive Director of Finance.

3. LOSSES

Any member of staff discovering or suspecting a loss of any kind should contact his/her Departmental Manager immediately. The Departmental Manager must ensure that an Incident Report Form is completed and sent to the Patient Safety and Risk Manager. This form should be received by the Patient Safety and Risk Manager within 10 days of the loss being discovered. If this is not possible under the particular circumstances of the case, the Departmental Manager should inform the Patient Safety and Risk Manager by telephone within the 10-day period. The Patient Safety and Risk Manager will inform the Head of Corporate Governance of any potential claim.

Where a loss may be the subject of an insurable claim (e.g. a theft, a fire, vandalism, etc.) it is vital that the Departmental Manager advises the Patient Safety and Risk Manager immediately after the loss is discovered and before any other action is taken. The Patient Safety and Risk Manager will inform the Head of Corporate Governance.

All cases of simple theft will be reported to the Trust's Security Manager.

In cases where a criminal offence is suspected, the Departmental Manager will inform the Patient Safety and Risk Manager immediately and the Patient Safety and Risk Manager

¹ *NHS Resolution Guidance "Saying Sorry"*

shall then be responsible for ensuring that the police are informed, except where fraud is thought to be involved. If the case involves suspicion of fraud, the Patient Safety and Risk Manager shall inform the Executive Director of Finance who will liaise with the Trust's Counter Fraud Officer and identify an appropriate course of action that may include notification to the police. Evidence that may be of use to the police in any subsequent investigation should be carefully preserved.

4. SPECIAL COMPENSATION PAYMENTS

- Compensation is paid when the Trust considers that the claimant has grounds for action if they were to pursue the matter in law. Such payments are made out of the Trust's budget to the detriment of its other activities. It follows that "Loss and Compensation" claims will only succeed where strong grounds exist. They are not expressions of sympathy for misfortunes, which occur on hospital premises and sites occupied by the Trust.
- Where an incident occurs involving loss to a patient, a member of staff, or other third party (e.g. a member of the public) the Departmental Manager should advise the claimant to make a claim on his/her private insurance policy, if appropriate. The Trust does not accept responsibility for staff items that are lost / stolen on Trust premises. Staff are strongly advised that they ensure they have their own insurance cover.
- In order to claim against the Trust for such loss, claimants must usually demonstrate that the Trust was negligent in some way (except in cases such as described below).
- The only exceptions in which alleged negligence of the Trust may not have to be shown are occasions when the loss or damage to personal property was caused by a patient who cannot be held answerable for his or her actions. In such circumstances the member of staff claiming compensation may be required to demonstrate that it was reasonable for them to have the damaged item at work with them. They may also need to demonstrate that the quality of the item damaged was appropriate to their normal or expected working environment and in cases where the item was judged to be of an inappropriately high standard, their claim may be scaled down or refused accordingly.
- Staff are required to adopt a common sense approach with regard to the clothing, jewellery, glasses etc. that they wear to work in terms of expense. Staff must ensure that articles are appropriate to the type of work that they carry out and also be mindful of any potential for damage to/loss of personal property, which may arise as a result of carrying out their duties. The Trust discourages staff from coming to work in overly expensive or 'designer' items and where employees choose to do so and subsequently make a claim for damage to/loss of such items, the Trust reserve the right to impose an upper limit of the amount of compensation it reimburses.
- The On-line Ulysses Incident Report Form will be used as the claim form. Once completed this should be sent to the Departmental Manager who is responsible for deciding whether, in their opinion the claim is justified. The case made by the claimant should include supporting evidence or a statement showing in what way the Trust is believed to have been negligent. (Except in cases as described above). The departmental Manager shall acknowledge all claims received within five working days.

- A Claim submitted more than one calendar month after the incident occurred cannot normally be accepted, unless there are extenuating circumstances in the opinion of the Head of Corporate Governance and the Managing Director of the service area.
- The basis of the settlement for any claim should be the adjudged value of the item at the time of the loss or damage. Allowance will be made for wear and tear and the age of the item. Original receipts for damaged or lost items should be provided wherever reasonable. Where repair is possible this may be considered as an option.
- Claimants should be advised to retain damaged property until any settlement is agreed.
- Departmental Managers should contact the Head of Corporate Governance for advice at any stage if they feel this would be helpful.
- When a settlement has been agreed the Head of Corporate Governance will advise the Finance Department, who will pay the agreed sum to the claimant. The Finance Department will pay all agreed claims upon receipt of the appropriate bank details from the claimant.
- If a claimant remains dissatisfied, they should be advised to follow the Trust's Grievance Procedure (if staff) of the NHS Complaints Procedure (if non-staff).
- Departmental Managers who fail to agree with the Head of Corporate Governance over any claim may refer the matter to the Director of Finance for adjudication.

5. RECORD KEEPING

The Finance Department will maintain the Trust central Losses and Special Payments Register and complete the relevant disclosures in the Trust's Annual Accounts.

The Head of Corporate Governance will maintain records to enable information gathered from the operation of this policy, along with information obtained from other sources to identify areas where the Trust may need to improve its risk management arrangements.

6. STAFF AWARENESS

Departmental Managers should bring the contents of this policy document to the attention of all staff in their department as soon as practicable.

7. OTHER LOSSES

Losses may arise via other means, e.g. bad debts, capital schemes abandoned, payments made under legal obligation. These will be approved by the Board and recorded in the Losses and Special Payments Register and disclosed in the Trust's Annual Accounts.

8. BOARD ASSURANCE

The policy will be monitored by the Head of Corporate Governance, and a report will be made to the Finance and Performance Group on a quarterly basis.

- A report shall be submitted to the Board on an annual basis or as requested by the Board, prepared by the Head of Corporate Governance.

9. EQUALITY IMPACT ANALYSIS

As part of its development, this document was analysed to consider / challenge and address any detrimental impact the policy may have on individuals and or groups protected by the Equality Act 2010. This analysis has been undertaken and recorded using the Trust's analysis tool, and appropriate measures will be taken to remove barriers and advance equality of opportunity in the delivery of this policy

10. FREEDOM OF INFORMATION EXEMPTION ASSESSMENT

Under the Freedom of Information Act (2000) we are obliged to publish our policies on the Trust's website, unless an exemption from disclosure applies. As part of its development, this policy was assessed to establish if it was suitable for publication under this legislation. The assessment aims to establish if disclosure of the policy could cause prejudice or harm to the Trust, or its staff, patients, or partners. This assessment has been undertaken using the Trust's Freedom of Information Exemption Guide, and will be reviewed upon each policy review.

11. INFORMATION GOVERNANCE ASSESSMENT

This Policy has been analysed to ensure it is compliant with relevant information law and standards as in place at the time of approval, and are consistent with the Trust's interpretation and implementation of information governance components such as data protection, confidentiality, consent, information risk, and records management.

Compliance will be reviewed against any changes to legislation / standards or at the next review of this document.

12. SAFEGUARDING

All staff have a responsibility to promote the welfare of any child, young person or vulnerable adult they come into contact with and in cases where there are safeguarding concerns, to act upon them and protect the individual from harm.

All staff should refer any safeguarding issues to their manager and escalate accordingly in line with the Trust Safeguarding Families Policy and Local Safeguarding Children/Adult Board processes.

13. MONITORING

The effective application of this policy, including adherence to any standards identified within will be subject to monitoring using an appropriate methodology and design, such as clinical audit.

Monitoring will take place on a biannual basis and will be reportable to the Quality Group via the Clinical Effectiveness and Quality Improvement Team.

14. REVIEW

This policy will be reviewed three-yearly unless there is a need to do so prior to this; e.g. change in national guidance.

15. REFERENCES

Freedom of Information Act (2000)

Equality Act 2010