

DOCUMENT CONTROL	
Title:	Personal Injury and Clinical Negligence Claim Policy
Version:	7
Reference Number:	CO018
Scope:	
<p>This policy applies to all Trust employees, irrespective of age, race, colour, religion, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership. All employees will be treated in a fair and equitable manner recognising any special needs of individuals where adjustments need to be made. No member of staff will suffer any form of discrimination, inequality, victimisation, harassment or bullying as a result of implementing this policy.</p>	
Purpose:	
<p>This policy provides guidance on the process for managing all claims in accordance with NHS Resolution requirements and to provide assurance to the Board that appropriate systems are in place for the handling of claims and that any learning from the events giving rise to those claims is appropriately disseminated.</p> <p>This policy aims to adhere to National Guidelines on management of legal claims and to provide an effective, comprehensive service to meet the needs of the Trust.</p>	
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Other Trust documentation to which this policy relates (and when appropriate should be read in conjunction with):	
CO010	Incident Reporting, Management & Investigation Policy
CL122	Safeguarding Families Policy

Policy Associated Documents:	
TAD_CO018_01	Communication with External Agencies
TAD_CO018_02	Timescale for Handling of Clinical Negligence and Personal Injury Claims
TAD_CO018_03	NHSR Disclosure List
TAD_CO018_04	Staff Support Feedback Questionnaire On The Personal Injury And Clinical Negligence Claims Process
Other external documentation/resources to which this policy relates:	
CQC Regulations	
This guideline supports the following CQC regulations:	

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1. INTRODUCTION

The Trust has a duty of care towards those it treats and any person who believes they have suffered harm from a breach of this duty of care can make a claim for compensation.

Similarly, the Trust has a duty to provide a safe environment for its employees and visitors. Any member of staff or visitor to the site who believes they have suffered harm as a result of the Trust's breach of duty may make a claim for compensation.

The Trust is a member of the NHS Resolution (NHSR). The NHSR is a special health authority and part of the NHS responsible for handling negligence claims made against NHS Trusts. The NHSR administers the schemes set out below and the Trust contributes to them.

The Trust is a member of the following schemes:

Clinical Negligence Scheme for Trusts (CNST)

The CNST is a voluntary "mutual" administered by the NHS Resolution which deals with claims for clinical negligence arising on or after 1st April 1995. Incidents before this date are covered by the ELS Scheme – see below.

The Trust will be indemnified for the full cost of clinical negligence claims provided the CNST guidelines are followed. The Trust pays an annual contribution as a member of the scheme.

The Existing Liabilities Scheme (ELS)

The ELS is also administered by the NHS Resolution, and provides funding for clinical negligence claims arising before 1st April 1995. No contributions are payable providing the ELS guidelines are followed.

Liabilities to Third Parties Scheme (LTPS)

The LTPS is administered by the NHS Resolution and deals with employer / public liability claims arising on or after the Trusts membership of the scheme from 1 April 1999. Membership is voluntary.

The Trust pays an annual contribution to the scheme as well as an excess of £10,000 for each employer liability claim and £3,000 for each public liability, products liability and professional claim.

Property Expenses Scheme (PES)

The PES is administered by the NHS Resolution and deals with property claims arising on or after the Trusts membership of the scheme from 1 April 1999. Membership is voluntary. The Trust pays an annual contribution to the scheme as well as an excess of £20,000 for each PES claim.

All claims are also reviewed in accordance with the Trust's policy for handling incidents. This ensures that any adverse incidents associated with claims are identified and appropriately investigated/communicated (with internal and external agencies). Based on the grading of the incident this may include undertaking a Root Cause Analysis (RCA) in accordance the Trust's policy.

2. DEFINITION OF A CLAIM

The NHSR “Clinical Negligence Reporting Guidelines” define a claim as:

Allegations of clinical negligence and/or a demand for compensation made following an adverse clinical incident resulting in personal injury

Or

Any clinical incident which carries significant litigation risk for the Trust

The above definition applies equally to other non-clinical negligence claims handled under the other schemes, for example, employers and public liability claims.

The NHSR has stated:

“This includes complaints leading to claims, notification of serious adverse events, incident reports generated by risk management processes (any of which represent a significant litigation risk), and requests for the disclosure of medical records. Defining an incident as a ‘claim’ in the absence of a demand for compensation does NOT of itself imply that the NHSR accepts that compensation will ultimately be paid. It simply means that a preliminary analysis should be carried out and the matter may need to be reported”.

3. LIMITATION

A claimant will usually have a period of three years from the date of incident or date of knowledge of the cause of any injury in which to issue a claim for negligence. In the case of a paediatric claim, the three-year limitation period will commence on the patient’s eighteenth birthday. Limitation will not normally apply to a person incapable of managing and administering their own affairs. Additionally, the Court has discretion to waive the limitation period in some circumstances.

4. NOTIFICATION OF CLAIMS

All correspondence notifying the Trust of a potential claim (clinical negligence or personal injury) should be addressed / directed to the Chief Executive, who will forward this promptly to the Head of Corporate Governance.

The Trust will ensure that all communication is open, honest and is initiated as soon as possible after receipt of any claim.

5. ROLES, RESPONSIBILITIES & DUTIES

Chief Executive

- The Chief Executive has overall responsibility for Health and Safety throughout the Trust, of which personal injury and clinical negligence claims are a part.
- To ensure that both statutory and mandatory requirements are met and that adequate resources are made available for the Trust to meet its duties in respect of the management of all claims against the Trust and minimising financial loss and loss of reputation that may occur through adverse publicity.

- The Chief Executive is responsible for supporting staff by making adequate resources available to fulfil the requirement and making provision for staff to undertake appropriate training.
- Responsible for ensuring that robust arrangements are in place for the timely reporting and investigation of all personal injury and clinical negligence claims.

Executive Director of Nursing, Professional Leadership & Quality Governance

- Presentation of the Quality Group Report to Trust Board, highlighting the number of personal injury and clinical negligence claims and any significant trends and lessons learnt.
- Presentation of monthly Executive Overview Report to Trust Board, detailing number of personal injury and clinical negligence claims.

Head of Corporate Governance

- Lead role in the management of investigations and risks associated with claims and litigation.

Trust Solicitor

- The Trust Solicitor will review the claim, this will include a review of any details previously reported via the Trust's incident reporting system or complaints investigation process; and will agree whether a retrospective incident form should be completed based on the nature of the allegations in the claim. If an incident form is completed the investigation/communication of the incident with internal and external agencies, healthcare teams, service users and their carers will follow the procedure defined in the Trust's Incident Reporting and Management Policy (CO10). This includes the need to establish an inquiry and reporting on the management and outcome of the investigation to the Board. In addition, the Trust solicitor will be responsible for the management and coordination of any external legal representation.

Managing Directors

- Responsible for ensuring staff in their area of managerial control are fully aware of the content of the personal injury and clinical negligence claim policy and the associated procedures.
- Responsible for ensuring incidents are promptly reported via the Trust electronic incident reporting system in relation to issues where a potential personal injury and clinical negligence claim could be brought against the Trust.
- Ensuring that incident forms are accurately and fully completed.
- Ensuring that staff involved receive adequate local support and any additional external and on-going support where required.
- Responsible for ensuring any necessary local reviews and/or investigations have been carried out and that the results, together with remedial action(s) have been accurately recorded in an action plan and applied.
- Ensuring staff attend training sessions in relation to the personal injury and clinical negligence claim policy.

All Employees (Permanent and Bank Workers)

- Responsible for ensuring understanding of the content of the personal injury and clinical negligence claim policy and the associated procedures.
- Ensuring the prompt reporting of all incidents/near misses on the Trust Incident Reporting System, in an accurate and timely manner.
- Ensuring that incidents are reported to Line Managers in accordance with the requirements of the policy.
- Co-operating fully in the investigation of any claim providing evidence as requested in a timely manner.
- Ensuring the safe custody of documentary and other physical evidence as required.
- All newly appointed staff are responsible for attending Trust induction which will include the principles for incident reporting.
- Alert the Trust Solicitor immediately or in his absence the Legal Coordinator of the receipt of any Court Proceedings or Claimant's solicitor's letter indicating a possible claim or requesting medical records.

6. ACTION BY CORPORATE GOVERNANCE ADMINISTRATOR

- Prompt acknowledgement of all correspondence received.
- Opening new claims files and obtaining further documentation as required by the NHSLA reporting requirements.
- Manage all claims in accordance with Trust procedures, NHSLA requirements and appropriate Pre Action Protocols.
- Liaising with the Trust's staff including obtaining statements and retrieval of records.
- Liaising with External Agencies (see TAD_CO018_01).
- Liaising with the Head of Corporate Governance, Complaints Manager and Risk Manager in the Governance Department.
- Maintain a database of all claims.
- Reporting claims activity within the Trust.
- Preparing a preliminary analysis in liaison with the Trust Solicitor.
- Liaising with the finance department on a quarterly basis to ensure that finances are reserved for damages and claimant costs.

7. INVESTIGATION OF CLAIMS – TIMESCALES

The investigation process will be coordinated by the Corporate Governance Administrator. Thorough Investigation of legal claims (clinical negligence and personal injury) is essential. This can be prolonged and time consuming.

There are a number of timescale targets which apply to the claims Management process. The Legal Coordinator, on behalf of the Trust, will aim to meet in liaison with the NHSLA as appropriate, the following targets, where applicable:

- a) Provision of copy medical records under the General Data Protection Regulation 2016 (GDPR), the Access to Health Records Act 1990 (applies to deceased patients only) and within 1 calendar month of receiving a properly authorised report.
- b) Reporting a clinical negligence claim to the NHSR immediately upon receiving a letter of claim or within timescales set out in the reporting guidelines for other classes of incidents. The Corporate Governance Administrator will need to obtain records, clinician's comments and in liaison with the Trust Solicitor produce a preliminary analysis prior to reporting.
- c) Reporting an employer/public liability claim to the NHSR within six weeks of receiving a letter of claim. Submission of Key documentation and the LTPS reporting form must be disclosed.
- d) Acknowledging the Claimant's solicitor's Letter of Claim – 21 days.
- e) Responding to the Claimant's solicitor's Letter of Claim with a Letter of Response (with either an admission or denial of liability) – 3 months after receipt of Letter of Claim.
- f) Acknowledging the service of formal proceedings (i.e. the Claim Form, Particulars of Claim, Scheduling of Damages) – 14 days from receipt.
- g) Serving a defence – 28 days from receipt of proceedings. An extension may be applied for if, for example, the proceedings were incomplete or the Claimant's solicitors have not complied with the Pre-action Protocol due to a limitation issue.

The Corporate Governance Administrator will liaise with all grades of staff as part of the claims investigation process. Initial contact will be with the Lead Clinician and General Managers for clinical negligence claims; and with the General Manager and/or Head of Department/Service Manager for personal injury claims. The Corporate Governance Administrator will bring all new claims to the attention of the Trust Solicitor.

Staff requested to provide statements, records or any other information are required to do so without delay and as conscientiously as possible. Any delay in providing this information may result in a financial penalty for the Trust if the legal/court time limits are not adhered to

8. PROTOCOL FOR PERSONAL INJURY CLAIMS

All new claims must include the following documentation:

- NHSR LTPS Report Form
- Letter of Claim
- All documents relating to the type of claim being reported. Sample lists are enclosed in the form of an NHSR Disclosure List (TAD_CO018_03). A completed Disclosure list must accompany all reported claims, indicating which documents are enclosed by means of a tick in the appropriate box.

Upon receipt of a letter of claim, the Corporate Governance Administrator should promptly identify the type of claim and complete the NHSR Disclosure List having identified the relevant documents. For every workplace claim the first page of the NHSR Disclosure list must be completed, together with the appropriate page relating to the specific type of workplace claim.

9. SUPPORT FOR STAFF

Any claims investigation can be disconcerting for the staff involved. The initial need to make a verbal and/or written statement can be stressful. As the investigation progresses, there may be the need for a more critical analysis of events. The Trust acknowledges that staff may find the process of litigation stressful and recognises that it is therefore important that staff are appropriately supported.

Immediate support for staff will be provided by their line manager. In addition, the Corporate Governance Administrator and the Trust Solicitor will liaise/meet with the staff involved at regular intervals to explain and reassure them of the legal process and offer support as appropriate. This support will be provided on an ongoing basis until the litigation is resolved. Assistance will also be given with the preparation of statements as necessary.

In the event that staff are called as a witness, advice will be available from the Trust Solicitor/Legal Coordinator to staff to discuss the witness procedure in court and advise on production of any statements required.

In the event of external support/advice being required, the Trust has access to independent external legal advisors who will liaise with staff where appropriate.

In the event that a conflict of interest arises between the Trust and a member of Trust Staff, advice will be provided in relation to obtaining separate representation through their relevant Professional Body and non-legal support will continue to be provided by the Trust.

Longer-term ongoing support can be offered through the Trust Staff Wellbeing Service. In addition staff members' line manager will continue to offer additional support to the individual.

In the event that staff members are experiencing difficulties with the litigation claims/ investigation, the manager should consider if the staff service or the occupational health department would be helpful for the individual.

Staff support is available within Pennine Care, and contact information is available on the Trust intranet. Staff should be made aware of, and supported to access these services if appropriate. The Staff Wellbeing Service will advise regarding further additional external support if assessed to be required.

The Team Leader / Ward Manager should ensure that continuing support is available for staff throughout any litigation process. This may include emotional support via the Staff Wellbeing Service, and also practical assistance and training where needed. Guidance & training on how to construct a statement for litigation is available from the Trust Solicitor/Corporate Governance Administrator. Additional support and advice is also available to staff who are required to give witness evidence to any internal or external inquiry

10. KEEPING PATIENTS, RELATIVES AND CARERS INFORMED

All Trust staff have a major role to play in identifying and minimising risks. This can only be achieved if there is a progressive, honest and open working environment, where near misses and untoward incidents are identified quickly and acted upon in a constructive way, without unnecessary recourse to disciplinary procedures.

The aim of Pennine Care NHS Foundation Trust, in keeping with national policy, is to ensure complaints, incidents and claims made by service users, relatives or their carers are resolved openly and promptly and that staff are treated fairly.

Pennine Care recognises that open and honest communication with patients and their relatives or carers is essential in all areas of the Trusts work and across all relevant Health and Social Care Agencies. However it is especially important when incidents or accidents occur which affect patients and their families. The Trust's approach to such incidents will be to work openly and transparently, ensuring that patients and relatives are kept truthfully informed at all stages of the process in a timely manner. The patient (and/or relatives where appropriate) will be informed as a matter of priority, when an incident resulting in harm has occurred.

The Trust fully supports the "Being Open" principles contained in the NPSA Safer Practice Notice 10: Being Open when patients are harmed. Being open means apologising and explaining what happened to patients who have been involved in a patient safety incident, (and/or their carers).

Communicating effectively with patients and/or their carers is a vital part of the process of dealing with errors or incidents. In doing so, NHS organisations can help to ease the trauma suffered by patients and relatives. Other relevant Health and Social Care Agencies must be included in the "Being Open" principles as agreed by the Lead Trust Executive.

It is essential that staff receive proper advice and guidance on how to support patients and relatives following an incident. Patients and/or their carers should receive an apology as soon as possible after a patient safety incident has occurred and staff should feel able to apologise on the spot. Saying sorry is not an admission of liability and it is the right thing to do. Patients have a right to expect openness in their healthcare.

"It is both natural and desirable for those involved in treatment which produces an adverse result, for whatever reason, to sympathise with the patient or the patient's relatives and to express sorrow or regret at the outcome. Such expressions of regret would not normally constitute an admission of liability, either in part or in full, and it is not out policy to prohibit them, nor to dispute any payment, under any scheme, solely on the grounds of such an expression of regret." (NPSA 2005).

When an incident has occurred, which resulted in serious injury to the patient, a meeting should be arranged with the patient/ relative and Pennine Care staff. Further detailed guidance is available in the Trust's Incident Reporting Management and Investigation Policy.

The Trust will ensure that the patient (and/ or relatives) affected by an incident are informed if the incident is being investigated. The process for investigating the incident should be explained to the patient / carer, and they should be made aware that they may be contacted in the future to contribute to any subsequent investigation. If an investigation is complex or lengthy, the Trust will maintain regular contact with the patient to keep them informed of progress and likely timescale for conclusion. For serious incidents resulting in an Internal NHS Mental Health Trust investigation, the patient / relatives/ carers will be invited to contribute their views and concerns to the process.

The conclusion of any investigations including written summary reports for serious incidents will be shared with the patient (and / or relatives) staff members and other healthcare agencies where it is appropriate.

It is the responsibility of the local Service Manager to ensure that family and carers are contacted following a serious incident, when appropriate. If a patient is unable to give informed consent to disclosure of information to the relative or carer, the care team should consider if there is a duty to disclose information in the best interests of the patient. This should be documented in the patient's notes.

However, where a death or serious injury has occurred the next of kin /carer will always be informed. The Manager in Charge /Team Leader, in consultation with the Service Manager, is responsible for ensuring that this is done by an appropriate senior member of staff.

Where an incident involves the death or serious injury of a staff member, an appropriate member of staff must inform the next of kin. Responsibility for ensuring this is done lies with the Manager or Team Leader, in consultation with the Service Manager and Senior Manager on-call.

If a relative or carer is vulnerable or additional support is felt to be needed in breaking the news of a death to a relative at home, it may be appropriate to involve a person who knows the family best. Also if the relative or carer is difficult to contact this should be discussed with a Trust Senior Manager when it may be appropriate to contact the police.

The level of support required by the relative or carer should be assessed by a person who knows the circumstances best and can give guidance and advice on how to access support should this be required. This will include ward manager/charge nurse if inpatient, community team member or Consultant. A staff member will be identified as a contact person and a coordinator to ensure the relatives' support needs are met.

All communication with service users/carers/relatives and any other agencies must be documented in the Service Users Health Care Record.

Nothing in this section shall override the principle of legal professional privilege once any legal process has been commenced in relation to an incident. In such cases the Trust will comply with their responsibility under the Civil Procedure Rules or any other relevant statutory or regulatory provision in relation to the disclosure of evidence.

11. RECORD KEEPING/EVIDENCE

Clinical, nursing and other health or incident related records are essential to assist in the defence of a claim. Staff are reminded of the importance of dated, clear, legible notes at all times.

It is also essential that all incident forms are completed clearly and comprehensively, as these are often required as evidence, particularly in personal injury claims.

Personnel, Occupational Health and training records are also required for personal injury claims and similarly comprehensive, legible, accurate records are essential. All communication, including telephone calls with staff, service users, carers/relatives and external stakeholders must be clearly documented, dated and signed.

12. LIAISON WITH LEGAL REPRESENTATIVE/NHSR

Only staff designated by the Chief Executive will have direct access to External Legal Representatives or NHSR. All correspondence and enquiries should be channeled through the Trust Solicitor/Head of Corporate Governance.

13. REPORTING ARRANGEMENTS

The Corporate Governance Administrator will be responsible for maintaining and reporting to a claims database. This will allow the Corporate Governance Administrator to:

- Monitor information for the CNST and NHSR
- Facilitate payment of legal fees
- Prepare monthly and annual reports to the Integrated Governance Executive Group to analyse trends and ensure financial control.
- Circulate monthly reports to the Head of Corporate Governance for information and further investigation of trends as necessary.
- Ensure the appropriate external agencies are notified particularly in the even of a novel, contentious or repercussive claim (see TAD_CO018_01)
- Ensure that 'lessons learned' from claims is disseminated through the Trust's governance structures

14. FOLLOW-UP ARRANGEMENTS

The Trust Solicitor and Corporate Governance Administrator will liaise closely with all the staff involved, throughout the investigation of the claim and at its conclusion.

Individual Managers will also be notified of any systems or departmental processes that may need review following a claim (clinical negligence or personal injury).

The Corporate Governance Department will support the development and sharing of an agreed action plan and sharing of any lessons learned following any investigation undertaken. Managing Directors will be responsible for monitoring the implementation of any actions required by service areas.

15. CONCLUSION OF CLAIM

The Head of Corporate Governance will be responsible for arranging a closure review (as necessary) to consider the process by which the claim was managed and ensure that learning has taken place for any identified issues/risks. Any such learning will be summarised in an action plan.

If it is anticipated there will be media interest, the staff involved will be notified immediately as well as the Trust's Chief Executive, Communications Manager and Head of Corporate Governance. A press statement will be prepared if necessary, and approved by the Chief Executive.

All staff involved in the incident will receive a written outcome of the investigation/claim and any resulting recommendations and actions. In addition, the Trust solicitor may arrange to meet with staff members involved to discuss the outcome.

16. MONITORING OF CLAIMS PROCESS

The Trust solicitor will monitor on a two weekly basis all claims ensuring that deadlines are being met and communication with relevant stakeholders has been actioned. Any exceptions will be dealt with by the Trust solicitor.

The Corporate Governance Administrator, on a monthly basis, will provide a summary report to the Quality Group of all clinical negligence and personal injury claims. This will include: summary of number of new, settled and ongoing claims (clinical, personal injury and insurance); summary of financial risk; trends/themes & learning; progress with agreed action plans; and performance against key performance indicators.

The monitoring of action plans will be undertaken by the Risk Department and the relevant Divisional and Borough Integrated Governance Groups on a monthly basis. Any themes/lessons learned will be incorporated in to the quarterly Quality Group report and sent to the Quality group.

Reports to the Integrated Governance Executive Group will be reviewed by the Head of Corporate Governance to provide a single point of co-ordination with incidents and claims information.

The Head of Corporate Governance will report by exception to the Quality Group where necessary.

The Weekly Patient Safety Improvement Group (PSIG) will monitor the process in relation to staff, service user and relative/carer support via the completion of a Team Investigation Report (TIR). In addition the weekly PSIG via the Team Investigation Report will monitor communication with patients, relatives and staff regarding the principles of being open and apologizing where appropriate. Any concerns identified within the group will be fed back to the service area for immediate action.

17. FINANCIAL INFORMATION

The responsibility for managing and settling clinical negligence claims transferred from the Trust to the NHR on 1 April 2002. The Trust has no authority to settle any claim. Where a claim is settled without discussion with the NHR then the Trust will be liable for the payment. For any clinical negligence claims not covered by the NHR (which should be the exception), approval to negotiate settlement shall be given by the Chief Executive and Director of Finance.

The Trust has insurance via the Clinical Negligence Scheme for Trusts (CNST) administered via the NHR. Insurance premiums are issued annually.

The Trust receives a discount to the CNST premium according to the associated risk management standard achieved through the NHR Risk Management Standards for Trusts.

Occasionally, having made a complaint, a claimant will request an 'ex gratia' settlement. Such settlements are not based upon legal liability and are therefore not reimbursable under the CNST by the NHR. In respect of requests for compensation associated with a possible clinical negligence claim, payments will only be made in the event of legal liability and all requests will be reported to the NHR. Ex gratia payments will not be made.

Financial responsibility for claims managed via the scheme is retained by the NHR; therefore, key management decisions concerning admissions made and monetary compensation are subject to authorisation from the NHR.

Approval to admit liability, or a decision to proceed to trial, shall be given by the Chief Executive in consultation with the Head of Corporate Governance, the Trust Solicitor and the NHR.

Any clinical negligence claim settled by the Trust outside of the NHR arrangements shall be recorded in the Trust's Losses and Special Payments Register. A summary of this register, which shall be subject to audit, will be presented to the Audit Committee twice in each financial year.

The Department of Health requires a summary of the Trust's Losses and Special Payments Register to be submitted as part of the Trust's annual accounts summarisation schedules. On the basis of this the Department of Health may ask for documentation on a sample of cases.

18. 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 / procedure

19. 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.

20. 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.

21. 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.

22. 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.

23. 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.

24. REFERENCES

Freedom of Information Act (2000) and Equality Act 2010