

## CLAIMS HANDLING POLICY

		POLICY
Reference	SC/JW/601	
Approving Body	<i>Risk Committee</i>	
Date Approved	<i>09 June 2026</i>	
For publication to external SFH website	Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:	
	<b>YES</b>	<b>NO</b>
		<b>N/A</b>
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Date of Environmental Impact Assessment (if applicable)	N/A	
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Sponsor (Position)	<i>Chief Medical Officer</i>	
Author (Position & Name)	<i>Senior Legal Advisor</i>	
Lead Division/ Directorate	<i>Corporate</i>	
Lead Specialty/ Service/ Department	<i>Legal Services Department</i>	
Position of Person able to provide Further Guidance/Information	<i>Senior Legal Advisor</i>	
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## 1.0 INTRODUCTION

This policy regulates the management of all clinical negligence and personal injury claims brought AGAINST the Trust.

## 2.0 POLICY STATEMENT

The Trust is committed to an effective and transparent investigation of any claim including allegations of clinical negligence or personal injury so as to facilitate a timely response within the timescales stipulated by the Pre-Action Protocols for Personal Injury Claims and the current NHSR Claims Reporting Guidelines.

All members of staff are required to fully co-operate with the investigation and management of each claim in a manner consistent with the guidance in the Trust policy for Duty of Candour (Being Open).

## 3.0 DEFINITIONS/ ABBREVIATIONS

### NHS Resolution (NHSR)

NHS Resolution – formerly NHS Litigation Authority – are the insurers for the Trust, who run 3 schemes :

### Clinical Negligence Scheme for Trusts (CNST)

### Liability to Third Parties (LTPS)

### Property Expense (PES)

### Clinical Negligence

Allegations of negligence and/or a demand for compensation made in respect of acts or omissions in medical care that have caused personal injury. . Such claims may be made by a patient (or their relative) acting in person or with the assistance of a solicitor.

### Liability to Third Parties

Non-clinical claims such as public and employers' liability. These include personal injury from accidents / incidents, bullying, stress, data protection, and defamation. Such claims may be made by a member of the public acting in person or with the assistance of a solicitor or by a member of staff acting in person or with the assistance of a solicitor.

### Property Expense (PES)

These are defined as claims for compensation made by the trust for accidental loss, damage or destruction of premises owned or occupied by the Trust including items of equipment owned by the Trust.

## Early Notification Scheme (ENS)

This is a scheme, managed by the NHR in conjunction with the Maternity and Newborn Safety Investigations programme (MNSI) to ensure that NHR are informed of notifiable severe brain injury incidents in the maternity setting, many of which they will investigate before a claim is intimated.

### **4.0 ROLES AND RESPONSIBILITIES**

#### Committees

##### **4.1 Patient Safety Committee**

The Patient Safety Committee will receive Quarterly reports on claims as a component of the Combined Incidents, Complaints and Claims Reports.

The claim related elements of the report will be provided by the Senior Legal Advisor and be presented to the PSC by the relevant Officer.

#### Individual Officers

##### **4.2 Chief Medical Officer**

The executive with responsibility for clinical negligence and personal injury issues will be the Chief Medical Officer and they will keep the Board informed of major developments in claims related issues.

##### **4.3 Senior Legal Advisor**

Day to day management of claims (including liaison with the NHR, solicitors acting for the Claimant and Trust / NHR, and where appropriate HM Coroner) will be carried out by the Senior Legal Advisor who will report to the Head of Legal Services.

The Senior Legal Advisor will investigate any allegations of negligence in conjunction with the relevant stakeholders (clinical staff or manager for the area in question) and the process of investigation will be determined by whether the claim is a clinical negligence claim or a non-clinical claim.

##### **4.4 Head of Service**

The allocation of responsibility for, and implementation of, any remedial action arising out of particular claims will lie with the relevant Head of Service.

### **5.0 APPROVAL**

This Claims handling policy has been submitted to the Patient Safety Committee for approval.

## 6.0 DOCUMENT REQUIREMENTS

On receipt of a claim the Senior Legal Advisor will obtain information to assess the risk to the Trust, in conjunction with the relevant stakeholders (clinical staff or managers) unless a Patient Safety Investigation Framework (PSIRF) investigation has already taken place. When underlying system failures and other contributory factors that may have had an impact on the incident are identified they will be reported through Trust governance structures if this hasn't already happened.

The actual process of investigation will be determined by whether the claim relates to clinical or non-clinical activity (Employers or Public Liability).

### 6.1 Clinical Negligence Claim

Acknowledge receipt of the claim and/or application for the release of medical records within 21 days.

Identify any existing incident or complaints file and assimilate into newly created Datix and Claim Files.

Identify and request copy medical records and x-rays.

Identify consultant with responsibility for patient and seek advice on the allegations of negligence. Assess whether statements are required from any individual members of staff.

Disclose copy medical records to the claimant's solicitors within the time period set out by the governing legislation if not already occurred. This will be within 40 days of the request in accordance with the provisions of the Access to Health Records Act or Data Protection Act.

Collate and analyse all the available information in order to assess whether the claim should be reported to the NHR in accordance with the current reporting guidelines and if so complete a CNST Claim Report Form and report the claim to the NHR within 1 month of receipt.

If the first notification of a claim is by way of service of proceedings or a formal letter of claim the matter must be reported to the NHR immediately (within 2 working days).

Work with NHR or their panel solicitors to meet further information requests, and provide authority for procedural steps, admissions and settlement in line with the Trust's scheme of delegation.

If the claim is not reported to the NHR it should be kept under quarterly review for 2 years and then closed if no further contact is received or the limitation period expires.

### 6.2 Employers' or Public Liability Claims

Acknowledge receipt of the claim within 7 days requesting any further information such as claimant's national insurance number that has not already been provided.

Ascertain if any earlier incident or complaints files and assimilate into newly created Datix/Claim Files. Obtain copies of any incident and RIDDOR report forms and other documents as specified in the NHR Disclosure List.

Identify whether the claim is correctly against the Trust, or whether it should be redirected to

Identify the relevant manager for the area where the incident took place and complete an investigation toolkit (Appendix 2) including:

- Obtain copies of any training records for the claimant and, if appropriate, copies of any risk assessments.
- Obtain copies of any medical certificates submitted by the claimant and details of their attendance.
- Obtain three months pre-incident and all salary details post incident from Pay Services.
- Identify any witnesses and obtain statements.
- If necessary arrange photographs to be taken of the incident site.

Assess the value of the claim and determine whether the matter should be reported to the NHR under LTPS.

If the claim is to be reported to the NHR this must be done immediately and must include the NHR Disclosure List.

If the claim is not reported to the NHR it should be kept under quarterly review for 1 year and then closed if no further contact is received, or, the limitation period expires.

Where a claim has been received directly from the NHR through the Portal a response must be provided within 30 working days for Employers Liability Claims and within 40 working days for Public Liability Claims to the NHR disclosing all available documentation and providing views on liability. Further information requested will be provided in a timely way.

### **6.3 Early Notification Scheme**

Reports of notifiable severe brain injury incidents in the maternity setting are made to RCOG Each Baby Counts programme, and where appropriate to MNSI.

As soon as MNSI accept a matter for investigation the Maternity governance team will liaise with the Legal team and complete the ENS report form that the Legal team will then report to NHR within 7 days.

The Legal team will respond to request for further information in a timely way.

## 7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

<b>Minimum Requirement to be Monitored</b>  (WHAT – element of compliance or effectiveness within the document will be monitored)	<b>Responsible Individual</b>  (WHO – is going to monitor this element)	<b>Process for Monitoring e.g. Audit</b>  (HOW – will this element be monitored (method used))	<b>Frequency of Monitoring</b>  (WHEN – will this element be monitored (frequency/ how often))	<b>Responsible Individual or Committee/ Group for Review of Results</b>  (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Compliance with NHSR Claims Reporting Guidelines	Senior Legal Advisor	File Audit	Monthly Review	Senior Legal Advisor
Volume and status of claims handled	Senior Legal Advisor	Quarterly reports on claims as a component of the Combined Incidents and Claims Reports.	Quarterly	PSC

## 8.0 TRAINING AND IMPLEMENTATION

### 8.1 Training

No formal training is required in respect of this policy. Legal Services will provide bespoke training if requested.

### 8.2 Implementation

Legal Services will apply the processes detailed in this policy in the investigation and management of all claims.

The Senior Legal Advisor will be responsible for overseeing compliance with the policy.

## 9.0 IMPACT ASSESSMENTS

This document is not subject to an Environmental Impact Assessment

## 10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

### Evidence Base:

- Civil Procedure Rules Pre-Action Protocol for the Resolution of Clinical Disputes
- Civil Procedure Rules Pre-Action Protocol for Personal Injury Claims
- NHSR/NHSLA Clinical Negligence Reporting Guidelines

### Related SFHFT Documents:

- Incident Reporting Policy and Procedures
- Policy for Duty of Candour (Being Open)

## 11.0 KEYWORDS

- CNST
- LTPS
- PES
- ENS

## 12.0 APPENDICES

- Equality Impact Assessment
- Non-Clinical Claims – Investigation Toolkit

**APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)**

<b>Name of service/policy/procedure being reviewed: Claims handling policy</b>			
<b>New or existing service/policy/procedure: Existing</b>			
<b>Date of Assessment: 14/01/2026</b>			
<b>For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)</b>			
<b>Protected Characteristic</b>	<b>a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?</b>	<b>b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?</b>	<b>c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality</b>
<b>The area of policy or its implementation being assessed:</b>			
<b>Race and Ethnicity</b>	N/A	N/A	N/A
<b>Gender</b>	N/A	N/A	N/A
<b>Age</b>	N/A	N/A	N/A
<b>Religion / Belief</b>	N/A	N/A	N/A
<b>Disability</b>	N/A	N/A	N/A
<b>Sexuality</b>	N/A	N/A	N/A
<b>Pregnancy and Maternity</b>	N/A	N/A	N/A
<b>Gender Reassignment</b>	N/A	N/A	N/A
<b>Marriage and Civil Partnership</b>	N/A	N/A	N/A
<b>Socio-Economic Factors</b>	N/A	N/A	N/A

(i.e. living in a poorer neighbourhood / social deprivation)			
<b>What consultation with protected characteristic groups including patient groups have you carried out?</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>			
<b>What data or information did you use in support of this EqIA?</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>			
<b>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments?</b> <ul style="list-style-type: none"> <li>N/A</li> </ul>			
<b>Level of impact</b>  From the information provided above and following EQIA guidance document Guidance on how to complete an EIA ( <a href="#">click here</a> ), please indicate the perceived level of impact:  Low Level of Impact  For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
<b>Name of Responsible Person undertaking this assessment: John Bishop, Senior Legal Advisor</b>			
<b>Signature: -JPB-</b>			
<b>Date: 14/01/2026</b>			

## APPENDIX 2 – NON-CLINICAL CLAIMS – INVESTIGATION TOOLKIT

<b>1 Accident/RIDDOR Forms</b>	Please provide a copy with any available statements.
<b>2 Attendance Records</b>	Please provide copies for 12 months prior to accident date and since accident date.
<b>3 Medical Certificates</b>	Please provide copies for any period of absence since the accident date.
<b>4 Previous Complaints</b>	Please provide details of any complaints by claimant or colleagues in respect of similar incidents.
<b>5 Employment History</b>	Please specify start date and how long in particular post.
<b>6 Job Description</b>	Please provide a copy – please specify normal working hours.
<b>7 Training Records</b>	Please provide a copy.
<b>8 Risk Assessments</b>	Please provide copies of any risk assessments carried out before or after incident.
<b>9 General Disposition</b>	Please describe claimant's character.
<b>10 Pay Services Contact</b>	Please specify relevant pay services officer.
<b>11 Occupational Health</b>	Please specify if referred to OH/Current advice.
<b>12 Current Health Position</b>	Please specify if claimant working as normal – if not describe any reduced hours/activities.