



Claims Policy

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DOCUMENT CHANGE HISTORY

Initiated by	Date	Author (s)
Integrated Governance Committee	June 2009	Claims and Inquests Facilitator
Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
Draft V1.1	August 2010	Claims and Inquests Facilitator and General Manager – Complaints, PALS
2.0	August 2014	Approved by Executive Management Team

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Version	Date	Comments (i.e., viewed, or reviewed, amended approved by person or committee)
2.0	August 2016	Approved by Executive Leadership Team
3.0	April 2019	Approved by Management Assurance Group
4.0	February 2021	Approved by the Compliance and Risk Group
4.0	February 2023	3 month extension approved by the Compliance and Risk Group
5.0	May 2023	Approved by the Compliance and Risk Group

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Document Reference	Relevant Trust objective: Claims Management Directorate: Finance/Clinical Quality
Recommended at Date	Patient Safety Group/Health Safety Wellbeing Group 11 May 2023
Approved at Date	Compliance and Risk Group 22 May 2023
Valid Until Date	31 May 2025
Equality Analysis	Completed
Linked procedural documents	Policy for Complaints and Compliments Serious Incidents Policy Data Protection Policy Duty of Candour Policy
Dissemination requirements	The Claims Policy and associated policies and procedures must be considered in the drafting and review of all the Trust's policies and procedures covering employment, operational and clinical practice, financial and corporate controls.
Part of Trust's publication scheme	Yes

The East of England Ambulance Service NHS Trust has made every effort to ensure this policy does not have the effect of unlawful discrimination on the grounds of the protected characteristics of: age, disability, gender reassignment, race, religion/belief, gender, sexual orientation, marriage/civil partnership, pregnancy/maternity. The Trust will not tolerate unfair

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discrimination on the basis of spent criminal convictions, Trade Union membership or non-membership. In addition, the Trust will have due regard to advancing equality of opportunity between people from different groups and foster good relations between people from different groups. This policy applies to all individuals working at all levels and grades for the Trust, including senior managers, officers, directors, non-executive directors, employees (whether permanent, fixed-term or temporary), consultants, governors, contractors, trainees, seconded staff, homeworkers, casual workers and agency staff, volunteers, interns, agents, sponsors, or any other person associated with the Trust.

All Trust policies can be provided in alternative formats.

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1. Introduction

This document sets out a systematic procedure for handling claims and seeks to ensure that any healthcare governance issues that arise are dealt with openly, sensitively, promptly and efficiently so that the cost of further investigation, if and/or when handled by a panel of solicitors, is minimised. The Trust's audit programmes and reviews of clinical activities will recognise and apply lessons to be learnt from claims/risk management experience locally and beyond. This policy, therefore, forms an integral part of the Trust's arrangements for risk management and clinical governance.

This guidance will be reviewed every two years or sooner, if the relevant legislation or guidelines change.

2. Purpose

The Trust recognises that effective risk management, complaints handling and clinical monitoring arrangements are essential to minimise the potential for claims against the Trust and to minimise the financial impact on the Trust from such litigation. Therefore this document sets out a systematic procedure for handling claims involving third parties such as the National Health Service Resolution (NHSR), solicitors, claimants and the coroner. This procedure is in line with best practice, Liabilities to Third Parties Scheme (LTPS) and Clinical Negligence Scheme for Trusts (CNST) reporting guidelines issued by NHSR.

All future claims (excluding vehicle insurance claims) fall within this policy and NHSR authorisation is required before admissions may be made and monetary compensation may be offered. In the absence of such authorisation, the NHS Resolution will not reimburse Trusts either for the compensation awarded or for any of the costs generated.

3. Duties

3.1 Trust Board

The Board will receive assurance, based on sufficient evidence, that internal controls are in place, operating effectively and objectives are being achieved through the Audit Committee and the Quality Governance Committee together with the minutes of both committees.

3.2 Chief Executive

The Chief Executive has overall responsibility for ensuring that all claims are dealt with effectively and efficiently. The Chief Executive has delegated day to day responsibility for claims management to the Director of Finance.

3.3 Designated Board Member

The Director of Finance is the designated board member responsible for compliance with the claims procedure(s). The Director of Finance is responsible for managing effective claims handling on behalf of the Board and the Chief Executive.

3.4 Quality Governance Committee

The Quality Governance Committee is authorised by the Board to review risk and governance strategies, review and approve policies and procedures associated with risk and governance and recommend them to the Board for approval. The Committee has overall responsibility for the claims management and will receive a summary report every six months. The Committee will also receive an annual review of the Trust's benchmarking and scorecard data from NHS Resolution. The Committee will receive reports from:

- organisation groups established to review and manage risk and governance issues
- authors of any reports summarising identified risks with the action taken to mitigate them.

3.5 Patient Safety and Engagement Group/Health Safety and Wellbeing Group

The Patient Safety and Engagement Group and Health Safety and Wellbeing Group will receive dashboard data on the number and type of clinical/employee claims (respectively), including any identified learning.

3.6 Operational Management

Operational managers are responsible for ensuring robust investigation of claims and timely communications with the Legal Services Team to ensure claims resolution is efficient.

3.7 Head of Compliance

The Head of Compliance is ultimately responsible for the claims management, which is delegated to this role on behalf of the Chief Executive.

3.8 Legal Services Manager

The Legal Services Manager is responsible for ensuring the timely management of the claims referred to in this policy and for ensuring admissions and denials are made appropriately and in line with relevant legislation and guidance.

3.9 Paralegals

The Paralegals will be responsible for the co-ordination and administration of all CNST and RPST claims across the Trust. The Paralegals will participate in the assessment of potential claims as revealed by the incident reporting system and subject access requests, in accordance with the requirements of NHS Resolution.

3.10 Role of Clinicians/Specialist Advisors

The role and the investigation to be undertaken by the appointed clinicians/specialist advisors are described within Investigations Guidance.

4.0 Definitions

Definition of a claim and the NHS Resolution Schemes relevant to the organisation

A clinical negligence claim is defined 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.'

Such claims are covered by the Clinical Negligence Scheme for Trusts (CNST).

A non-clinical or property claim is defined as:-

'A demand for compensation made following an adverse incident resulting in damage to property and / or personal injury'

Such claims are covered by the Liabilities Third Parties Scheme (LTPS) and Property Expenses Scheme (PES).

These definitions include complaints leading to claims, notification of serious adverse events, incident reports generated by risk management processes, any incidents of which represent a significant litigation risk and requests for disclosure of medical records. Claims involving vehicles leased/owned by the Trust are covered separately by the Trust's Motor Vehicle insurers.

5.0 Claims Handling

5.1. Who may make a claim?

Any person (this includes their next of kin, guardian, executor or legal representative) who has incurred personal injury or financial loss as a result of an adverse incident involving the Trust may make a claim against the Trust.

5.2. Triggers for invoking the claims procedure

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The claims procedure may be invoked by any one of the following four possible situations:

1. Serious incident where investigations suggest there have been failings in the care provided; and there is the possibility of a large-value claim (i.e. damages >£500,000). The Patient Experience and/or Patient Safety Department will refer the file to the Legal Services Team. All letters which state that legal action is being taken, or that include a claim for compensation, must be forwarded immediately to the Legal Services Team for review.

2. Disclosure request (or some other indication that a claim is being considered – e.g. limitation extension request) received; and internal investigation (e.g. complaint review or incident investigation) reveals possibility of a claim with a significant litigation risk regardless of value.

3. Letter of claim/Part 36 offer or proceedings issued

Where a 'Letter of Claim' relates to an incident that has not been previously recorded and / or internally investigated and evaluated by the Trust, the Paralegals will instigate immediate action for the incident to be investigated and an incident report to be produced (see Section 8 – Investigation and Root Cause Analysis). The legal timescales applied under the Pre-Action Protocols endorse the urgency of the incident investigation.

4. Notification of inquest received; and civil claim is or is likely to be pursued based on the subject matter of the inquest; and external representation at inquest is justified; and you wish to apply to the NHS Resolution for inquest funding.

The Paralegals will consult with the Legal Services Manager to consider whether the Trust should apply for inquest funding and notify NHS Resolution of the litigation risk.

5. Group action or serial offender claims

Likely to be a number of claims related to one specific issue or where there is alleged negligence/professional misconduct by one individual on multiple occasions.

5.3. Extension of limitation requests

The following time limitations apply: (See Section 3.11 for limitation for Human Rights claims)

- It is received within 3 years of the date of the adverse incident or date of knowledge.
- In the case of a minor within 3 years of the date of the adverse incident or 3 years from their 18th Birthday whichever is the later.
- In the case of a death within 3 years of the date of death or knowledge of cause of death.
- If patient loses capacity, there is no limit.

The limitation period can be extended at the discretion of the Legal Services Manager and in line with the NHR guidance.

5.4. Delegation limits

No delegation limits apply as all claims are the direct responsibility of the Director of Finance.

5.5. Timescales and procedures for the exchange of information with other parties

- Requests for disclosure of medical records to be processed within 1 month of receiving a properly authorised request and if failings in care identified due to a critical incident report, this should be reported to NHR within 1 month.
- Any Serious Incident investigation where failings in care identified and high value to be reported to NHR within 3 months.
- All Part 36 offers, proceedings and Letters of Claim relating to the Clinical Negligence Scheme for Trusts or the Property Expense Scheme to be notified to the NHR within 24 hours of receipt.

In relation to the Liability to Third Parties Scheme for Trusts (PORTAL ONLY CLAIMS):

- If a claim notification form is received and covering letter confirms that NHS Resolution have not been made aware of the

claim via the Portal, then this should be reported within 24 hours of receipt.

- If a claim notification form is received from the claimant solicitor and no NHS Resolution contact received within 3 working days, then the claim should be reported to the NHS Resolution no more than 3 working days after receipt of the notification form.

In relation to the Liability to Third Parties Scheme for Trusts (NON-PORTAL claims):

- The Trust should acknowledge Letters of Claim within 21 days, indicating that the matter will be dealt with by NHS Resolution.

5.6 Confidentiality and Requests for Disclosure of Records

When a subject access request is made via a solicitor/third party representative or a potential litigant in person and reference is made to a potential claim against the Trust, the Subject Access Request (SAR) team will log and forward to the Legal Services team for review. The Paralegals or Legal Services Manager may seek the reasons for the request and review the file.

If the request is straightforward and purely involving medical records, the SAR team will manage the file in line with their usual processes and the Data Protection Act 2018.

If the disclosure is complex and involves documents other than medical records, or it is clear there is a litigation risk, the Legal Services team will manage in line with the relevant legislation.

Consideration should be given to requests for the records of deceased patients as these are governed by the Access to Health Records Act 1990. Applications for copies should only be granted to personal representatives of the estate or to someone having a claim arising out of the death. There are additional provisions for withholding disclosure, e.g. where the deceased specifically prohibited this or when information was provided in the expectation that it would not be disclosed to the applicant. These cases may be referred to the Legal Services Team by the SAR team who will review if required.

The Paralegals will continue to share information emerging from claims but this will be limited to staff directly involved in the case including supporting staff and former staff in the litigation process. All such distribution of records will be recorded in the appropriate file.

5.7. Support mechanisms for patients/carers and staff

The Trust recognises that help and support are required by those involved in any allegations in line with Duty of Candour obligations, outlined in the Trust's Management of Incident Policy/Serious Incidents Policy. Staff should be signposted to the internal support processes e.g. through the Wellbeing team by the local management team.

5.8. Clinical Negligence Scheme for Trusts (CNST)

Indication of potential claims may be in various forms and tend to fall into the following categories:

1. Where relevant, the report of the investigation of any adverse incident, or the formal response by the Chief Executive to a letter of complaint
2. Any relevant Trust policy or protocols

5.8.1 Inquest funding

From 1 April 2013, benefit of the CNST scheme includes discretionary funding of Trust's legal representation at inquests, NHSR will provide funding where there is a clear risk of a claim arising out of the subject matter of the Inquest hearing. Legal representation will be provided by a nominated CNST panel firm to represent the Trust's interests in connection with the Inquest hearing. Funding will not be provided if a Trust opts to instruct a different firm to represent them at inquest

5.9. Liabilities to Third Parties Scheme (LTPS)

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NHSR have introduced a portal (Web claims system) to deal with low value personal injury and public liability claims.

- Such claims will be reported directly to the portal by the Claimant Solicitors, the Trust does not need to report claim.
- Any claims with an expected value of up to £25,000 damages will be reported via the portal.
- If the Trust admits liability whilst the claim is in the portal, legal costs are capped.
- Employer liability claims - 30 days to make a liability decision
- Public liability claims - 40 days to make a liability decision
- NHS Resolution will acknowledge claim in 1 working day.
- NHS Resolution will contact the Trust claims handler via the NHS Resolution Document Transfer System (DTS) to notify them of claim. the Trust will not have to acknowledge claim with solicitor.

All claims that are reported to the NHS Resolution, must include the following documentation:

- Covering letter indicating a new claim is enclosed
- Any prior correspondence
- Any reports or copies of comments made during investigation of the incident

The Paralegals should also report any serious adverse incidents resulting in a significant litigation risk that are flagged up through the incident reporting system, complaints process or risk management process.

The Paralegals will arrange a conference call with all relevant managers within the first two weeks of receipt of the claim in order to discuss the available and outstanding evidence. This will enable detailed conversation around the aspects of the claim and the Trust's prospects of defending or admitting the claim (see Claims Process).

5.10. Property Expenses Scheme (PES)

The Trust is required, immediately, to report incidents or claims where the total cost of the claim will approach or exceed the Scheme deductible, or the Trust's excess.

The Paralegals should take into account an assessment for the claimants' legal costs and any defence costs, when deciding whether a claim is likely to result in a total expense approaching or exceeding the applicable excess.

Where court hearings are likely to generate media interest, NHS Resolution will agree with the Trust beforehand a press release or position to be adopted.

NHS Resolution will issue a closure document to Trusts at the end of each claim.

5.11. Claims under the Human Rights Act 1998

On receipt of a Letter of Claim under the Human Rights Act 1998 the Trust is required to report this to the NHS Resolution NHS Resolution together with the following documentation:

- Details of any previous correspondence with the solicitors
- Details of any incident/complaint file

The Trust will liaise with NHS Resolution to provide them with the information required and will inform the Communications Department due to the potential for media interest.

5.12. General points

NHS Resolution must be informed with an early notification where the following features arise once a claim has been submitted:

- MP involvement
- Media attention
- Human Rights issues
- Multi-party actions

- Multiple claims from a single cause
- Novel, contentious or repercussive claims

NHS Resolution or their solicitors will continue to advise the Trust in advance of conferences with Counsel and court hearings. Trust managers will continue to sign Defences and other relevant pleadings because the Trust, and not NHS Resolution will remain the legal Defendants to litigation.

NHS Resolution will liaise with the Trust regarding the information submitted and any subsequent investigation required. The NHS Resolution may decide to instruct solicitors and will do so directly but in collaboration with the Trust.

NHS Resolution or their solicitors will continue to advise the Trust in advance of conferences with Counsel and court hearings. Trust managers will continue to sign Defences and other relevant pleadings because the Trust, and not NHS Resolution, will remain the legal Defendants to litigation.

Where court hearings are likely to generate media interest, NHS Resolution will agree with the Trust beforehand a press release or position to be adopted.

NHS Resolution will issue a closure document to Trusts at the end of each claim which will include inter alia a breakdown between damages, claimant costs and defence costs. Risk management lessons to be learned will be advised as and when such issues are identified during the course of a claim.

Note that ex-gratia settlements offered by the Trust are, by definition, not payments based upon legal liability and are therefore not reimbursable under LTPS. Therefore, in the event of the Trust making such a payment the total cost of the settlement will be borne by the Trust.

6. Internal Consultation, Approval and Ratification Process

6.1 Policy Approval Process and Ratification Process

The Trust's Claims Policy, in accordance with the Policy for the Development and Management of Procedural Documents, will be reviewed and approved by the Compliance and Risk Group.

7. Liaison with third parties

The importance of external agencies in the claims investigation and handling process is recognised by the Trust. The Legal Services Manager and Appropriate Director(s) and senior manager(s) to the claim, will ensure that all relevant external agencies are contacted and briefed on their required involvement in a timely and appropriate manner during the claims investigation and handling process.

Agencies that will become involved in claims investigation and handling process are the National Health Service Resolution, solicitors acting on delegated authority from the National Health Service Resolution and the claimant's solicitors.

Agencies that may become involved in the process, whilst not exhaustive, will include, recognised experts in the testing of any associated equipment and/or substance, Local Counter Fraud Specialist, Special Health Authorities, other NHS Trust's, other local emergency services, local authorities or the Trusts clinical / non-clinical solicitors and may include communication with the Coroner.

It is particularly important to consider the involvement of these agencies at each stage of the investigation process and especially when preparing to make recommendations for the outcome of the claims investigation.

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Hazard/Incident	Agency to Notify	Person Responsible for Notification
Medical Device failures	Medicines and Healthcare Products Regulatory Agency	Deputy Director of Operations Support
Medicine contra-indications \ Suspected adverse reactions to any therapeutic medication	Medicines and Healthcare Products Regulatory Agency	Accountable Officer
Incidents leading to legal claims	NHS Resolution	Legal Services Manager
Fire incidents, buildings and non-medical equipment defect and failure	DH Estates and Facilities Management	Deputy Director of Operations Support
Serious injury or homicide of a child	Local Safeguarding Children Boards	Deputy Director – Clinical Quality
Notifiable diseases	Health Protection Agency Centre for Infection	Medical Director
Serious Incidents (formerly known as Serious Untoward Incidents)	Lead ICB	Patient Safety lead
"Catastrophic /major client incidents"	National Patient Safety Agency	Patient Safety Lead
Major injuries and over seven day absences (RIDDOR)	Health & Safety Executive	Health, Safety and Security Manager

Hazard/Incident	Agency to Notify	Person Responsible for Notification
Dangerous occurrences (RIDDOR)	Health & Safety Executive	Health, Safety and Security Manager
Notifiable diseases (RIDDOR)	Health & Safety Executive	Health, Safety and Security Manager

8. Investigation and root cause analysis

Following a serious incident or a Letter of Claim (where this is the first indication of an incident occurring), a full investigation into the circumstances, causal factors and outcome should be undertaken.

It should be noted that care must be taken to ensure that reports created during investigations that do not have actual or prospective litigation as their sole or dominant purpose are used with caution, as they are likely to be disclosable in law. Therefore, extreme care must be taken to ensure that content is factual and all opinion / supposition must be avoided as far as practically possible. Insofar as the facts speak for themselves, their interpretation may amount to an admission of liability but this should not inhibit the Trust from dealing properly and effectively with the remedial action which may be indicated.

The Investigation Guidance – Investigation of incidents, complaints and claims identifies the investigation process to be followed and the identification of causal factors for incidents, complaints and claims. Additional guidance on supporting clinicians can be found in the Trust’s Duty of Candour policy.

The relevant Paralegal, in conjunction with the Legal Services Manager, will ensure that a detailed investigation is undertaken where claims arise from either:-

- An incident likely to generate substantial compensation

- Publicly or media sensitive cases
- Obstetric and paediatric cases
- Fatal incidents including unexplained deaths
- Misdiagnosis of life threatening illness
- Serious professional misconduct

Or where the risk rating of the incident is significant or high or the litigation risk identifies the need for further investigation.

9. Claims data collection and analysis

The Legal Services Manager is responsible for ensuring that all matters relating to claims are reported at regular Quality Governance Committee meetings which may include a summary of all new claims, details of recently settled claims, trends in causal factors and any emergent risk management issues. Reports will be submitted to the Committee at least twice a year with the exception that if a significant risk is identified during the claims process, the Committee will be informed of this.

Reports on claims data will also be taken to the Patient Safety and Engagement Group and Health, Safety and Wellbeing Group on a bi-monthly basis. If required, any risks or issues will be identified here and added to the relevant risk register.

10. Learning from experience

The Trust recognises that the proper management of risk is essential to the provision of quality health care within accepted standards of medical/professional care. It will also provide for safe delivery of this care to all who may be affected by the Trust activities, including the protection of its employees.

This integrated approach for the learning from incident reporting, complaints management and claims is covered in the Trust’s Clinical Strategy.

The Legal Services Manager will report relevant learning at the Patient Safety and Engagement Group and the Health Safety and Wellbeing Group with identified actions. Actions will also be added to the DATIX Actions module in order to monitor and for escalation if required.

11. Dissemination and Implementation

11.1 Dissemination of the Claims Policy

The Claims Policy will be disseminated to all managers and staff by email and the intranet by the Legal Services Manager in line with the Trust’s Policy for the Development and Management of Procedural Documents.

11.2 Implementation of the Claims Policy

It is important that all managers and staff must familiarise themselves with their responsibilities in the prevention, notification, investigation and participation in claims for damages arising from incidents of clinical negligence and non-clinical accidents.

Staff should be encouraged to seek advice in any areas which they may be unfamiliar with or where they have some concern about their legal position. Any enquiries should be channelled through the Legal Services Team.

A. Monitoring Table

<i>What</i>	<i>Who</i>	<i>How</i>	<i>Frequency</i>	<i>Evidence</i>	<i>Reporting arrangements</i>	<i>Acting on recommendations</i>	<i>Change in practice and lessons to be shared</i>
<i>Duties</i>	<i>Quality Governance Committee</i>	<i>In line with best practice</i>	<i>On review of policy</i>	<i>Minutes</i>	<i>Trust Board minutes</i>	<i>Legal Services Manager</i>	<i>In line with best practice</i>

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<i>What</i>	<i>Who</i>	<i>How</i>	<i>Frequency</i>	<i>Evidence</i>	<i>Reporting arrangements</i>	<i>Acting on recommendations</i>	<i>Change in practice and lessons to be shared</i>
<i>NHS Resolution schemes relevant to the organisation</i>	<i>Legal Services Manager</i>	<i>Trust’s incident reporting system can be interrogated to extract claims data and communication with NHS Resolution</i>	<i>As required</i>	<i>Reports including compliance.</i>	<i>QGC minutes</i>	<i>Legal Services Manager</i>	<i>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared</i>

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<i>What</i>	<i>Who</i>	<i>How</i>	<i>Frequency</i>	<i>Evidence</i>	<i>Reporting arrangements</i>	<i>Acting on recommendations</i>	<i>with all the relevant stakeholders.</i>
<i>Action to be taken, including timescales</i>	<i>Legal Services Manager</i>	<i>Trust’s incident reporting system can be interrogated to extract claims data and audit</i>	<i>As required</i>	<i>Reports including compliance.</i>	<i>Patient Safety Group/Health Safety and Wellbeing Group</i>	<i>Legal Services Manager</i>	<i>Required changes to practice will be identified and actioned within a specific time frame. A lead member of the team will be identified to take each change forward</i>

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							<i>where appropriate. Lessons will be shared with all the relevant stakeholders.</i>
<i>What</i>	<i>Who</i>	<i>How</i>	<i>Frequency</i>	<i>Evidence</i>	<i>Reporting arrangements</i>	<i>Acting on recommendations</i>	<i>Change in practice and lessons to be shared</i>
<i>Communication with relevant stakeholders</i>	<i>Legal Services Manager</i>	<i>Trust’s incident reporting system can be interrogated to extract this data</i>	<i>On a case by case basis</i>	<i>Quarterly report from NHS Resolution compared to monthly report</i>	<i>Legal Services Manager</i>	<i>Legal Services Manager</i>	<i>Required changes will be notified to the Legal Services Manager and completed in the timescales set.</i>

B. References

Ministry for Justice. Pre-action Protocols for the Resolution of Clinical Disputes [online]. Available from: Procedure rules
<https://www.justice.gov.uk/courts/procedure-rules>

Ministry for Justice. Pre-Action Protocol for Personal Injury Claims [online]. Available from Procedure rules
<https://www.justice.gov.uk/courts/procedure-rules>

Clinical negligence reporting guidelines – www.resolution.nhs.uk

LTPS reporting guidelines – www.resolution.nhs.uk

C. Equality Impact Assessment

Equality Impact Assessment

EIA Cover Sheet							
Name of process/policy	Claims Policy						
Is the process new or existing? If existing, state policy reference number	Existing						
Person responsible for process/policy	Legal Services Manager						
Directorate and department/section	Clinical Quality/Compliance and Standards						
Name of assessment lead or EIA assessment team members							
Has consultation taken place? Was consultation internal or external? (please state below):	Consultation with Patient Safety and Engagement Group and Health, Safety and Wellbeing Group						
The assessment is being made on:	<table border="1"> <tbody> <tr> <td>Guidelines</td> <td></td> </tr> <tr> <td>Written policy involving staff and patients</td> <td>x</td> </tr> <tr> <td>Strategy</td> <td></td> </tr> </tbody> </table>	Guidelines		Written policy involving staff and patients	x	Strategy	
Guidelines							
Written policy involving staff and patients	x						
Strategy							

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	Changes in practice	
	Department changes	
	Project plan	
	Action plan	
	Other (please state)	
Training programme.		

Equality Analysis	
<p>What is the aim of the policy/procedure/practice/event?</p> <p>The purpose of this policy is to set out the Trust’s arrangements for claims handling.</p>	
<p>Who does the policy/procedure/practice/event impact on?</p> <p> Race <input type="checkbox"/> Religion/belief <input type="checkbox"/> Marriage/Civil Partnership <input type="checkbox"/> Gender <input type="checkbox"/> Disability <input type="checkbox"/> Sexual orientation <input type="checkbox"/> Age <input type="checkbox"/> Gender re-assignment <input type="checkbox"/> Pregnancy/maternity <input type="checkbox"/> </p>	
<p>Who is responsible for monitoring the policy/procedure/practice/event?</p> <p>Legal Services Manager</p>	
<p>What information is currently available on the impact of this policy/procedure/practice/event?</p> <p>None, the impact of the policy is not currently monitored by EEAST. Any issues would be identified through patient or staff feedback and logged as a patient experience or incident on the Trust’s DATIX system. This information will be used to inform future policy reviews.</p>	

Do you need more guidance before you can make an assessment about this policy/procedure/ practice/event? No

Do you have any examples that show that this policy/procedure/practice/event is having a positive impact on any of the following protected characteristics? No

- | | | | | | |
|---------------|--------------------------|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| Race | <input type="checkbox"/> | Religion/belief | <input type="checkbox"/> | Marriage/Civil Partnership | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Sexual orientation | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Gender re-assignment | <input type="checkbox"/> | Pregnancy/maternity | <input type="checkbox"/> |

Please provide evidence:

Are there any concerns that this policy/procedure/practice/event could have a negative impact on any of the following characteristics? No, the policy is consistent in its approach regardless of these protected characteristics.

- | | | | | | |
|---------------|--------------------------|-----------------------------|--------------------------|-----------------------------------|--------------------------|
| Race | <input type="checkbox"/> | Religion/belief | <input type="checkbox"/> | Marriage/Civil Partnership | <input type="checkbox"/> |
| Gender | <input type="checkbox"/> | Disability | <input type="checkbox"/> | Sexual orientation | <input type="checkbox"/> |
| Age | <input type="checkbox"/> | Gender re-assignment | <input type="checkbox"/> | Pregnancy/maternity | <input type="checkbox"/> |

Please provide evidence:

Action Plan/Plans – SMART

Equality and Diversity Training for the Legal Services Team to ensure they are able to identify any negative impact on groups of people. This is part of the Trust’s annual mandatory training programme and will be monitored by the Compliance and Standards Lead.

Specific

Measurable

Achievable

Relevant

Time Limited

Evaluation Monitoring Plan/how will this be monitored?

Who – Legal Services Team members

How - Each instance will have to be considered on a case-by-case basis but the expectation is that measures will be taken to ensure there are no negative impacts or disadvantages on any member of staff or public involved in the claim. The Paralegals will monitor new claims and inform the Legal Services Manager as required and adjustments will be made to ensure no individual is negatively impacted.

By – Annually

Reported to – Head of Compliance