



Title:	Claims Management and the Engagement of Legal Services		
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Ownership:	Dr A. Stevens, Medical Director		
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Links to other policies	Related Trust Policies and Procedures/DHSSPS Circulars: <ul style="list-style-type: none"> • Adverse Incident Policy/ Policies • Integrated Governance Strategy • Policy on Records Management • Health and Safety Policy • Risk Management Strategy • HSC(SQSD)5/10 – 'Handling Clinical and Social Care Negligence and Personal Injury Claims' • Trust Complaints and Compliments Policy • Policy on Data Protection of Personal Information • Personal Records – Guidelines for processing requests for access to patient and client records • Records Management Policy • Records Management and Disposal Schedule • "Being Open" Policy 		

Version control for drafts Version 0.1

Date	Version	Author	Comments
15/06/2012	0.1	A Maginnis	Initial Draft
	0.2	A Trust	Second draft incorporating changes agreed at regional meeting.
	0.3	A Trust	Proposed final version incorporating feedback from Trusts.
	V0.4	A Trust	WHST comments incorporated
	V1	A Trust	Final Version issued.

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1.0 INTRODUCTION / PURPOSE OF POLICY

1.1 Background:

The effective management of clinical, professional, and general, (i.e. employer's and public/occupier's liability claims) against the Trust represents important sources of risk identification and is an integral element of the Trust's risk management systems and processes.

This policy, including associated procedures, details the Trust's arrangements for the management of such claims, as primarily directed by Circular HSC (SQSD) 5/10 as issued by the Department of Health, Social Services and Public Safety, as either arising from incidents which occurred within the Trust Since its establishment on 1 April 2007, or within the former legacy Trusts.

Excluded from this policy are arrangements in respect of Employment Law claims which are managed by the Director of Human Resources and also claims where causation is an insurable matter against which risk the Trust has purchased commercial insurance, for example, third party motor insurance and legal expenses cover for Foster Carers. Any question regarding the applicability of such insurances should immediately be referred to the Trust Co-Director for Risk and Governance.

1.2 Purpose

This policy and procedural arrangements are designed to ensure the systematic identification, analysis and control of risk relating to claims.

1.3 Claims Management Policy Aims

The aim of this policy is, inter alia, to achieve the following objectives:

1.3.1 Detail the roles and responsibilities of senior officers of the Trust who contribute to and manage the claims management process, and what the operational arrangements in relation to that process are.

1.3.2 Achieve compliance with guidance contained in Circulars HSC (SQSD) 5/10, 'Handling Clinical and Social Care Negligence and Personal Injury Claims' and Circular HSS (F) 19/2000, i.e. 'Clinical Negligence Central Fund – Accounting Arrangements', and all extant rules and protocols and Practice Directions issued by the Courts and any relevant Departmental Guidance.

1.3.3 Promote the operation of an approach which ensures that all claims:

- Are dealt with promptly and efficiently within an organisational culture of openness which encourages all parties to resolve disputes, reduce delays and costs, and which ultimately reduces the requirements for litigation.

- Adhere to the spirit of the "Overriding Objective" and the Pre-Action Protocol for the Handling of Clinical Negligence Claims, ensuring that, where litigation has been instigated, indefensible claims are not defended nor settlement delayed.

1.3.4 To apply robust application of Trust risk management systems and processes to the management of claims, including ensuring that all claims are thoroughly investigated, relevant learning identified and improvements made, thus reducing the risk of similar adverse events recurring in the future.

2.0 DEFINITIONS/SCOPE OF THE POLICY

This is a Corporate Policy applicable to all staff including Directors and Managers. It has particular relevance to Litigation management staff, Risk and Governance Managers and all Trust staff, clinical or otherwise called upon to supply reports, discoverable documents and statements in relation to legal proceedings involving the Trust.

This policy is particularly directed to Directors, Clinical Directors, and Assistant Directors including all Senior Managers having responsibility for the provision of services and the management of staff.

All Managers must ensure that staff are made aware of this policy and of their responsibility to familiarise themselves with it and to comply with its contents.

2.1 Definitions

2.1.1 Personal Injury Claim

"Any claim in respect of injury to any person including bodily injury, psychiatric injury or death for which an HSC body is legally liable and which does not fall within the definition of clinical and social care negligence."

2.1.2 Clinical and social care negligence

"A breach of duty of care by members of the health care and social professions employed by HSC organisations or by others consequent on decisions or judgements made by members of those professions acting in the course of their employment, and which are admitted as negligent by the employer or determined as such through the legal process."

2.1.3 Employer's Liability Claim

Where an employee of the Trust alleges a breach in the Trust's duty of care as an employer which has caused injury loss, or other damage.

2.1.4 Public/Occupier's Liability Claim

Where a service user, relative, employee or other member of the public alleges that they have suffered injury, damage or loss caused by the negligence of the Trust in its capacity as a Landlord/ Occupier.

2.1.5 Plaintiff/ Claimant

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Any person, or person acting on behalf of any person, who alleges that they have been adversely affected by the Trust, its services, or the acts or omissions of its staff and who initiates legal proceedings against the Trust with the objective of securing compensation or other legal remedy.

2.1.6 Medico-Legal Claim

A legal claim where the Trust is not a Defendant but may have an interest by way of seeking recovery to it of payments made during periods of sick leave or the recovery of costs of care from a third party Defendant.

3.0 ROLES/RESPONSIBILITIES

The Chief Executive, as the Accountable Officer, is responsible to the Trust Board for the management of all litigation cases.

3.1 Assurance Committee of Trust Board

The Governance Steering Group/ Assurance Committee, on behalf of Trust Board to which it reports, is responsible for seeking assurance that a robust system of risk management, including claims management, is in operation as represented by the Trust's Governance Accountability Framework.

3.2 Assurance Group

This Group is required to review data on incidents, including claims, from which to extrapolate trends and areas of concerns, including evidence of emerging risks. These are then brought to the attention of the Assurance Committee to which it reports.

3.3 Chief Executive

The Chief Executive is the Accounting Officer of the Trust and within which role is included ultimate responsibility for ensuring that all claims are managed effectively and efficiently.

3.4 Medical Director

The Medical Director is the Trust Director accountable to the Chief Executive for the operation of corporate risk management arrangements within the Trust, including those relating to management of claims but excluding those relating to employment law. In this role he will ensure the provision of periodic reports to Trust Board and/or its delegated committees.

3.5 Directors, including Clinical Directors and Heads of Services, Line Managers and staff

The Trust's Risk Management Strategy details the responsibilities of staff at all levels of the organisation in relation to risk management, including incident recording and reporting and for the population of Directorate and Corporate Risk Registers. Risks, including those arising following occurrence of incidents and the instigation of claims, are thereby identified. Incidents anticipated as having the potential to give rise to litigation will be subject to that level of investigation as determined by application of the Risk Grading System as detailed in the Trust's Strategy including earliest possible notice to the Trust's Integrated Governance Department and the securing of all relevant documentation, equipment etc pending receipt of further direction. Within that

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investigation, and as might be identified during the management of any claim which subsequently arise, Directors will ensure that the emphasis is placed on the identification of learning and the development, dissemination and implementation of improvement measures so as to reduce the risk of similar incidents recurring. Upon being made aware that legal proceedings have been initiated, Directors and staff for whom responsible will ensure that responses to requests for reports and for other documentation and information will be fully responded to within the timescales identified in this Policy as required to facilitate the Trust's compliance with relevant Court protocols and to enable a defence of the claim to be pursued.

3.6 Assistant Medical Director, Legal Services (formerly the Clinical Director, Professional and Legal)

The Assistant Medical Director, Legal Services has delegated responsibility and financial authorisations (Standing Financial Instructions) for the management of all professional/ clinical negligence matters across all Directorates and including Coroner's Inquests.

3.7 Co-Director, Risk and Governance

The Co-Director, Risk and Governance, has delegated responsibility and financial authorisations for the management of all Employer's and Occupier's Liability claims and also possesses delegated responsibility and financial authorisations for the management of professional negligence matters within his/ her agreed level of authority.

3.8 Senior Manager, Complaints and Legal Services

The Senior Manager for Complaints and Legal Services has delegated responsibility and financial authorisations for the management of Employer's and Occupier's Liability claims within his/her agreed level of authority.

3.9 Trust Senior Legal Services Manager

The Trust Legal Services Manager is the Trust's Designated Claims Manager and has strategic and operational responsibility for the management of claims against the Trust and carries designated delegated financial and related authorities, for example, in relation to the engagement of junior and senior Counsel and other expert advice and for settlement of claims in defined circumstances.

Within this role his/ her Department will act as the main point of contact between the Trust and the Directorate of Legal Services at the Business Services Organisation and will be in regular and effective communication with the Trust's Legal Advisers, in relation to claims to which this policy applies.

During the course of a claim and on conclusion of same, the Legal Services Manager, in collaboration with and with the approval of the relevant clinicians, will identify any root or contributory causes which led to the claim or adverse event: any learning identified will thereafter be recorded and disseminated across the Trust via the established governance structures and associated personnel in order to promote improvements in services and mitigate against the recurrence of future similar events. The Legal Services Manager will have a line of accountability to the Senior Manager for Complaints and Legal Services and the Co-Director, Risk and Governance.

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3.10 Litigation Managers

The Litigation Managers are responsible to the Trust Senior Legal Services Manager for the day-to-day management and administration of claims, including Professional/Clinical Negligence Claims and Employer's and Occupier's Liability Claims against the Trust. Litigation Managers are delegated to approve the engagement of junior and senior Counsel. (See Part 2- **Claims Management Process**)

3.11 Directorate of Legal Services

Professional legal advice will be provided to the Trust in the following circumstances:

- Where a letter before action is received.
- When a Letter of Claim or other notice of legal proceedings is received.
- Alternative methods of dispute resolution;
- Engagement of Counsel;
- Liability and causation;
- Strength of defence and the balance of probabilities as to successful rebuttal;
- Quantum of damages including projections of low, likely and high;
- Likely defence costs;
- Requirement for, and the identification of 'Expert' witnesses;
- Whether a 'without prejudice' settlement should be sought;
- Likelihood of settlement.
- HM Coroner Inquests (where deemed necessary by the Assistant Medical Director, Legal Services or the Legal Services Manager)
- Mental Health Tribunals and Judicial Reviews
- Advice and representation in relation to Guardianships, Care and Protection
- Orders and matters pertaining to the N. I. Children Order 1995.
- Any other matter deemed to warrant professional legal opinion.

4.0 Claims Review

4.1 The Trust has created committees to oversee the management of all claims and to provide assurance that any deficiencies identified in existing Trust policy, procedures, systems of work or control measures have been brought to the attention of the Directorates and any lessons learned disseminated and implemented.

4.2 The committees are:

- a) **Clinical Negligence & Incident Review Committee**, Chaired by Legal Services Manager and/or Co-Director Risk and Governance.

The membership of the committee will include:

- Co-Director of Risk & Governance
- Representatives of the Trust Directorates
- Senior Manager for Complaints and Legal Services
- Senior Manager for Legal Services

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- Senior Manager for Corporate Risk
- Senior Manger Health and Safety

In attendance: Any relevant person or organisation may be invited to attend where deemed appropriate.

The committee will meet four times per year.

b) **Employer Liability and Occupier Liability Advisory Committee**, chaired by Legal Services Manager and/ or Mrs June Champion, Co-Director, Risk & Governance.

The membership of the committee will include:

- Senior Manager, Corporate Risk
- Representative from Trust Legal Services
- Representative from Planning & Development (Estates)
- Representative from Occupational Health
- Representative from Patient & Client Support Services
- Representative from Finance
- In attendance - Nominated Claims Manager/s

The committee will meet four times per year

4.3 In order to ensure that appropriate actions required and lessons learned are implemented, the Assurance Committee will receive timely summary progress reports on all claims, in addition to which Legal Services Manager will ensure that relevant details of the assessment are shared across the Trust to achieve optimum learning; e.g. by the provision of post-case summary reports to Trust Governance Managers and discussion of same at Trust Case Review meetings.

4. The Senior Legal Services Manager will present an Annual Report by the end of August each year in order to support the Co-Director, Risk and Governance in the preparation of papers for presentation at the Trust Assurance and other relevant Committees.

5.0 KEY POLICY PRINCIPLES

5.1 The Trust will ensure that all claims are dealt with in compliance with the N.I. Court Pre-action Protocols and Practice Directions (**Appendix 1**). Claims will be processed promptly and efficiently and in promotion of an environment of openness that encourages parties to resolve disputes, reduce delays and costs and ultimately reduce the requirement for litigation. The Trust believes there is no merit in defending the indefensible or delaying settlement without valid reason.

5.2 The Trust recognises its duty to have in place robust systems to investigate and manage claims, thus ensuring that all claims are thoroughly investigated, that the

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appropriate lessons are learned and that risk plans are implemented to safeguard and protect patient, client and staff safety.

5.3 The Trust will review this policy in the light of changing circumstances or newly enacted legislation and guidance.

6.0 Confidentiality

All HSC bodies have a common law duty of confidence to patients/ clients and a duty to maintain professional, ethical standards of confidentiality. The Trust must ensure compliance with legislation including the Data Protection Act 1998 and the Freedom of Information Act 2000.

6.1 Details in respect of claimants, and information gathered during the investigation and management of claims will be treated with strict confidentiality by all parties who might require access to it.

6.2 Staff involved in the management of claims are required to ensure that there is no discussion of a claim other than with other persons employed or engaged by the Trust in its management.

6.3 All documentation in relation to claims held by the Legal Services/Litigation Departments will be maintained in a strictly confidential manner with access to it being limited to those persons directly involved in the management of claims.

7.0 Commitment to staff

7.1 It is recognised that there are occasions when staff may feel under particular pressures, especially where claims arise from the provision of treatment, care, services or management provided in good faith.

7.2 The Trust is committed to providing staff with adequate support and comprehensive advice in preparation for engagement in legal proceedings. It is therefore deemed essential that staff be provided with adequate support during the management of claims, including explanation of and their likely participation in the legal process and, additionally, to promote their optimal welfare throughout that process.

7.3 As far as reasonably practicable, staff will be kept informed as to the progress of cases and will also be encouraged to utilise such support mechanisms as might be provided by:

- Corporate Risk Management
- Litigation Management
- Line Management
- Occupational Health Services
- Staff support scheme
- Professional and Trade Union Representatives
- Specialist and Legal advice where appropriate
- Training and development

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7.4 The Trust expects all staff to lend their full co-operation to the investigation and management of claims, including the release of all relevant information and documentation material to the claim.

7.5 The views of those involved in the incident which has given rise to the claim will be considered by the delegated officer prior to determining upon any conclusive decision to settle or defend the claim.

8.0 Apologies and Explanations

8.1 The Trust encourages staff to offer apologies, sympathy and/or explanations as soon as an adverse outcome is discovered and indeed considers that this constitutes good professional practice. Expressions of regret do not normally constitute an admission of liability either in part or in full. If appropriate, an offer of early corrective treatment and/ or rehabilitation should be made. Advice on accessing the Trust's Complaints procedure should also be offered.

8.2 In the event that a complaint is being investigated and a letter of claim relating to the same issue is received from a solicitor acting on behalf of the complainant, the complaints process cannot proceed and the matter will be dealt with as a claim against the Trust.

8.3 The above guidance on explanations and apologies applies to the provision of HPSS Indemnity to HPSS bodies and employers: should an individual clinician or other professional wish to adopt a form of apology or explanation in a manner other than described in the policies referred to above, and which might expose them to a claim as an individual, they should firstly seek the advice of their medical defence organisation and/or professional body.

9.0 Alternative Dispute Resolution

In appropriately identified cases, and in compliance with the relevant Court directions and Pre-action Protocol, the Trust will give due consideration to adopting alternative means of dispute resolution to resolving cases: such means include arbitration and Mediation and determination by a suitably qualified expert.

10.0 Novel, Contentious or Repercussive Claims

10.1 Nuisance Claims - It is the policy of the Trust to avoid settling cases of doubtful merit, however small, purely on a 'nuisance value' basis. The decision on whether any claim is to be contested or settled should always be based on an assessment of likely success and the economics of defending, particularly where the Plaintiff is legally aided making it impossible to recover costs.

10.2 Novel, Contentious or repercussive payments – In accordance with Circular HSS (F) 20/98, it is the policy of the Trust to refer for approval to the HSSE all novel, contentious or repercussive claims that have potential to set a precedent in the HPSS or which appear to be test cases for class action, i.e. those claims involving some new

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and/or unusual feature so as to avoid creating an unwelcome precedent for Health and Personal Social Services in Northern Ireland.

10.3 The approval of the Department of Health will be sought on any proposed settlement of a claim of a novel, contentious or repercussive nature (**Appendix 4**)

11.0 Delegated Authority Limits

11.1 The following officers/agencies have authority to settle claims or commit the Trust to expenditure in respect of defence costs:

Trust Officer	Delegated Settlement Limits
Medical Director, Chief Executive & Director of Finance – all categories (The Trust Board will be advised of all settlements between £100,001 and £250,000 at the next Board Meeting)	Up to £250,000
Co-Director (Risk and Governance) <ul style="list-style-type: none"> ➤ Clinical Negligence ➤ Employer's Liability ➤ Occupier's Liability 	Up to £100,000 Up to £50,000 Up to £50,000
Assistant Medical Director, Legal Services - Clinical Negligence/ HMC Inquests	Up to £100,000
Senior Manager Complaints and Legal Services (Risk & Governance) <ul style="list-style-type: none"> ➤ Employer's Liability ➤ Occupier's Liability 	Up to £50,000 Up to £50,000

Claims in excess of £250,000 must obtain approval from the Department in accordance with Circular HSS (F) 28/99 "Clinical negligence claims – procedure for submission of settlements over £250,000 for approval". (**Appendix 4**)

Claims in excess of £250,000 in accordance with DHSS Circular HSS (F) 21/98 must always be considered for structured settlement. (**Appendix 4**)

On occasions when the Trust's Legal Advisers may require an urgent response to a request for authority to settle cases (for example during 'at the Court door' negotiations on the morning of a hearing prior to the case going into court), the Trust will ensure that an officer holding the anticipated level of authority is readily available.

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12.0 Pre-Trust (legacy trust) Claims

- *Pre-Trust (legacy Trusts`) claims should be forwarded to Corporate Affairs, EHSSB, 12-22 Linenhall Street, Belfast, for assignment of legal advisors and a letter sent to the Plaintiff's Solicitor advising of same. **(Appendix 6)**
 - Royal Group of Hospitals - prior to 1 April 1993
 - Belfast City Hospital - prior to 1 April 1994
 - Greenpark Healthcare - prior to 1 April 1994
 - Mater Infirmorum Hospital - prior to 1 April 1994
 - North & West Belfast - prior to 1 April 1994
 - South & East Belfast - prior to 1 April 1994

12.1 Issues Relating to Land & Buildings

- As directed by the Department of Health, Social Services and Public Safety, in all legal issues concerning land and buildings, the services of the Directorate of Legal Services must be utilised.

13 **Implementation / Resource requirements:**

This Policy is required to be implemented by Risk & Governance, Medical Director's Group, and all Trust Directorates. All staff are required to comply and co-operate fully with the policy.

14 **Sources / Evidence Base:**

This Policy is based on DHSSPS Circulars, Best Practice Guidance and extant relevant Court Protocols and Practice Directions.

15 **References, including relevant external guidelines:**

Circulars - HSS (F) 67/2006 & HSS (F) 20/2002 & HSC(SQSD) 5/10
Risk Management Strategy
Assurance Framework
Trust Policies - Complaints, Adverse Incident Reporting, Health & Safety
Legacy Trust Claims Management policy & procedures

16 **Consultation Process undertaken in the writing of this policy:**

The policy sets out the procedural arrangements for the management and processing of claims, the provision of legal advice and legal representation requirements. In accordance with the Trust's standing financial instructions, the policy details the designated persons and level of authorisations to agree payments & settlements.

The policy reflects the stipulations of DHSSPS circulars in relation to claims management processes and authorisations for payments.

Due to the sensitive nature of the policy it has a limited consultation circulation as listed below:

- > Executive Team
- > Director of Human Resources
- > Director of Finance
- > Director of Nursing & Patient Experience
- > Director of Social Services, Family & Child Care
- > Risk & Governance (Co-Director and Clinical Director, and Litigation Managers across the Trust)

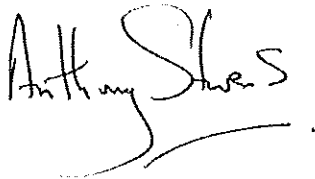
17 Equality and Human Rights screening carried out:

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, the Belfast Trust has carried out an initial screening exercise to ascertain if this policy should be subject to a full impact assessment.

Screening completed
No action required.

Full impact assessment to be carried out.

The procedures are included within the roles and responsibilities section of the policy and the operational processes outlined within Appendices to same.



Medical Director

Date: 20 June 2012

Chief Executive

Date: 20 June 2012

PART 2 : Claims management process

1. **Notification of Claim** – All correspondence in relation to professional negligence claims received in the Trust should be immediately forwarded to the departments as outlined below:

- Royal Group of Hospitals, Mater Hospital, Greenpark, North & West Belfast (Professional Negligence Claims and Inquests) should be forwarded to **Litigation Management Department, 4th Floor, Bostock House, Royal Victoria Hospital site.**
- Belfast City Hospital and South & East Belfast (Professional Negligence claims and Inquests) to **Litigation Department, A Floor, Tower Block, Belfast City Hospital site.**
- All BHSCT Employer`s and Occupier`s Liability claims should be directed to **Litigation Management Office, 6th Floor McKinney House, Musgrave Park Hospital site.**
- All correspondence in relation to employment law and industrial tribunal claims should be forwarded to the Human Resources Department, **4th Floor, McKinney House, Musgrave Park Hospital site.**

2. Procedure for the management of litigation claims

2.1. Purpose

This Procedure details the roles and responsibilities of staff and departments involved in administrative arrangements for the management of clinical, professional and general , i.e. Employer's and Occupier's, liability claims, made against the Trust.

2.2 Notification of such claims being communicated to the Trust by such means as:

- receipt of a Letter of Claim from the Plaintiff's Solicitor
- receipt of an Ordinary Civil Bill (County Court) or a High Court Writ
- inclusion in a letter of complaint.

2.3 Action following receipt of formal notice of legal proceedings

Litigation Management Department will:

- Confirm that the claim is against the Trust
- Open new MN, PN, EL or OL Claims file as applicable
- Create new record on DATIX Claims Mgt module (Circular HSC (SQSD) 5/10, Appendix A refers)
- Send acknowledgement of receipt letter to Plaintiff's Solicitors and confirming that the matter has been referred to Trust's legal advisers (**Appendix 2**)
- Send copy of Letter of Claim or other formal notice and of Trust's acknowledgement letter to Director of Legal Services (**Appendix 3**)
- Inform Director responsible for employee or Directorate concerned
- Obtain the following documentation as applicable in the proactive investigation and progression of the claim and as determined by nature of claim, i.e. Clinical and Professional or General:
 - Incident Report Form
 - Personal File
 - Confirmation from Occupational Health Services that employee is known to them

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- Absence Printout
- Details of Earnings
- Details of previous and/or similar incidents
- Relevant notes and records for service user (discovery of copies being required to Plaintiff's Solicitors within 40 days)
- Report from the Line Manager responsible for the Plaintiff where the Plaintiff is an employee or for the service area where a service user which is to be provided within four weeks of being requested
- Report from the clinicians and/or health and social care professionals involved in the service user's care or treatment. (This 'involvement report' describing their management of the service user, and specifically addressing the allegations of negligence when known.)
- Witness Statements
- Training records
- Maintenance/service records and Estates Reports
- Contractual documentation
- Duty rotas
- Investigation reports
- Inspection and cleaning schedule
- RIDDOR report
- COSHH assessments
- Any other relevant information

and forward copies of all obtained documentation to the Directorate of Legal Services, requesting a preliminary assessment addressing the issues.

2.4 Where the claim is being managed in accordance with the Pre-Action Protocols, collation of documentation must be completed within 8 weeks of receipt of Letter of Claim.

2.5 Liaise with the relevant Line Manager and/ or involved Clinicians during the progression of the claim and in particular on receipt of the Statement of Claim, of Replies to Notice for Further and Better Particulars, of reports from Independent Experts and Counsel's Advices.

2.6 Obtain approval from the DHSSPS where settlement for a clinical negligence claim is expected to be in excess of £250,000 (**Appendix 4**).

3. Legal Advice

3.1 The appointed DLS Solicitor will ensure contact is maintained with the Trust on a regular basis, for example regarding progression of the claim or as significant developments occur and, at appropriate times, advise the Trust regarding:

- further information and/or documentation required
- liability and quantum
- an assessment of the strength of any defence
- damages - quantum and probability (FRS12 figures)
- anticipated defence costs

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- whether a 'without prejudice' settlement should be attempted
- defence 'tactics'
- engagement of Medical, Engineering or other Experts
- engagement of Junior and/or Senior Counsel
- requirement to convene consultations with witnesses
- date of Court hearing and preparation for same

4 Pre-Action Protocols for resolution of Clinical Disputes, Personal Injury Litigation and Clinical Negligence Litigation (Appendix 1)

The Trust is committed to work towards full implementation of the principles and timescales recommended in the N.I Court Pre-action Protocols. It is, however, recognised that this will not be possible without the full support and cooperation of the legal profession and Trust staff.

The Trust will ensure that all relevant staff have copies of the protocol and are appropriately trained.

The Trust will endeavour to meet the following timetable:

- Health records should be provided within 40 days of the request for them – reasons for any delay beyond this will be provided to the claimant's solicitor.
- Acknowledge all letters of claim within 14 days of receipt.
- Provide a reasoned answer within 3 months of the letter of claim.

The Trust's adverse events/incident policy details investigation process to be followed.

Engagement of Expert Advice:

a) Professional / Clinical Negligence claims:

The Associated Medical Director, Legal Services in conjunction with Legal Services Manager, the Legal Advisors and Lead Director / Senior Manager /Professional Head responsible for the case, will decide on the engagement of expert witnesses, insurance investigators, junior and senior counsel.

b) Employer's and Occupier's Liability Claims - The following Litigation Managers are delegated to approve the engagement of junior and senior Counsel:

Ms Lorraine Watson	-	Belfast City Hospital, S&E Sites
Mrs Susan McCombe	-	Royal Group of Hospitals, Mater, Greenpark and North and West Belfast Healthcare sites
Mr Gary Johnston	-	All sites (EL/OL claims)
Miss Ann Maginnis	-	All sites and categories of litigation

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The Co-Director, Risk & Governance and/or Senior Manager, Corporate Risk Services, will decide on the engagement of expert witnesses and/or insurance investigators in EL/OL claims.

Engagement of Estates / Engineering Experts - the Co-Director, Estates (Mr E Malone) and/or Senior Manager, Estates (Mr G McCracken) must be consulted to agree upon a suitable engineer to represent the Trust.

6. Closure of claims

6.1 A Claims File will remain open and active until confirmed by DLS that the claim has been:

- Statute Barred
- Withdrawn
- Discontinued
- Settled by pre-hearing negotiation
- Subject to Court hearing and that the claim has either been upheld and damages awarded or rejected in the Trust's favour.

6.2 On being advised by DLS that a file is to be closed the Litigation Management Department will:

- Complete an 'Authorisation of Closure Form'
- Place an Authorisation of Closure Form and Recommendation of Closure Letter from DLS in the Claim File
- Confirm with DLS that all payments have been made
- Inform the relevant Director and Manager that the case is closed, the reason for closure and thanking them for their support and assistance
- Record the closure details on DATIX, i.e. date of closure/settlement and reason for closure
- Relocate the Claim File to storage for retention in accordance with Trust Records Management Policy and with legal advice being sought prior to destruction.

7. Re-opening a 'Closed' Claim File

7.1 A 'Closed' Claim File will only be reopened on advice from DLS and in the event of which the Litigation Management Department will:

- Complete an 'Authorisation to 'Re-open Litigation Claim Form'
- Arrange for retrieval of the Claim File from storage and into which all correspondence regarding re-opening of the claim will be placed
- Update DATIX to record the details of the claim and the reason for its re-opening

8. Financial Management

8.1 DLS will ensure, before their forwarding to the Trust, that:

- all bills received for costs, Fee Notes, etc, are on original, headed stationery and with VAT registration number shown where applicable
- payments requested comply with the approved scale rates

Litigation Management Office, 4th Floor, Bostock House, Royal Victoria Hospital, BELFAST BT12 6BA
Tel: [REDACTED] Fax: [REDACTED] e-mail: [REDACTED]

- payment requests are accurate
- Forms of Discharge from recipients of payments are forwarded to the Trust.

On receipt of a written request for payment from DLS, the Litigation Management Department will:

- check that the payment is relevant to the claim being referred to, that all relevant original documentation is attached and that the payment is not a duplicate request
- check that the report, consultation or other service for which payment is being requested has been received
- check that, where the requested payment is in respect of damages, it is accompanied by documentation from either the Court or the Plaintiff's Solicitors confirming the value of that payment
- check the accuracy of the payment being requested
- complete a 'Litigation Claim Payment Request Form' for approval and in accordance with agreed levels of authority and forward same, together with relevant supporting documentation, to the Finance Department. Finance Department will then arrange for payments to be forwarded to DLS within three weeks in order to avoid imposition of additional interest charges upon the Trust
- record each payment on DATIX
- check that Forms of Discharge are received for payments made.

The Financial Services Manager on receipt of authorised requests will:

- check to ensure that all necessary documentation is attached, i.e. approval letters or memos from DLS/Corporate Risk Manager/ Chief Executive's Department, together with invoice and VAT number recorded
- confirm that the payment requested has not been previously made
- code the invoice in accordance with the Finance Coding Manual
- arrange for processing of payment in accordance with DLS directions and, where payment is being made to a third party, a receipt is requested.

8.2 Administration of Financial Arrangements

The Trust's legal advisors will comply with the requirements of Circular HSS 67/2006 and relevant annexes thereto and HSC Circular (SQSD) 5/10

On all occasions the Trust will be provided with invoices, bills of costs, expert witness bills, on original headed paper - photocopy records cannot be processed for payment.

- All invoices, bills of costs, expert witness bills, must include the reference number and name of claimant.
- All cheques from the Trust in respect of payment of damages, settlements or Court orders, will be made payable to the claimant only. In exceptional circumstances, upon receipt of the written request by the plaintiff's solicitors, damages may be made payable to the plaintiff's solicitors.

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Tel: [REDACTED] Fax: [REDACTED] e-mail: [REDACTED]

- All cheques from the Trust in respect of third party invoices and bills will be made payable to the third party only.
- **Proof of receipt of payments - confirmation on original headed paper sent to the Trust.**

- 8.3 Financial Records – Details of total claims cost including settlements, claimants costs, counsel, expert witnesses, compensation recovery unit (“CRU”) etc will be held for each individual claim on the Datix System.
- 8.4 Payment of Accounts – The Trust's legal advisors will check account(s) from a claimant's solicitor and will forward **original invoices** for payment to the relevant Litigation Office as per the legacy trust arrangements. The Litigation Management staff will scrutinise all invoices and confirm invoice for payment. Invoices relating to clinical negligence and HM Coroner inquests must be presented to the relevant Trust officer for authorisation to pay. Invoices relating to employer and occupier liability claims must be presented to the Co-Director, Risk & Governance or the Senior Manager Complaints and Legal Services for authorisation to pay. The invoice should then be forwarded to the relevant finance section for payment within three weeks of the date of settlement as required by law (**Appendix 5**)
- 8.5 Invoices in relation to mental health tribunals, judicial reviews, guardianship, for example, to be confirmed by the relevant Directorate prior to being presented to the relevant Trust designated officer, Director or Co-Director, Risk & Governance, for authorisation to pay.
- 8.6 The legal advisors will forward the Trust's cheque to the payee in settlement of account. The Datix Claims Module will be updated as per all invoices authorised for payment.
- 8.7 Submission of returns:
The Senior Manager / Litigation Manager will provide assistance to the Finance Department in the completion of the end June annual submission of details of all potential settlements in the current financial year to the BSO and Finance Policy and Accountability Unit at the Department. Each of the appendices to be signed by the Chief Executive. A copy will be retained by the Trust Financial Accountant.
- 8.8 Reimbursement of expenditure

At the end of each month the Financial Accountant will submit a claim with associated invoices to the Clinical Negligence Central Fund for reimbursement. The costs to be recovered include:

- Settlement amount
- Claimants Solicitors fees
- Claimants Counsel fees

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Tel: [REDACTED] Fax: [REDACTED] e-mail: [REDACTED]

- Claimants expert reports/witnesses/opinions
- Defendants Counsel fees
- Defendants expert reports/witness/opinions
- Payments made to Compensation Recovery Unit.

8.9. Register of Losses and Special payments – The Financial Accountant will ensure all claims payment settlements are entered in the Trust's register of losses and special payments.

8.10 The Senior Manager / Litigation Managers will provide regular update reports to the Finance Manager on status of claims. In addition, they will seek from the Trust's legal advisor/s financial information in relation to necessary provisions and contingent liabilities in the final accounts in order to comply with financial reporting Standard FRS12.

8.11 The Senior Manager / Litigation Managers will ensure that relevant details of settled claims are shared across the Trust to achieve optimum learning; e.g. by the provision of post-case summary reports to Trust Governance Managers and discussion of same at Trust Case Review meetings.

9.0 Submission of returns to the DHSSPS

9.1 The Trust Legal Services Department/ Litigation Managers will ensure that the following documentation is completed and returned to the DHSSPS (Hospital Information Branch):

- 'Clinical/Social Care Negligence (Annual Return)' by 27 August each year
- 'Clinical/Social Care Negligence (Quarterly Return)' in accordance with timetable issued by HIB (**Appendix 7**)

10.0 Compensation Recovery Unit ("CRU")

10.1 DLS are required to register all claims for compensation with the CRU so as to enable it to confirm whether or not the Plaintiff has received any Statutory Benefits as a result of the injury or other condition which is the cause of their claim against the Trust, e.g. where a Plaintiff is no longer able to work due to that work-related injury or condition.

10.2 In the event of negligence being found against the Trust, or the Trust agrees an 'out of court' settlement with or without formal acceptance of liability, the value of those benefits paid as directly arising from that negligence will form a charge payable by the Trust to the CRU on settlement of the claim.

10.3 DLS will keep the Trust advised of any necessary action or payment in this regard and will provide regular CRU Certification, including where 'Nil'.

Appendix 1

**IN THE HIGH COURT OF JUSTICE IN NORTHERN IRELAND
QUEEN'S BENCH DIVISION**

**PRE ACTION PROTOCOL
FOR PERSONAL INJURY LITIGATION**

[1] At all times during the course of civil litigation in this jurisdiction it is important to bear in mind the overriding objective set out at Order 1 Rule 1A of the Rules of the Supreme Court (Northern Ireland) 1980. In order to enable the court to deal justly with litigation that objective requires the court, so far as practicable, to:

- (a) ensure the parties are on an equal footing;
- (b) save expense;
- (c) deal with the litigation in ways which are proportionate to –
 - (i) the amount of money involved;
 - (ii) the importance of the case;
 - (iii) the complexity of the issues; and
 - (iv) the financial position of each party;
- (d) ensure that the litigation is dealt with expeditiously and fairly; and
- (e) allocate to the litigation an appropriate share of the court resources, while taking into account the need to allocate resources to other cases.

[2] This pre-action protocol aims to achieve best litigation practice by encouraging:

- § More pre-action contact between the parties.
- § Better and earlier exchange of information.
- § Better pre-action investigation by both sides.
- § Placing the parties in a position where they may be able to settle cases fairly and early without litigation.
- § Enabling proceedings to proceed according to the court's timetable and efficiently, if litigation does become necessary.
- § The promotion of an overall "cards on the table" approach to litigation in the interest of keeping the amount invested by the participants in terms of money, time, anxiety and stress to a minimum, consistent with the requirement that the issues be resolved in accordance with accepted standards of fairness and justice.

Letter of claim

- [3] After the writing of any preliminary notification letter to the defendant the plaintiff's solicitors should send to any legal or corporate representative of the proposed defendant a detailed letter of claim as soon as sufficient information is available to substantiate a realistic claim and before issues of quantum are addressed in detail.
- [4] The letter of claim shall contain the following information:
- (1) a clear summary of the facts upon which the claim is based;
 - (2) an indication of the nature of any injuries suffered;
 - (3) details of any financial loss incurred;
 - (4) the plaintiff's full address and post code ;
- [5] In cases of road traffic accidents the letter of claim should always provide the name and address of any hospital attended by the plaintiff, whether or not treatment was afforded thereat, together with the plaintiff's hospital reference number when available.
- [6] Solicitors are recommended to use a standard format for such a letter – an example is given at appendix A to this protocol: **this can be amended to suit the particular case.**
- [7] The letter of claim should seek the details of any relevant insurer and, if the identity and address of the insurer is known, a copy of the letter of claim should be sent directly to the insurer.
- [8] The fundamental purpose to be served by the letter of claim is to provide sufficient information for the defendant's insurer/solicitors to commence investigations, assess liability and at least put a broad valuation on likely "risk".
- [9] If there has been no reply by the defendant or any solicitor or insurer within 21 days, the plaintiff should proceed to issue proceedings.

[10] The defendant's solicitor/insurers will have a maximum of 3 months from the date of acknowledgement of the letter of claim to investigate. No later than the end of that period the defendant's insurer/solicitors should reply, stating whether liability is denied and, if so, providing reasons for the denial of liability. If contributory negligence is being alleged by the defendant, details should be provided of what is alleged and upon what basis.

[11] Where the relevant accident occurred outside Northern Ireland and/or where the defendant is outside the jurisdiction, the time periods of 21 days and 3 months will normally be extended up to 42 days and 6 months.

Documents

[12] If the defendant denies liability, he ought to enclose with the letter of reply any documents in his possession which are material and relevant to the issues between the parties and which would be likely to be ordered to be disclosed by the court either on an application for pre-action discovery or on discovery during proceedings. The aim of early discovery of documents by the defendant is not to encourage "fishing expeditions" by the claimant, but to promote an early exchange of relevant information to help in clarifying or resolving issues in dispute. The claimant's solicitor can assist by identifying in the letter of claim or in a subsequent letter the particular categories of documents which are considered to be relevant.

Offers to settle

[13] On receipt of a written admission of liability from the defendant, the plaintiff should proceed to complete his medical evidence and, as soon as the information is available, send his medical evidence to the defendant's representative together with a schedule of measured special damages including all relevant receipts, invoices, vouchers, etc.

[14] If no written offer of settlement is made by the defendant within 21 days of the date of posting of medical evidence the plaintiff should proceed to issue proceedings.

Litigation Management Office, 4th Floor, Bostock House, Royal Victoria Hospital, BELFAST BT12 6BA
Tel: [REDACTED] Fax: [REDACTED] e-mail: [REDACTED]

- [15] If a written offer to settle is made by the defendant a written counter-offer may be made by the plaintiff within 21 days of the date of posting of the offer. The defendant will then have a further 21 days to either accept or reject the plaintiff's counter offer.
- [16] If settlement cannot be reached between the plaintiff and the defendant, correspondence in respect of any offers may be produced to the court when the case has been disposed of so that it may be taken into account on the question of costs.

Alternative dispute resolution

- [17] The parties should consider whether some form of alternative dispute resolution procedure would be more suitable than litigation, and if so, endeavour to agree which form to adopt. During the course of any litigation both the plaintiff and the defendant may be required by the court to produce evidence that alternative means of resolving their dispute have been considered. This is likely to involve production to the court of the standard mediation correspondence, a copy of which may be obtained from the Commercial Court website, together with the parties' replies thereto. Different forms of alternative dispute resolution are available and a mediation service is provided by the Law Society of Northern Ireland. Generally, the courts take the view that litigation should be a last resort and that claims should not be issued prematurely when a settlement is still being actively explored. It is expressly recognised that no party can or should be forced to mediate or enter into any form of alternative dispute resolution.

Dated this 1st day of April 2008

Signed

Mr Justice Coghlin (Senior Queens' Bench Judge)
C.J. McCorry Master (Queens's Bench and Appeals)

Revised this 27th day of June 2008

Litigation Management Office, 4th Floor, Bostock House, Royal Victoria Hospital, BELFAST BT12 6BA
Tel: [REDACTED] Fax: [REDACTED] e-mail: [REDACTED]

Appendix 2



**Belfast Health and
Social Care Trust**

Litigation Management Office

Our Ref: B/PN/2011/9/14/kw

Your Ref: LS/RS/B354-3/

(Month and year)

Plaintiff's Rep & Co
Solicitors
21 Legal Lane
Co Down
BT25 1BG

Dear Sirs

Re: Mr Joseph Plaintiff 123 Litigation Road, Northern Ireland

I acknowledge receipt of your correspondence dated 6 April 2011, regarding the above named.

I would advise that your correspondence has been forwarded to the Trust's legal advisers and I should be grateful if you would direct all further correspondence to their office, as follows:

Mr A Maginness,
Chief Legal Adviser
Directorate of Legal Services
HSC Business Services Organisation
2 Franklin Street
BELFAST BT2 8DQ

I trust that you find this in order.

Yours faithfully

Litigation

CN01-04 – Open New Case Letters

Management Office

Date typed: 21.06.20 /smcc

Litigation Management Office, 4th Floor, Bostock House, Royal Victoria Hospital, BELFAST BT12 6BA
Tel: [redacted] Fax: [redacted] e-mail: [redacted]



Belfast Health and
Social Care Trust

Litigation Management Office

APPENDIX 3

Our Ref: B/PN/2011/9/14/kw

Your Ref:

(Month and year)

Mr A Maginness
Chief Legal Adviser
Directorate of Legal Services
HSC Business Services Organisation
2 Franklin Street
BELFAST
BT2 8DQ

Dear Mr Maginness

Re: **Mr Joseph Plaintiff -v- Belfast Health & Social Care Trust (Royal Group of Hospitals Site)**

New Professional Negligence Claim

Please find enclosed original correspondence dated 6 April 2011, received from, Plaintiff's Rep & Co, Solicitors, acting on behalf of the above named. I should be grateful if you would provide legal representation for the Trust in relation to this claim.

I have forwarded an acknowledgment letter to the Plaintiff's solicitors requesting that they should forward all further correspondence direct to your office.

I have requested the relevant case notes / incident documentation and will forward same to you as soon as possible.

Thank you for your assistance in this matter.

Yours sincerely

Miss Ann Maginnis
Legal Services Manager

ENC

Date typed: 21.06.2012
/SMCC

CN01-04 – Open New Case Letters

Litigation Management Office, 4th Floor, Bostock House, Royal Victoria Hospital, BELFAST BT12 6BA
Tel: [REDACTED] Fax: [REDACTED] e-mail: [REDACTED]

Appendix 4

PROCEDURES FOR APPROVAL OF CLINICAL NEGLIGENCE SETTLEMENTS ABOVE DELEGATED LIMITS

1. HSC Bodies hold a delegated limit of £250,000 for the approval of out of court settlements of clinical negligence claims. Clinical negligence claims which are liable to settle in excess of this amount must be notified in advance to Finance Policy and Accountability Unit (FPAU), DHSSPS, using the form attached below at Annex C Appendix 1.
2. Prior approval is required for authority to settle up to a specified amount above this limit. This can only be granted based upon the written advice of Senior Counsel representing the HSC body stating the best estimate of the settlement amount. Should a settlement fail to be reached within the approved amount, further approval must be granted prior to any final settlement.
3. In line with Departmental delegations, FPAU will seek the approval of the Department of Finance and Personnel (DFP) on behalf of HSC bodies in respect of all potential settlements in excess of £1m. DFP requests that all applications for approval to settle above this amount are submitted at least three working days before the case is due to be heard. This allows sufficient time for proper consideration of the case with all relevant papers.
4. All claims involving "novel, contentious or repercussive" expenditure, regardless of the expected settlement figure, should be referred to FPAU for approval, for example:

CN24 – Seek authority from DHSSPSNI

 - claims involving some unusual and new feature which, if not correctly handled, might set an unfortunate precedent for other litigation; and
 - claims which appear to represent test cases for a potential class action, or cases which, although not formally part of a class action, appear to be very similar in kind to current claims against other HSC bodies.
5. HSC bodies faced with a claim that could fall under either of the above categories are asked to draw the attention of FPAU to the particular feature of the claim at the earliest occasion, usually when first notifying the claim. FPAU will determine whether formal DFP approval to settle the claim is required and inform the HSC body of their decision, and if appropriate take responsibility for seeking authority from DFP.
6. Structured settlements should always be considered for settlements of £250,000 and above and may also represent good value for money for smaller settlements. Detailed guidance on structured settlements is contained below in Annex D.
7. Requests for approval of clinical negligence settlements must be submitted to FPAU and must include the following:

Litigation Management Office, 4th Floor, Bostock House, Royal Victoria Hospital, BELFAST BT12 6BA
Tel: [REDACTED] Fax: [REDACTED] e-mail: [REDACTED]

- Completed and signed form (attached at Annex C Appendix 1) containing case information and confirmation of compliance with claims handling procedures.
- A copy of correspondence received from Senior Counsel advising the HSC body of the potential outcome of the case and the recommended settlement amount. The recommended upper amount, for which approval is being sought for negotiation, must be clearly stated in correspondence from Senior Counsel (as opposed to the Directorate of Legal Services). A copy of any relevant forensic accountant's reports may be requested at the Department's discretion before approval is granted.

**NB: Where possible, electronic versions of reports and correspondence are preferred for ease of filing, liaising with DFP etc.*

8. On settlement of a case exceeding delegated limits, the HSC body is required to notify FPAU of the outcome through submitting:
- a letter from its legal advisor stating its liability and the final settlement amount;
 - the final report of Senior Counsel on the case;
 - evidence of the acceptance of the settled amount, signed by the plaintiff's solicitor.

TRUST LOGO

Request for Approval of Clinical Negligence Settlement above Delegated Limits

Name of HSC Body/Bodies	Belfast Health and Social Care Trust
Contact name within HSC Body	McCombe Susan
Contact telephone number	
Case reference number	B/PN/2011/9/14/kw
Plaintiff name	Mr Joseph Plaintiff
Date of incident	1 August 2009
Summary of incident	The Plaintiff was diagnosed as having in April It is alleged that this ought to have been diagnosed following
Estimated settlement date	
Estimated settlement figure	
Is the case novel, contentious or repercussive?	
Is structuring feasible/ acceptable to the plaintiff?	

I, Susan McCombe confirm that this case has been handled in accordance with claims handling guidance set out in circular HSC (SQSD) 5 /10

Authorised by: Miss Ann Maginnis

Position within Organisation (at least AfC Band 7): Legal Services Manager

Date: _____

This form must be submitted to FPAU for prior authority to negotiate clinical negligence claims above £250k.

Finance Policy and Accountability Unit

Room D3

Castle

CN24 – Seek authority from DHSSPSNI

Buildings

Stormont Estate

BELFAST BT4 3SQ



Belfast Health and Social Care Trust

Our Ref: B/PN/2011/9/14/kw

Ms Maureen Camplisson
Finance, Policy & Accountability Unit
D3
Castle Buildings
Stormont Estate
BELFAST BT4 3SQ

Dear Ms Camplisson,

Re: Clinical Negligence Claim – submission of proposed settlement over £250,000 for approval

Please find enclosed Annex C – Appendix 1 form, to allow consideration of settlement in respect of claim reference B/PN/2011/9/14/kw.

I trust that you find this in order.

Please do not hesitate to contact me if you require any additional information.

Yours sincerely

Miss Ann Maginnis
Legal Services Manager

ENC

CN25 – Payment request letter

Date typed: 21.06.2012
/SMCC

TRUST LOGO

APPENDIX 5

Our Ref: B/PN/2011/9/14/kw

Ms Lisa Chestnutt
Belfast Health & Social Care Trust Financial Accounts Department
3rd Floor
16 College Street
BELFAST
BT1 6BT

Dear Ms Chestnutt,

Re: **Mr Joseph Plaintiff -v- Belfast Health & Social Care Trust (Royal Group of Hospitals Site)**

DLS Invoice Number: MN B02/1729

Please find attached original letter dated (with enclosures) received from the Directorate of Legal Services at HSC Business Services Organisation, regarding the above named.

I would confirm that it is in order to issue payment in the sum of £ to as requested.

This payment should be recorded against cost centre and expense code

Please forward this cheque to the Legal Payments Section, Directorate of Legal Services, HSC Business Services Organisation, 2 Franklin Street, Belfast, BT2 8DQ.

Please quote case name **Mr Joseph Plaintiff -v- Belfast Health & Social Care Trust (Royal Group of Hospitals Site)** and reference number MN BO.....

Many thanks for your assistance in this matter.

Yours sincerely

Miss Ann Maginnis
Legal Services Manager

ENCS

Date typed: 21.06.2012
/SMCC

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APPENDIX 6



**Belfast Health and
Social Care Trust**

Litigation Management Office

Our Ref: B/PN/2011/9/14/kw

Your Ref:

Insert Month and Year

Plaintiff's Rep & Co
Solicitors
21 Legal Lane
Co Down
BT25 1BG

Dear Sirs

Re: Mr Joseph Plaintiff 123 Litigation Road, Northern Ireland

Your letter dated 6 April 2011, regarding the above named has been passed to me for attention.

As the treatment in question pre-dates the formation of the Belfast Health & Social Care Trust and its legacy organisations, I would confirm that your correspondence has today been forwarded to Mr Michael Bloomfield, Head of Corporate Services, Health & Social Care Board, 12-22 Linenhall Street, BELFAST, BT2 8BS.

I trust that you find this in order.

Yours faithfully

Litigation Management Office

TRUST LOGO
APPENDIX 7

CLINICAL / SOCIAL CARE NEGLIGENCE

CNI

Provider Name:

Contact Name:

Telephone Number:

Year Ending: 31 March 2010

Provider Comments:

Get data available on the NPSX, if shared by by clicking each system header

Referral Reference Number (LA PROGRAM)	Type of Claim	Date of Incident (DDMMYYYY)	Date of Claim (DDMMYYYY)	Estimated Year of Settlement (YYYY)	Settled Date (DDMMYYYY)	Closed Date (DDMMYYYY)	Case Specialty	Status of Incident

TRUST LOGO

CLINICAL / SOCIAL CARE NEGLIGENCE (QUARTERLY REPORT)

CLIA

Provider Name:	
Contact Name:	
Telephone Number:	
Quarter Ending:	

Provider Comments:

Guidance available on next worksheet or alternatively by selecting each column header.

Claims / Cases	Number
Cases Open on last day of quarter	
New Cases Opened during quarter	
Cases Closed during Quarter	

Financial Payments During Quarter	Amount (£)
Damages	
Defence Costs	
Plaintiff Costs	
Total Amount Paid During Quarter	