Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

Claims Handling Policy

This procedural document supersedes: CORP/RISK 5 v 5 - Claims Handling Policy

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Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 6	May 2026	• Comprehensively reviewed and amended all sections to reflect key personnel and process changes. Policy will need to be read in full	I Sprakes A Berry
Version 5	12 October 2017	• Comprehensively reviewed and amended all sections. Policy will need to be read in full.	M Corbett
Version 4	April 2012	• Comprehensively reviewed and amended all sections. Policy will need to be read in full.	M Boocock
Version 3	Sept 2007	• Reviewed and formatted in accordance with NHSLA template • Change of title • Introduction (1) page 4 • Purpose (2) page 4 • Definitions added in claim, NHSLA (3.1-3.2) page 4 • Support Mechanisms for patients/carers and staff (8 - 8.1) page 6 • Liabilities to Third Parties Scheme (10 – 10.4) page 8 • Claims Information and Confidentiality – includes reference to Data Protection Act (11.2 – 11.3) page 8 & 9 • Relationships to Other Systems (12.2) added in 'and ensure organisational sharing of lessons learnt' page 9 • Investigation and Root Cause Analysis (13-13.1) page 10 • Liaison with External Agencies (14-14.1) page 10 • Review and Revision arrangements including version control (20-20.1) page 12 • References in Relation to Claims Handling (21) page 13 • Associated Documents (22) page 13	H Lelew
Version 2	Feb 2007	• Addition of Definitions CNST LTPS and PES (2) page 2 • Board Level Responsibility (3-3.1) page 2 • Delegated Limits (10-10.2) page 7	H Lelew

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Clinical Negligence Claims - Procedure Table

ITEM/TASK	ACTION	BY WHOM
Disclosure Request	Acknowledge receipt of letter, request records from relevant department and arrange disclosure of them to claimant's solicitors within 40 days.	Legal Services Team Casenote Release
Data Recording	Create new claim record on Datix Web and open an electronic claims file. Check for and link complaints, inquest and incident records and disclose as requested.	Legal Services Team
Investigation/ Scoping	Scope the claim matter; identify key clinicians and ask for comments on the issue in hand.	Legal Services Team
Letter of Claim	Acknowledge and report to NHSR within 24 hours where practicable along with relevant complaint and investigation records. Acknowledge receipt to the claimant's solicitor within 14 days. Notify the Division and Executive teams Seek clinicians' comments on detailed allegations and inform the Governance Lead of the relevant Division Risk grading added to Datix.	Legal Services Team
Letter of Response	Provided by NHSR within 4 months. Dialogue with clinicians regarding any contentious issues and position taken by NHSR.	Legal Services Team/NHSR/Panel Solicitors
Court Proceedings	Acknowledge receipt and forward to NHSR on the day of receipt where practicable.	Legal Services Team
Expert Evidence	Acquire expert evidence via Panel Solicitors	NHSR
Witness Statements	Obtain comments and formal witness statements from relevant clinicians.	NHSR/Panel Solicitors/Legal Services Team
Court Documents	Sign Statement of Truth and Disclosure List.	Trust Solicitor
Trial	Ensure witnesses are available and briefed before attendance at trial. Attend trial.	Panel Solicitors/Trust Solicitor/Legal Services Team
Outcome	Agree course of action as appropriate with NHSR/Panel Solicitors.	Legal Services Team/Trust Solicitor
Part 36 Offers	Agree as appropriate, Part 36 Offers to settle according to delegated limits in Claims Handling Policy.	Trust Solicitor
Learning and feedback	Update Datix GIRFT information including claim outcome and inform Divisions monthly for review in line with GIRFT 5 point action plan. Provide the Divisions with open claim report quarterly to include learning from claims information. Provide regular updates on key claims to TEPSOG, Patient Safety Review Group, Patient Safety Assurance Group, Executive Medical Director, and other identified key staff.	Trust Solicitor, Claims Manager

Non-Clinical Claims - Procedure Table

ITEM/TASK	ACTION	BY WHOM
Letter of claim/letter before action	Trust notified of new claims matter through national centralised electronic reporting system (portal).	NHSR
Data Recording	Create new claim record on Datix Web and open a new electronic claim file. Check for and link incident records	Legal Services Team
Information collation	Where the claimant is member of staff identify and liaise with (if appropriate) the line manager for the member of staff involved. Advise the General Manager for the relevant Division/Corporate teams of the new claim. Inform the Trust Health and Safety Manager of all non-clinical claims and identify any other key managers responsible for risk areas identified in the claim.	Legal Services Team
Disclosure of Documents and information	Items as requested by NHSR for disclosure should be returned with the completed LTPS Report Form to NHSR via the Document Transfer System within the 30 day portal period to limit costs to the Trust.	Legal Services Team
NHSR Claims Investigator	Liaise with the NHSR Claims Investigator to facilitate meetings with witnesses, visits to the scene of the incident, review of documents and any other requirements.	Legal Services Team
Legal Proceedings	Brief and prepare all witnesses for court. Liaise with NHSR and/or appointed Panel Solicitors. Attend court as support to staff and to take note of the proceedings and outcome.	Trust Solicitor/Legal Services Team
Health Records	Claims involving injury to members of the public and/or employees will mean the Trust holds a health record relating to the matter in hand. Such records will not be disclosed without the appropriate consent of the individual or a legal authority by way of a Court Order. Ensure consent is checked and keep copy for the claim file.	Legal Services Team
Occupational Health Records	Ensure consent is received from NHSR or claimant solicitors asking for records. Liaise with Occupational Health Department to arrange for disclosure of copy records. Keep copy of form if authority allows.	Legal Services Team
Personnel Records	Written consent is not necessary. Ensure the file is checked for sensitive information or information about third parties and it is removed before copies released.	Employee Services
Settlement	Agree between NHSR/Panel Solicitors and claimant's solicitors.	NHSR
Payment request	Check the payment request is genuine and is expected according to the claim record held. Process via the Director of Finance to authorise requisition of a cheque. Forward cheque to the identified addressee according to paperwork from the NHSR.	Legal Services Team
Learning and Feedback	Action the Claims Learning Loop, sending relevant learning issues and monthly Closed Claims to the Divisions reporting non clinical claims into the Health and Safety Committee.	Legal Services Team

1 INTRODUCTION

The Trust as an employer is vicariously liable for any tort committed by an employee in the course of his or her employment. The Trust has a duty of care in law, and a claim can be made if that duty of care is breached and if the claimant has suffered an injury, provided that breach has caused the injury. Any patient, member of staff or the public or their personal representative in the case of death, who has suffered an injury or loss in accordance with the above definition, has the right to make a claim for damages.

The Trust is committed to effective and timely investigation and response to any claim, which includes allegations of clinical negligence or personal injury. Through the provision of reliable and complete information from the start of any claim, the Trust will be able to ensure that any healthcare governance issues, which may emerge, are addressed promptly and the outcomes used to facilitate wider organisational learning.

2 PURPOSE

2.1 Policy Statement

The Trust will follow the requirements of the Department of Health and NHS Resolution (NHSR) in the management and handling of claims. All members of staff are expected to cooperate fully, as required, in the assessment and investigation of claims and the implementations of lessons identified and learned through the evaluation of claims against the Trust.

2.2 Scope of the Policy

The policy is to be used by all Trust employees involved in the claims process.

2.3 Policy Development and Consultation

The Claims Manager has reviewed this policy in conjunction with the Trust Solicitor and the policy has been shared with key stakeholders for their views and comments.

2.4 Policy Implementation

The Trust Solicitor will provide instruction and advice on the investigation of claims. This policy and procedure is available via the Trust intranet and relevant managers will be advised when it has been reviewed and resubmitted.

3 DUTIES AND RESPONSIBILITIES

3.1 Trust Board

The Trust Board and its Executive Directors have overall responsibility for the implementation of the Claims Handling Policy. The Trust Board delegates responsibility for the monitoring and acting on lessons arising from clinical negligence claims to the Patient Safety Review Group (PSRG), and from non-clinical claims to the Health and Safety Committee within the parameters of The Terms of Reference for these groups.

3.2 Chief Executive

The Chief Executive has overall accountability for the management and handling of claims against the Trust.

3.3 Executive Medical Director

The Trust's Executive Medical Director will have executive responsibility for overseeing the management function responsible for claims handling. The Executive Medical Director will receive assurance of effective management of claims through regular feedback, management channels and bi-annual reports, tabled at the Patient Safety Review Group, via the Associate Medical Director responsible for Clinical Safety. On the closure of a claim, the Trust Solicitor will provide the Executive Medical Director with a full and systematic review of the case highlighting clinical governance issues.

3.4 Director of Finance

The Director of Finance will ensure that the authorisation of expenditure on claims is exercised in accordance with the Trust's Standing Orders and Standing Financial Instructions and in line with NHSR guidance. Claims will only be settled on the advice of staff at NHSR or by Panel Solicitors nominated and instructed by NHSR. The Trust Solicitor will provide suitable evidence that the reasons for settlement are justified and approved by NHSR.

3.5 Trust Solicitor

The Trust Solicitor will oversee the systems and arrangements for the management and handling of claims.

3.6 Claims Manager

The Claims Manager will manage all Clinical Negligence, Employer's Liability and Public Liability claims against the Trust and will lead on any claims arising out of the Property Expenses Scheme.

The Claims Manager will be responsible for the following key performance areas:

- Compliance with the claims handling and reporting requirements and associated timescales as set down by NHSR's Reporting Claims to NHS Resolution - Reporting Guidelines;
- Information sharing and relevant support to clinicians involved in claims;
- The provision of detailed and relevant information to Directors and Managers to alert them to new claims and through the lifetime of a claim so that lessons can be identified and acted on;
- Maintenance of a central database of all claims with robust arrangements for business continuity. Claims files and records will be kept for a minimum of ten years or until three years after the claimant's 18th birthday in the event the claimant is a child or longer where there are issues around mental capacity;
- Effective communication with appropriate stakeholders as identified in a claim, examples of whom include staff, other NHS organisations including the two Integrated Care Boards (ICB) and any other identified ICB's relevant to the patient's home address, relevant national and local bodies, external contractors, NHS England, NHS Improvement; and
- Pro-active analysis of claims and the identification and reporting of trends and emerging patterns to influence and inform the Trust Board, Trust Solicitor and individual Divisions

3.7 All Staff and Managers

All staff involved in the investigation and learning from claims should ensure that:

- Claims are investigated in a timely manner under the direction of the Claims Manager to adhere to the deadlines set in NHSR's Reporting Guidelines and the Civil Procedure Rules;
- Staff are supported during and following the investigation of claims and relevant support mechanisms are identified and offered including Occupational Health Department, nominated Panel Solicitors where appointed, and the CORP/RISK 33 Incident Management Policy is followed;
- Appropriate risk management arrangements are implemented where action is identified and risk assessments are carried out post-incident to ensure a risk of recurrence is minimised;
- If the claim is the first indication of harm, consideration to an incident report being raised and further action taken as required following consultation with the Trust Solicitor and;
- Statements are taken where incidents occur particularly if the risk of a claim is identified.

4 PROCEDURE

4.1. Management and handling of claims

The Claims Manager will manage all clinical and non-clinical claims according to the relevant NHSR Guidelines: Reporting Claims to NHS Resolution (2017).

The Claims Manager will oversee adherence to the relevant procedures for the handling of clinical negligence claims and management of non-clinical claims as set out at Appendices 2 and 3.

At the conclusion of every claim the Legal Services Team will complete GIRFT, claim outcome and learning from claims identified by Panel Solicitors information on Datix, notifying the relevant Division of the need for review. The Claims Manager will share the GIRFT outcome information with the following for dissemination:

- Executive Medical Director
- Associate Medical Director for Clinical Safety
- Chief Nurse
- Deputy Chief Nurse
- Associate Chief Nurse for Patient Safety and Quality
- Trust Solicitor
- Lead Nurse Patient Safety
- Lead Nurse for Quality
- All staff who were key witnesses involved in the claim;
- Divisional Director
- Divisional Director of Nursing
- Divisional Governance Lead
- Vice Divisional Governance Lead
- The Patient Safety Review Group/Health and Safety Committee.

The Claims Manager will be responsible for ensuring the relevant staff tasked with investigating the matter within the Division is provided with sufficient information to support their investigations.

4.2 Legal Advice

The Trust Solicitor and Legal Services Team will work with NHSR and nominated Panel Solicitors appointed by NHSR to ensure the effective management of claims and the efficient response to formal letters of claim. NHSR will be contacted for advice, immediately upon receipt of any claim that:

- Is contentious or likely to cause considerable media interest
- Involves an allegation of neonatal injury/death at birth
- Involves an allegation of serious clinical mismanagement of a child
- Relates to a mental health service user

Legal advice may be required from the Trust's contractually appointed solicitors on matters other than claims. In such events, staff should address requests for advice to the Trust Solicitor.

4.3 Information on Claims

The Legal Services Team will maintain and populate a database of claims against the Trust on the Datix Web Database. Information relating to the nature of the claim, the financial value, the area the claim applies to and lessons arising out of the claim will be maintained on the database.

The Claims Manager, in conjunction will provide quarterly reports from this information to the Patient Safety Review Group and will liaise with Divisions/Departments on information required to adopt a learning approach to the management of clinical negligence claims within the service to which the claim applies.

For non-clinical claims a 6 weekly report will be provided to the Health and Safety Committee and the Legal Services Team will liaise with the relevant General Manager and/or Department Lead to adopt a learning approach in managing Employer's and Public Liability claims.

4.4 Delegated Authority and Financial Limits

The following excesses apply to each specific claim area:

- CNST – Clinical Negligence: zero excess (the Trust is indemnified against all payments for clinical negligence unless it does not comply with the rules of the scheme)
- LTPS – Employer's Liability: £10,000 excess
- LTPS – Public Liability: £3,000 excess
- PES – Property Expenses: £20,000 excess (buildings and contents)

Where either NHSR or nominated Panel Solicitors are seeking to make admissions and/or negotiate a settlement, the Trust will be consulted on proposals and authority will be required to allow NHSR or their nominated Panel Solicitors to make admissions of liability and/or instigate settlement negotiations.

The Trust Solicitor will have delegated authority to act for and on behalf of the Trust in making admissions and negotiating settlements with briefing notes to be sent to the Executive Medical Director and Associate Medical Director for Clinical Safety on high value claims:

4.5 Authorised Signatories

The following signatory arrangements will apply to the claims process:

- Disclosure Statements and Reporting Forms – Trust Solicitor
- Statements of Truth (Defence and Disclosure Lists to Court) – Trust Solicitor
- Court Consent Orders – Trust Solicitor
- Letters of Apology – Chief Executive

4.6 Learning from Claims

The Trust is committed to learn and make changes to practice and improve services and safety as a result of claims. The Trusts systematic approach to encourage learning and promote improvements in practice based on individual and aggregated analysis of claims is a key aspect of the Trusts Risk Management Policy CORP/RISK 30. The Trust has a designated section with CORP RISK/33 which sets out its approach to learning lessons.

The Legal Services Team provides support to clinical teams to produce and implement action plans to develop practice following an investigation. The learning loop adopted by the Legal Services Team will reflect the models as shown at Appendix 4 and 5.

The Claims Manager will request that for clinical negligence claims the Division takes appropriate action on all learning from claims recommendations received from panel Solicitors appointed by NHSR and that such action is evidenced within the Datix record. For non-clinical claims the learning loop will include the General Manager/Department Lead and the Health and Safety Committee.

Lessons learned from claims are disseminated by the Claims Manager Trust wide through monthly closed claims reports and quarterly open claims reports in order to ensure wider organisational learning. The identification of risk following claims investigation will be considered for inclusion in the relevant local/corporate risk registers with plans to manage, reduce the risk and thereby learn lessons.

Monitoring of progress against any agreed action plans is undertaken by the Division/Department in their consideration of risk management.

5 DUTY OF CANDOUR

5.1 Support and dialogue with patients and carers

Saying sorry when things go wrong is vital for the patient, their families and carers, as well as to support learning and improve safety. Patients, their families and carers should receive a meaningful apology – one that is a sincere expression of sorrow or regret for the harm that has occurred (For more information see Saying Sorry leaflet that can be found on Datix or by contacting the Patient Safety Team).

The Trust aims to be open and honest with patients and their relatives where an adverse event has occurred. (See Being Open and Duty of Candour Policy - CORP/RISK 14).

Saying sorry is not an admission of legal liability; it is the right thing to do. Healthcare professionals should explain that new information may emerge as an investigation is undertaken, and that patients, their families and carers will be kept up to date with the progress of an investigation.

In line with NHSR's guidance, whilst effective dialogue is encouraged to acknowledge adverse events, offer apologies, explanations and expressions of sympathy, staff should not discuss liability or blame with patients or their family/representatives. There is a due legal process whereby negligence is determined and any compensation is decided, and this process is compromised if discussions are held between Trust staff and patients about litigation.

If a patient or carer asks for further information about litigation, staff should not attempt to advise them. They should be directed to:

- The Citizens' Advice Bureau Citizens Advice
- Action Against Medical Accidents (AvMA)
- The Law Society

Where a solicitor is on record as advising a patient, member of staff or member of the public all contact in relation to the claim or circumstance shall be directed through the legal advisor.

6 LEARNING/SUPPORT

6.1 Support and training for staff

It is important that all healthcare organisations create an environment in which members of staff are encouraged to report patient safety incidents. Staff should feel supported throughout the investigation process because they too may have been traumatised by being involved. The Trust has a designated policy that sets out the arrangements for supporting staff involved in incidents, complaints and claims (see Incident Management Policy - CORP/RISK 33).

The training requirements of staff will be identified through a training needs analysis. Role specific education will be delivered by the service lead.

7 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

A bi-annual audit of compliance with this policy will be performed by the Claims Manager, and a report from this audit will be submitted to the Patient Safety Review Group and the Health and Safety Committee to review and note recommendations. Where it is anticipated that compliance with this policy will not be achieved the Claims Manager will notify the Trust Solicitor who will consider the circumstances and take action to minimise the associated risk.

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Compliance with NHSR reporting deadlines.	Claims Manager	Bi-annually	Patient Safety Review Group Health and Safety Committee.
Number of claims reported to NHSR and the financial liabilities held by NHSR and the Trust through each scheme.	Claims Manager	Quarterly 6 weekly	Patient Safety review Group Health and Safety Committee.
Quantitative analysis of the number and types of claims against each Division/Department, the number of claims closed and outcomes.	Claims Manager	Quarterly 6 weekly	Patient Safety Review Group Health and Safety Committee.
Number of claims received where no incident has been recorded or a complaint has been received.	Claims Manager	Quarterly 6 weekly	Patient Safety Review Group Health and Safety Committee.
Qualitative analysis of claims and a review of learning from claims over the preceding year.	Claims Manager	Annually	Patient Safety Assurance Group/People Committee

8 DEFINITIONS

Claim: allegations of negligence and/or demand for compensation made following an adverse incident resulting in personal injury or any clinical incident which carries significant litigation risk for the Trust.

CNST: the Clinical Negligence Scheme for Trusts (CNST) is the membership scheme, which handles all clinical negligence claims against the Trust where the incident took place on or after 01 April 1995.

ELS: the Existing Liabilities Scheme (ELS) is the NHSR scheme, which deals with all claims relating to incidents that occurred before 01 April 1995. A civil wrong arising from an act or a failure to act for which an action for personal injury or property damages may be brought.

LTPS: the Liabilities to Third Parties Scheme (LTPS) indemnifies the Trust against claims from third parties including employees and members of the public arising from incidents occurring since 01 December 1999. Indemnity arrangements before the inception of this scheme were with commercial insurers, details of which are held by the Legal Services Team.

NHSR: National Health Service Resolution (NHSR) is an arm's length body of the Department of Health and Social Care in England, which indemnifies NHS organisations against various risks including Employer's and Public Liability and Clinical Negligence claims.

Panel Solicitors: solicitors appointed by the NHSR to manage aspects of claims with a duty to both the NHSR and the Trust.

PES: the Property Expenses Scheme (PES) covers damage to, or loss of property owned by or the responsibility of the Trust.

RPST: the Risk Pooling Scheme for Trusts (RPST) is the NHSR's scheme, which covers all non-clinical claims. The scheme began on 01 December 1999. RPST includes the Liabilities to Third Parties Scheme and the Property Expenses Scheme.

Trust's Legal Advisors: appointed Solicitors contracted by the Trust to provide legal advice.

Vicarious Liability: under NHS indemnity, NHS bodies take direct responsibility for costs and damages arising from clinical negligence where they (as employers) are vicariously liable for the acts and omissions of their health care professional staff.

9 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27), the Equality Diversity and Inclusion Policy (CORP/EMP 59) and the Civility, Respect and Resolution Policy (CORP/EMP 58).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 7)

10 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

Being Open, Saying Sorry and Duty of Candour Policy - CORP/RISK 14

Civility Respect and Resolution Policy – CORP/EMP 58

Complaints Handling Policy (Including Concerns) - CORP/COMM 4

Eliminating Mixed Sex Accommodation, whilst Maintaining Privacy and Dignity Policy - PAT/PA 28

Equality Analysis Policy - CORP/EMP 27

Equality Diversity and Inclusion Policy – CORP/EMP 59

Health & Safety Policy – CORP/HSFS 1

Incident Management Policy - CORP/RISK 33

Information Records Management - Code of Practice - CORP/ICT 14

Mental Capacity Act 2005 - Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS) - PAT/PA 19

Patient Safety Incident Response Policy (PSIRF) CORP/RISK 36

Processing Requests for Access to Health Records Procedure - CORP/REC 3

Risk Management Policy – CORP/RISK 30

11 REFERENCES AND USEFUL DOCUMENTS

Apologies and Explanations. Available from NHS-Resolution-Saying-Sorry.pdf
Civil Procedure Rules 1998 (SI 1998/3132) London: Stationary Office. Available online from www.Legislation.gov.uk

Claims Reporting Guidelines Claims reporting guidelines - NHS Resolution

Clinical Negligence Scheme for Trusts Clinical Negligence Scheme for Trusts - NHS Resolution
Early Notification Scheme Early Notification Scheme - NHS Resolution

Ministry of Justice
Pre-action Protocol for the Resolution of Clinical Disputes Pre-Action Protocol for the Resolution of Clinical Disputes – Civil Procedure Rules – Justice UK

Ministry of Justice
Pre-action Protocol for Personal Injury Claims Pre-Action Protocol for Personal Injury Claims – Civil Procedure Rules – Justice UK

Ministry of Justice
Pre-action Protocol for Low Value Personal Injury (Employer Liability and Public Liability) Claims Pre-Action Protocol for Low Value Personal Injury (Employers' Liability and Public Liability) Claims – Justice UK

Records Management Code of Practice Records Management Code of Practice - NHS Transformation Directorate

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR 2013). Available from RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations - HSE

APPENDIX 1 – TRUST PROCEDURE FOR HANDLING CLINICAL NEGLIGENCE CLAIMS

1. Notification of a claim

The Trust is usually informed that solicitors are investigating a potential clinical negligence claim by letter. This notification can also come directly from a claimant or someone acting on their behalf as a litigation friend. The first notification of a claim will ordinarily give some indication as to the matter that is being investigated. It is accepted that some notifications will not house sufficient detail to identify what the specific issue is.

At this stage, the solicitor will usually be asking to have a copy of the medical records. The solicitor must provide written consent from their client for the notes to be disclosed to them. If appropriate consent is not received, the records cannot be disclosed. Providing the appropriate consent is obtained, a copy of the medical records must ordinarily be disclosed within 40 days of receipt of the request.

2. Disclosing records

The Legal Services Team will forward disclosure requests for medical records to the Case Note Release Team. The Case Note Release Team will deal with medical records disclosure, anything outside of this will be dealt with by the Legal Services Team for example investigation reports, complaint responses. Emergency Department, Therapies and Obstetric records are held on an electronic system and are accessed for disclosure directly by the Case Note Release Team.

The Legal Services Team will check for records relating to incidents, complaints and PSI investigations where requested for the purpose of the claim investigation.

3. Reporting Claims to the NHSR

All claims will be handled and reported to NHSR in accordance with CNST Reporting Guidelines. Claims will be reported to NHSR when a significant litigation risk has been established.

This would include:

- Claims where the preliminary investigations, following receipt of a request for disclosure of records or receipt of a letter of notification, indicate that there is a significant risk of an admission of breach of duty.
- Claims where a formal letter of claim is the first indication of any action.
- Claims arising from the complaints process where the response indicates an admission of liability and where the PALS Team has notified the Legal Services Team.
- Incidents that have occurred and are graded red and reveal a possible breach of duty, which has the potential to lead to a claim.

If proceedings are issued and served on the Trust, NHSR/instructed Panel Solicitors should be informed immediately.

The Claims Manager with the support of the Legal Services Team will report all claims via NHSR's claims reporting system 'CaseHub', an electronic system that forms part of NHSR's extranet function. Where the following information is available, it will accompany the reporting of a clinical negligence claim:

- Letter of Claim and any preceding correspondence.
- Any clinicians' comments.
- Copy complaints file.
- Copy incident report and associated action plan.
- Copy of Inquest Outcome report where applicable.

Upon acceptance of the claim by the NHSR, they will appoint a case manager and will liaise with the Trust regarding future management of the claim. In the case of a CNST claim, NHSR may appoint Panel Solicitors or deal with the claim "in house". Following acceptance of a CNST claim, NHSR will assume responsibility for all costs of the claim thereafter.

Claims that pre-date the formation of the Trust will be reported to and managed by NHSR and sent to NHS England for their action as the holders of liabilities for that period.

4. Further progress of a claim

Where a claim is pursued following disclosure of records, the claimant's solicitors will send the Trust a formal Letter of Claim. This should outline the allegations in detail and provide the Trust with details of the loss suffered by the claimant as a result of the alleged negligence. The Trust has four months to provide a reasoned response before proceedings can be issued. On receipt of a formal letter of claim, the following will happen:

1. The Letter of Claim (LOC) must be reported to NHSR within 24 hours where possible.
2. The LOC must be acknowledged within 14 days
3. A copy of the letter of claim is disseminated to the relevant Division(s) and Executives for awareness and dissemination to the appropriate Specialty.
4. The LOC is reviewed by the case manager (NHSR) alongside information to date by the Claims Manager.
5. LOC may be reviewed by the relevant practitioner for further comment

Letter may be reviewed by the Trust's expert if one has been commissioned
A formal Letter of Response will always be sent from NHSR or Panel Solicitors, with the Trust's agreement to the content where admissions are indicated. The Legal Services Team will liaise with the relevant staff and the Trust Solicitor to ensure the Trust agrees to any admission or repudiation as is relevant to the case.

5. **Legal Proceedings**

When court proceedings are issued and served upon the Trust, they will include Particulars of Claim along with the claimant's medical evidence of injury i.e. expert's report and their schedule of damages. Proceedings must be issued within 3 years of the date of the incident or the date of knowledge of harm (if different) – i.e. where a patient may only have discovered harm later than the actual incident date. In the case of a child, these proceedings must start no later than 3 years from the date of the child's 18th birthday; different rules also apply for claimants without sufficient mental capacity. The court will then control the timetable for the claim. At this stage, NHSR will directly instruct Panel Solicitors, (if this has not already happened) who will deal with the following legal processes:

- Acknowledgement of Service

This must be filed with the relevant Court within 14 days of receipt of the Claim Form/Particulars of Claim. Failure to do so could result in judgment being found for the claimant by default.

- Defence

The Trust will be given 28 days to serve its defence. This may be extended by a further 28 days by mutual agreement with the claimant's solicitor, but anything more than this will require a consent order from the Court.

- Allocation Questionnaire

The questionnaire must be completed by Panel Solicitors and returned to the court by a particular date. Information will include details of the Trust's witnesses and experts.

- Case Management Conference

This is a meeting with Panel Solicitors and the claimant's solicitor in front of a judge to set the timetable. Deadlines will be set for:

- Exchange of expert evidence
- Exchange of witness statements
- Experts to confer and produce a schedule of agreement/disagreement
- Date for trial

Few claims actually go to trial. Most are discontinued by the claimant or settled before proceedings are issued or out of court.

6. **Settlement**

Only NHSR can negotiate a settlement to the claim. A settlement is usually negotiated where liability for breach of duty of care has been clearly identified. On occasions, a claim is settled where, on the balance of probabilities the defence of the claim would be difficult if it were to continue to trial – this is usually referred to as a financial or litigation risk and suggests that there would be a significant risk of losing at trial.

A settlement may be negotiated at any point in the history of a claim. Settlement can include payment for the following:

- General damages for pain, suffering and loss of amenity.
- Financial loss including for care and loss of earnings.
- Claimant's costs.

If NHSR settles a claim, it is usually on the basis that they will assume responsibility for the claimant's legal costs. Before any payment for damages can be made, a certificate of recoverable benefits must first be obtained from the Compensation Recovery Unit (CRU). The NHSR are responsible for making all payments for settlement of clinical claims. If a claim is nearing settlement, a briefing note should be sent to the Executive Medical Director and any other relevant officer of the Trust, as identified by the Claims Manager, outlining the details of the case and the expected settlement, so that the Trust is aware of a pending settlement and any potential media interest that could be associated therewith.

7. Claim Outcome

At the conclusion of a claim, the Legal Services Team will update Datix with the following detail:

- Claimant details.
- GIRFT Claimants allegations summary GIRFT Defence summary - detailing the outcome of the claim
- Letter of Claim/Particulars of Claim uploaded to Datix
- Letter of Response/Defence uploaded to Datix
- Expert reports (where a claim has settled and damages are paid)
- Breakdown of quantum (damages and costs).
- Risk Management recommendations/learning from claims (if any).

A monthly report will be sent to The Divisions and Executives to facilitate review of the claim in line with GIFT.
A monthly claims headline report will be shared with the Associate Chief Nurse for Patient Safety & Quality and The Executive Patient Safety Overview Group (TEPSOG)
A quarterly report will be sent to the Patient Safety Review Group for noting, monitoring. A copy will be

8. Information and Data Storage

Throughout the lifetime of a claim, all relevant information will be input by the Legal Services Team onto Datix Web, the Trust's Risk Management Database.

The information kept on the Claims module of Datix will be held in line with the principles of the Trust's Information Records Management - Code of Practice (CORP/ICT 14).

A system of electronic files will be maintained by the Legal Services Team to support operational procedures in the management of claims and as a back-up to the Datix system.

The Trust Solicitor will be responsible for the security of the information held within the Legal Services Department.

An easy reference procedural table for clinical negligence claims at Page 5

APPENDIX 2 – TRUST PROCEDURE FOR HANDLING NON-CLINICAL CLAIMS

1. Letter Before Action

Non-clinical claims (Employer's Liability (EL) or Public Liability (PL)) are received through a national centralized claims portal system accessed by the Legal Services Team. Claimants issue their allegations within a claim form submitted through this portal system which is issued against the Trusts indemnifiers – NHSR. They automatically acknowledge the claim and forward all documentation through the portal system for the Legal Services Team to access and begin investigations. The three-year limitation period still applies in that Proceedings have to be issued within three years of the incident or date of knowledge of harm arising out of the incident, or three years from the date of the claimant's 18th birthday in the event the claimant is a child. Different rules apply for claimants without sufficient mental capacity.

The Legal Services Team will ensure that the claim is recorded on Datix Web, the Trust's Risk Management Database.

In the event of an Employer's Liability claim the Legal Services Team will liaise with the employee's line manager where appropriate by way of investigating the claim and identifying where any further support may be required. The Trust Health and Safety Advisor will also be informed of all non-clinical claims so that action can be taken to ensure that the Trust has properly investigated any relevant incidents and learning has been considered and initiated.

The Legal Services Team will liaise with the relevant General Manager to identify how best to investigate the matter and to arrange for collation of documentary evidence required in the NHSR registration process.

Through the portal system the Trust has 30 days for EL claims and 40 days for PL claims to investigate the allegations, provide a formal decision on Trust liability and gather and supply documentary evidence for NHSR to respond to the claimant's solicitors through the portal system. Management of claims outside of the national centralized portal system attracts additional costs to the Trust. Therefore management of non-clinical claims within the portal system is both cost effective and reduces the lifespan of a claim.

Nearly all non-clinical claims required extensive disclosure by the claimant's solicitors and a list is often used that is drawn from a template or directly from the Civil Procedure Rules. The Legal Services Team will determine what information does or does not exist through discussions with relevant staff and will liaise with the NHSR where disclosure lists seem disproportionate to the matter in hand.

The following information is likely to be required for disclosure in non-clinical claims:

- Incident Report.
- RIDDOR report and any other correspondence with the Health and Safety Executive.
- Witness statements of any staff involved with or who witnessed the incident and which were obtained before the claim was intimated.
- A manager's report completed before the claim was intimated.
- Risk assessments.
- Earnings and absence details if employee.

The Legal Services Team will request employee information as required from Victoria Pay Services (VPS). Other requests will be addressed to the relevant staff members responsible for the document or process, including but not exhaustive of the Trust's Health and Safety Advisor, the Head of Estates and Facilities, the relevant General Manager for the Division/Department, and the relevant Service Lead (for housekeeping, maintenance, repair, catering and other such services).

2. Legal Proceedings

Where proceedings are served directly upon the Trust NHSR must be notified immediately. NHS Resolution will manage all non-clinical claims through legal proceedings and may instruct Panel Solicitors to act on behalf of the Trust. Throughout such proceedings, the Legal Services Team will deal with matters arising on behalf of the Trust and will coordinate the involvement of Trust staff who may be called are required as witnesses.

3. Settlement

Only NHSR can negotiate a settlement to the claim. A settlement is usually negotiated where liability for breach of duty of care has been clearly identified. On occasions, a claim is settled where on the balance of probabilities defence of the claim would be difficult if it continued to trial – this is usually referred to as a financial or litigation risk and suggests that there would be a significant risk of losing at trial.

A settlement may be negotiated at any point in the history of a claim. Settlement can include payment for the following:

- General damages for pain, suffering and loss of amenity.
- Financial loss including for care and loss of earnings.
- Claimant's costs.

If NHSR settles a claim, it is usually on the basis that they will assume responsibility for the claimant's legal costs. Before any payment for damages can be made, a certificate of recoverable benefits must first be obtained from the Compensation Recovery Unit (CRU). If a claim is nearing settlement, a briefing note should be sent to the Executive Medical Director and any other relevant officer of the Trust, as identified by the Claims Manager, outlining the details of the case and the expected settlement, so that the Trust is aware of a pending settlement and any potential media interest that could be associated therewith.

The Legal Services Team will be notified of settlement figures (damages and costs) and will co-ordinate payment of the Trust's excess through the Finance Department.

4. Claim Outcome

At the conclusion of a claim, the Legal Services Team will prepare a Claim Outcome Report that will include the following detail:

- Claimant details.
- Brief synopsis of the claim.
- Outcome to reflect successful defence, settled before proceedings, settled in court, withdrawn, statute-barred (out of time).
- Breakdown of quantum (damages and costs).
- Risk Management recommendations (if any).

- Summary to include reflections on the handling of the claim and interactions and involvement of staff.

This Claim Outcome Report will be forwarded to the Executive Medical Director, key witnesses involved in the claim where appropriate and the Health and Safety Committee for noting and monitoring of any learning outcomes and clinical governance issues.

5. Information and Data Storage

Throughout the lifetime of a claim, all relevant information will be input by the Legal Services Team onto Datix Web, the Trust's Risk Management Database.

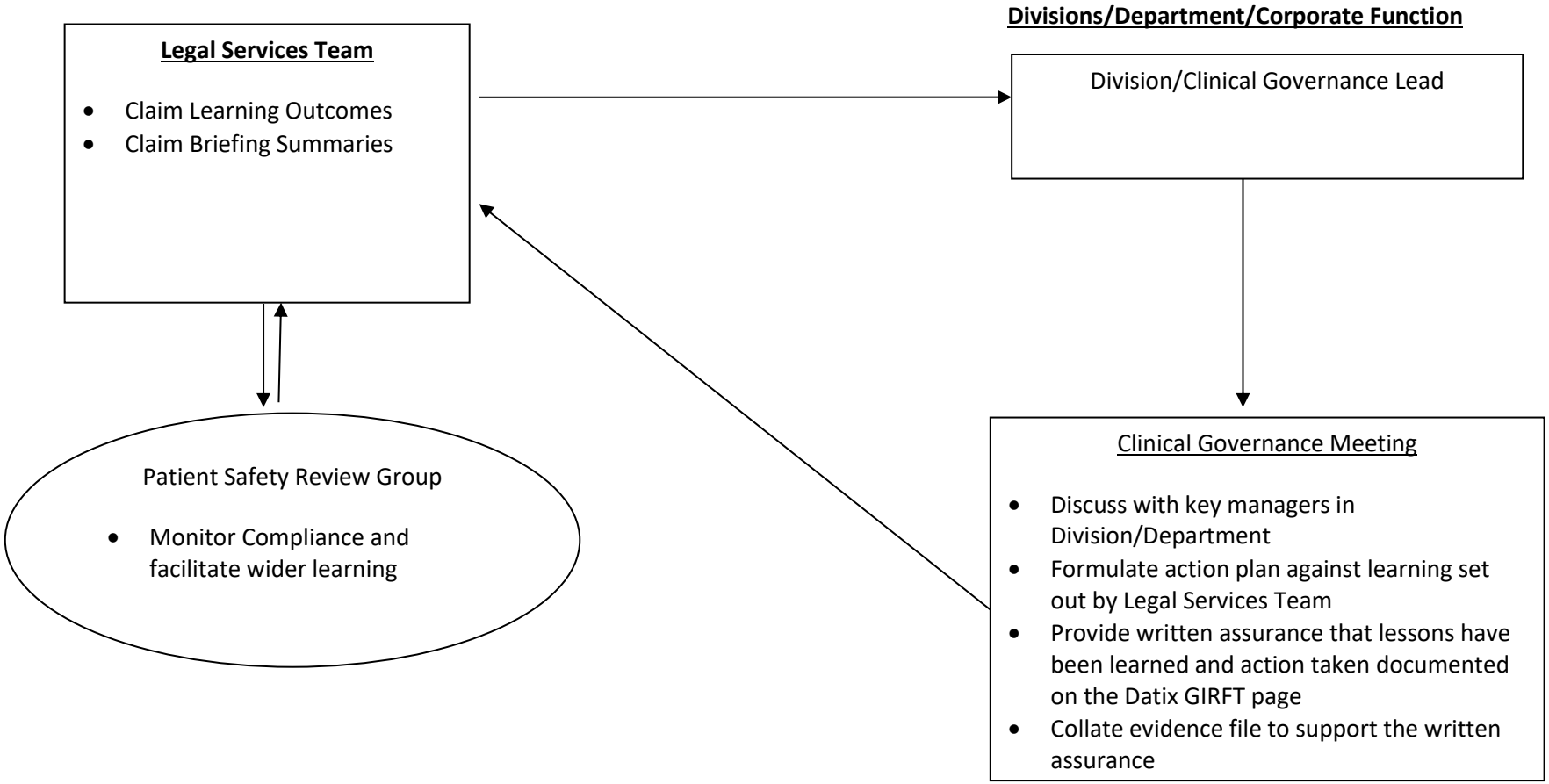
The information kept on the Claims module of Datix will be held in line with the principles of the Information Records Management - Code of Practice (CORP/ICT 14).

A system of electronic files will be maintained to support operational procedures in the management of claims and as a back-up to the Datix system.

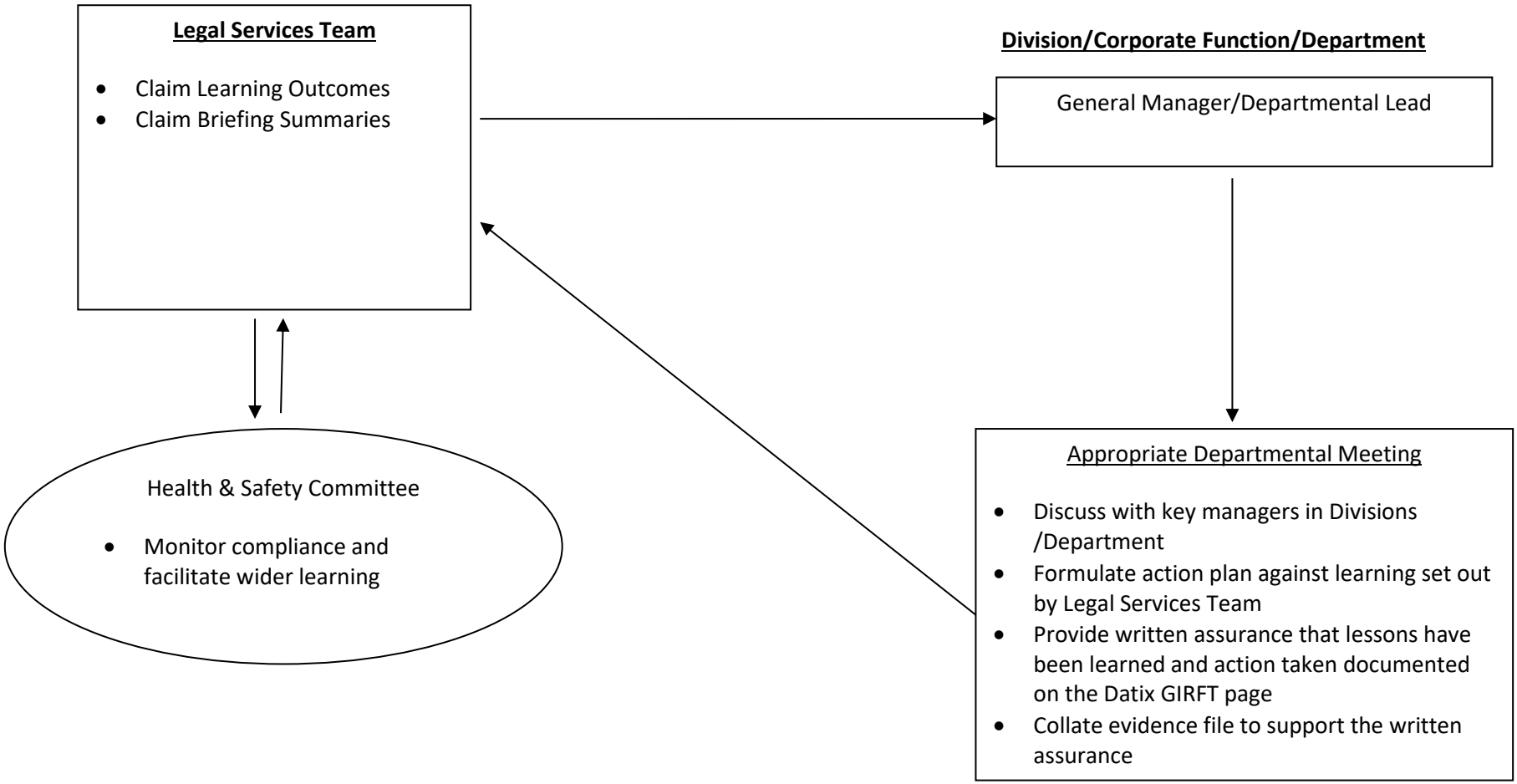
The Trust Solicitor will have overall responsibility for the security of the information held within the Legal Services Department.

An easy reference procedural table for non-clinical claims is at Page 6

APPENDIX 3 – CLINICAL NEGLIGENCE LEARNING LOOP



APPENDIX 4 – NON CLINICAL CLAIMS LEARNING LOOP



APPENDIX 5 – SAYING SORRY

May 1st 2009

To: Chief Executives and Finance Directors
All NHS Bodies

Dear Colleagues

Apologies and Explanations

I am pleased to report that the Authority's letter of 15 August 2007, on providing apologies and explanations to patients or their relatives, has been updated and endorsed widely by other organisations, so it seemed appropriate to reissue it with those endorsements included. To ensure the widest possible distribution to staff in the NHS and beyond, the co-signatories have all incorporated links to this letter on their own websites. To reduce the possibility of misunderstandings by front-line staff, the original letter has been reworded slightly in places.

Apologies

It is both natural and desirable for clinicians who have provided treatment which produces an adverse result, for whatever reason, to sympathise with the patient or the patient's relatives; to express sorrow or regret at the outcome; and to apologise for shortcomings in treatment. It is most important to patients that they or their relatives receive a meaningful apology. We encourage this, and stress that apologies do not constitute an admission of liability. In addition, it is not our policy to dispute any payment, under any scheme, solely on the grounds of such an apology.

Explanations

Patients and their relatives increasingly ask for detailed explanations of what led to adverse outcomes. Moreover, they frequently say that they derive some consolation from knowing that lessons have been learned for the future.

In this area, too, the NHSLA (now NHSR) is keen to encourage both clinicians and NHS bodies to supply appropriate information whether informally, formally or through mediation.

Explanations should not contain admissions of liability. For the avoidance of doubt, the NHSLA (NHSR) will not take a point against any NHS body or any clinician seeking NHS indemnity, on the basis of a factual explanation offered in good faith before litigation is in train. We consider that the provision of such information constitutes good clinical and managerial practice.
To assist in the provision of apologies and explanations, clinicians and NHS bodies should familiarise themselves with the guidance on Being Open, produced by the National Patient Safety Agency and available at www.npsa.nhs.uk/nrls/alerts-and directives/notices/disclosure/

Formal Admissions

In keeping with our financial and case management responsibilities, the NHSLA will make or agree the terms of formal admissions within or before litigation. This circular is intended to encourage scheme members and their employees to offer the earlier, more informal, apologies and explanations so desired by patients and their families.

Medical Defence Organisations

It is critically important to note that all of the above applies to the provision of NHS indemnity to NHS bodies and employees. Should any individual clinicians wish to adopt a particular policy vis a vis apologies and explanations, in a matter which might expose them to an action brought against them as an individual, they should seek the advice of their medical defence organisation and/or professional body.

Staff Support

We should not lose sight of the traumatic effect that adverse outcomes, and their aftermath, might have on NHS staff as well as on patients and their relatives. Some may find compliance with these recommendations cathartic or therapeutic; others will not. None will find compliance easy. Recognising this, employers should do whatever is necessary by way of offering training, support, counselling or formal debriefing.

Yours sincerely

Stephen Walker CBE
Chief Executive

We endorse the NHSLA(NHSR) guidance on apologies and explanations.
For many years we have advised our members that, if something goes wrong, patients should receive a prompt, open, sympathetic and above all truthful account of what has happened. Any patient who has had the misfortune to suffer through an error of whatever nature should receive a full explanation and a genuine apology. We encourage members to adopt this approach. There are no legal concerns about taking this course of action: it is quite different from admitting liability.

Dr Michael Saunders
Chief Executive
Medical Defence Union

Dr Stephanie Bown
Director of Policy and Communications
Medical Protection Society

Dr Jim Rodger
Head of Professional Services
Medical and Dental Defence Union of Scotland

Dr Peter Carter
Chief Executive and General Secretary
Royal College of Nursing

Martin Fletcher Chief Executive
National Patient Safety Agency

Dr Hamish Meldrum Chairman of Council
British Medical Association

The GMC fully supports this advice from the NHSLA (NHSR). If something goes wrong, patients deserve an apology and a full explanation. In Good Medical Practice we say 'if a patient under your care has suffered harm or distress, you must act immediately to put matters right, if that is possible. You should offer an apology and explain fully and promptly to the patient what has happened and the likely short-term and long-term effects.'

Finlay Scott
Chief Executive
General Medical Council

NHS Resolution

Saying sorry

Saying sorry meaningfully when things go wrong is vital for everyone involved in an incident, including the patient, their family, carers, and the staff that care for them.

Saying sorry is:
always the right thing to do
not an admission of liability
acknowledges that something could have gone better
the first step to learning from what happened and
preventing it recurring

Why?

Not only is it a moral and right thing to do - it is also a statutory, regulatory, and professional requirement. It can also support learning and improve patient safety.

When?

As soon as possible after you become aware something has gone wrong you should seek out the patient and or their family and say sorry and acknowledge what has happened and tell them that you will find out more. Reassure them that you will keep them informed.

Who?

Everyone can say sorry, but you may need to be supported to do so. You may need the backing of more senior people and staff may need training but it should not stop you from simply saying sorry. As part of an initial apology it is best practice to provide the patient and their family with a key contact wherever possible.

What if there is a formal complaint or claim?

The Compensation Act 2006 states; 'An apology, an offer of treatment or other redress, shall not of itself amount to an admission of negligence or breach of statutory duty'. (source: Compensation Act 2006 – Chapter 29 page 3)

In fact, delayed or poor communication makes it more likely that the patient will seek information in a different way such as complaining or taking legal action. The existence of a formal complaint or claim should never prevent or delay you saying sorry.

How?

The way you say sorry is just as important as saying it. An apology should demonstrate sincere regret that something has gone wrong and this includes recognised complications referred to in the consent process. It should be confidential and tailored to the individual patient's needs.

Where possible you should say sorry in person and involve the right members of the healthcare team. It should be heartfelt, sincere, explain what you know so far and what you will do to find out more.

It is the starting point of a longer conversation; as over time this will lead to sharing information about what went wrong, what you will do differently in the future. It is vital to avoid acronyms and jargon in all communications.

You may also need to say sorry in writing where significant harm has been caused or in response to a written complaint. An example of this could be:

"I wish to assure you that I am deeply sorry for the poor care you have been given and that we are all truly committed to learning from what happened. I apologise unreservedly for the distress this has caused you and your family"

What about the Duty of Candour?

The statutory Duty of Candour requires all NHS staff to act in an open and transparent way. Regulations governing the duty set out the specific steps healthcare professionals must follow if there has been an unintended or unexpected event which has caused moderate or severe harm to the patient.

These steps include informing people about the incident, providing reasonable support, truthful information and an apology. Saying sorry forms an integral part of this process. Process should never stand in the way of providing a full explanation when something goes wrong.

Don't say	Do say
x I'm sorry you feel like that	✓ I'm sorry X happened
x We're sorry if you're offended	✓ We're truly sorry for the distress caused
x I'm sorry you took it that way	✓ I'm sorry, we have learned that...
x We're sorry, but...	

"We have never, and will never, refuse cover on a claim because an apology has been given."

Helen Vernon, Chief Executive, NHS Resolution

For more information

Nursing and Midwifery Council & General Medical Council joint guidance on openness and honesty when things go wrong www.gmc-uk.org/guidance/ethical_guidance/27233.asp

Reports and consultations on complaint handling (Parliamentary and Health Service Ombudsman) www.ombudsman.org.uk

AvMA (Action against Medical Accidents) Duty of Candour leaflet www.avma.org.uk/policy-campaigns/duty-of-candour/duty-of-candour-leaflet

Care Quality Commission - Regulation 20: Duty of Candour www.cqc.org.uk/content/regulation-20-duty-candour

The NHS Constitution

Patients: "you have the right to an open and transparent relationship with the organisation providing your care. You must be told about any safety incident relating to your care which in the opinion of a healthcare professional, has caused or could still cause significant harm or death. You must be given the facts, an apology, and any reasonable support you need".

Staff: "you should aim to be open with patients... if anything goes wrong; welcoming and listening to feedback and addressing concerns promptly and in the spirit of cooperation."

If you want to get in touch safetyandlearningenquiries@resolution.nhs.uk

Published June 2017

www.resolution.nhs.uk

Providing the safest most effective care possible

NHS
Doncaster and Bassetlaw Teaching Hospitals
NHS Foundation Trust

A Duty of Candour leaflet for patients

We are sorry that you may have been involved in an incident that caused you harm, or could have caused you harm whilst you were in our care.

Our aim is to learn from incidents and to promote a culture of openness and honesty. We are committed to investigating and learning from any incident that have affected our patients.

We care

WPR42263 2024

AFFIX LABEL HERE IF AVAILABLE

NHS Number: _____

District Number: _____

Surname: _____

Forename(s): _____

Address: _____

_____

D.o.B.: _____

What is Duty of Candour?

The duty of candour is a statutory (legal) duty to be open and honest with patients (or 'service users'), or their families, when something goes wrong that appears to have caused or could lead to significant harm in the future. It applies to all health and social care organisations registered with the regulator, the Care Quality Commission (CQC) in England.

What is a Patient Safety Incident?

Patient safety incidents are unintended or unexpected events which could have or did result in some harm to a patient.

Why do things go wrong?

Healthcare is very complex and things can change rapidly and unexpectedly. Occasionally things do not go to plan and a patient can be harmed despite our best intentions. Our aim is to maintain safe care for all our people and public. We take every case of harm to our patients very seriously, and we make sure we use the opportunity to learn and reduce the chance of similar things happening again in the future.

A brief description of what you have been told:

In order to be honest and open about the care you receive, we will discuss this incident with you (and any chosen relatives or carers) and explain what we are going to do about it.

This incident has been reported to senior medical and nursing staff and the patient safety teams in the hospital.

Our immediate priority is to ensure you receive any urgent care you need following the incident and that you are safe. Once we are assured that your treatment or care is underway we will carry out an investigation.

The main priority in our investigation is to understand what happened, why it happened and how we can learn from the patient safety incident to significantly reduce the risk of recurrence.

What can I expect?

- A member of staff will speak to you honestly and openly as soon as possible after the event to discuss what happened, your condition and your ongoing care plan.
- All of the facts may not be clear at this time, therefore the team caring for you may not be able to answer all of your questions until we have investigated further.
- If you are not in a condition to receive the information, for example if you are too ill or recovering from an anaesthetic, the team caring for you will inform your family or the person named by you in your healthcare record as preferred contact.
- You can involve family members or carers in these discussions.
- You will be treated with dignity and respect, and you will receive an apology.
- You can expect to be involved in and contribute to decisions made about your care.
- You will be given a named person to speak to about any further queries or concerns.
- We will investigate what went wrong and you will be informed about the findings.
- You can expect confidentiality.
- Anonymised shared learning and improvements throughout all of Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust; and where appropriate, the wider NHS.

The type of learning response will vary, in line with the Trusts Patient Safety Incident Response Plan and may take up to 18 weeks to conclude fully.

We will keep you informed about the progress of our investigation.

When the investigation is complete we will contact you as agreed and arrange to share the outcomes of the investigation, including what learning and improvements may have been identified.

If you do not wish us to contact you, or you would like us to contact a relative or carer on your behalf, please let us know.

During the investigation:

If you have any concerns in relation to the process please do not hesitate to contact the person below:

Name: .....

Job title: .....

Contact Number: .....

Email: .....

Feedback

We appreciate and encourage feedback.

If you need advice during this process and are unable to contact the person named overleaf, please speak to another member of staff or contact the Patient Advice and Liaison Service.

Patient Advice and Liaison Service (PALS)

The team are available to help with any concerns/complaints you may have about your experience at the Trust. Their office is in the Main Foyer (Gate 4) of Doncaster Royal Infirmary. Contact can be made either in person, by telephone or email.

The contact details are:

Telephone: 01302 642764 or 0800 028 8059

Email: dbth.pals.dbh@nhs.net

Doncaster and Bassetlaw Teaching Hospitals NHS Foundation Trust endeavour to ensure that the information given here is accurate and impartial.

Patient Advice and Liaison Service (PALS)

APPENDIX 6 – EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
CORP/RISK 5 v 6 - Claims Handling Policy	Medical Director Corporate Nursing	Andrea Berry	Existing Policy	24 February 2026

1) Who is responsible for this policy? Corporate Nursing

2) Describe the purpose of the service / function / policy / project/ strategy? Who is it intended to benefit? What are the intended outcomes? To Comply with Civil Procedure Rules and pre-action protocols in the management of negligence claims.

3) Are there any associated objectives? Legislation, targets national expectation, standards: As Above

4) What factors contribute or detract from achieving intended outcomes? – None

5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? Details: [see Equality Impact Assessment Guidance] - No

- **If yes, please describe current or planned activities to address the impact** [e.g. Monitoring, consultation] –

6) Is there any scope for new measures which would promote equality? [any actions to be taken] No

7) Are any of the following groups adversely affected by the policy?

Protected Characteristics	Affected?	Impact
a) Age	No	
b) Disability	No	
c) Gender	No	
d) Gender Reassignment	No	
e) Marriage/Civil Partnership	No	
f) Maternity/Pregnancy	No	
g) Race	No	
h) Religion/Belief	No	
i) Sexual Orientation	No	

8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box

Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4

If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a* **Detailed Equality Analysis form – see CORP/EMP 27.

Date for next review: September 2028 (policy valid until March 2029)

Checked by: Ian Sprakes **Date:** February 2026