

CLAIMS HANDLING POLICY AND PROCEDURE

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Name of Responsible Committee/Individual:	Stephen Ward, Director of Corporate and Legal Affairs
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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

2008 V1 of this policy was approved by the Policy and Guideline Committee

2011 V2 of this policy was produced to better comply with NHSLA guidance

January 2013 V3 of this policy was produced to reflect different Monitoring Criteria.

February 2016 V4 of this policy reflects changes in the NHSLA Guidance and updates the proformas used in 2016.

KEY WORDS

List of words, phrases that may be used by staff searching for the Policy:

Claim, CNST, RPST, PES, LTPS

1. INTRODUCTION

- 1.1 The Trust is committed to an effective and transparent investigation of any claim including allegations of clinical negligence or personal injury so as to facilitate a timely response.
- 1.2 The Trust will follow the requirements of the NHS Litigation Authority (NHSLA) in the management of claims.
- 1.3 All members of staff are required to fully co-operate with the investigation and management of each claim.

2. POLICY AIMS

- 2.1 This aim of this Policy is to ensure a good process for the handling of claims that fall within the schemes administered by the NHSLA and for which the Trust has membership. The schemes in question are the Clinical Negligence Scheme for Trusts (CNST), and the Risk Pooling Scheme for Trusts (RPST).

3. POLICY SCOPE

This policy applies to all Trust staff and extends to the handling of clinical negligence, personal injury claims against the Trust and to property expense claims made by the Trust. This Policy does not extend to claims made under the Policy for Losses and Special Payments (B13/2005).

4. DEFINITIONS

- 4.1 **Clinical Negligence Scheme for Trusts (CNST)** is defined as that Scheme which covers Clinical Negligence claims ie allegations of clinical negligence and/or a demand for compensation made following an adverse clinical incident resulting in personal injury, or any clinical incident, which carries significant litigation risk for the Trust
- 4.2 **Risk Pooling Scheme for Trusts (RPST)** comprises the LTPS and PES schemes described below.
- 4.3 **Liability to Third Parties (LTPS)** is defined as that scheme which covers is a demand for compensation, following an adverse incident resulting in damage to property and/or personal injury, from either members of the public or employees of the Trust.
- 4.4 **Property Expense (PES)** is defined as that scheme which covers claims for compensation made by the Trust for accidental loss, damage or destruction of premises owned or occupied by the Trust including items of equipment owned by the Trust.

The Trust is a member of the Property Expenses Scheme administered by the NHSLA Risk Pooling Scheme. Where loss or damage to property and contents takes place all appropriate action should be taken to lessen any further loss and to ensure that a safe environment is created. If the loss or damage is substantial and likely to exceed the

insurance excess (£20,000) the Claims Manager (currently the Assistant Director of Corporate and Legal Affairs/Head of Legal Services) should be notified immediately. The Claims Manager will then report the loss to the Trust's insurers.

- 4.5 **Stakeholder** is defined as a person who has a legitimate interest in a claim and who is further described in sub-paragraphs 5.8-5.11 below.

5. ROLES AND RESPONSIBILITIES

- 5.1 The Trust Board director with responsibility for clinical negligence and personal injury issues will be the Director of Corporate and Legal Affairs and he will keep the Board informed of major developments in claims related issues.
- 5.2 The Assistant Director of Corporate and Legal Affairs shall have operational responsibility for this policy and shall be the Claims Manager for the Trust.
- 5.3 The Executive Quality Board will receive regular reports on clinical negligence claims and the Health and Safety Committee will receive regular reports on other claims.
- 5.4 The reports identified in 5.3 will be reported to the Executive Quality Board by the Claims Manager for CNST claims and the Claims Manager shall ensure that they are provided with the information required by them.
- 5.5 For RPST claims the Senior Health and Safety Manager shall report in accordance with the requirements of the Incident and Accident Reporting Policy (including the investigation of serious RIDDOR and security incidents) (A10/2002) and the Claims Manager shall ensure that s/he is provided with the information required to enable this and the Claims Manager shall ensure that they are provided with the information required.
- 5.6 The Committees referred to in 5.4 will provide corporate oversight to any required learning from claims reported to them. The allocation of responsibility for and implementation of, any remedial action arising out of particular claims will lie with the relevant Executive Director, Clinical Director or relevant Service Head.
- 5.7 Day to day management of claims will be carried out by the members of the claims team as appropriate. Investigations will be appropriate to the severity of the claim but every claim is important and will be investigated as such.
- 5.8 The claims team will investigate any allegations of negligence in conjunction with the relevant stakeholders (eg clinical staff or manager for the area in question) and the process of investigation will be determined by whether the claim is a clinical negligence claim or a non-clinical claim. Please see Appendix 1 (Claims Investigation Procedure).
- 5.9 It is important that stakeholders are adequately informed at key stages of a claim. Information provided to stakeholders will be such as to enable them to perform their role. Apart from internal emails where communication is by email it must comply with

Information Governance requirements. Communication by mail or telephone is also acceptable.

- 5.10 For Clinical Negligence claims the stakeholders will be the clinician in charge of the patient's care and the Clinical Director (or appointed deputy) as responsible manager for the service. For RPST Claims the Manager of the Area or Service in question will be a stakeholder.
- 5.11 Where Risk Management issues have been identified the Senior Patient Safety Manager and the Clinical Director will be stakeholders for CNST claims and will ensure that lessons are learned from Claims as appropriate. The Health and Safety Manager will be a stakeholder for RPST claims.
- 5.12 Where the CNST reporting guidelines are triggered then the NHSLA (and any appointed solicitors) will be stakeholders.
- 5.13 Where the claim relates to a death then it is possible that the coroner will be holding an inquest during the subsistence of the claim. Although the Trust is entirely committed to assisting the coroner in the conduct of their enquiries this does not mean that coroner will be a stakeholder in the claim. A coroner is precluded from considering matters of negligence and is not entitled to documents that were prepared in contemplation of litigation and are subject to privilege. Further advice can be sought on this aspect from the Assistant Director of Corporate and Legal Affairs.
- 5.14 So as to ensure that they can comply with the requirements of the Incident and Accident Reporting Policy (including the investigation of serious RIDDOR and security incidents) (A10/2002) the Assistant Director of Corporate and Legal Affairs shall be responsible for ensuring that the Senior Patient Safety Manager shall have such information as is required by her.

6 POLICY STATEMENTS

- 6.1 The Trust has several types of insurance cover dependent on the type of claim. The principal policies have different levels of excess as detailed below.

Type	Insurer	Excess
Clinical Negligence	CNST	Nil
Employers Liability	Risk Pooling Scheme	£10,000
Public Liability	Risk Pooling Scheme	£3,000
Buildings and Contents	Risk Pooling Scheme	£20,000

6.2. Use of Legal Advisors

The Assistant Director of Corporate and Legal Affairs will ensure that any legal advice is obtained from solicitors with appropriate expertise in clinical negligence and personal injury claims.

6.3. Information on Claims

6.3.1 The Assistant Director of Corporate and Legal Affairs will establish and maintain a database (Datix) of all clinical negligence and personal injury claims. This database will facilitate the provision of relevant and timely information as required by the Trust Board and NHSLA.

6.3.2 The Assistant Director of Corporate and Legal Affairs will ensure the secure storage for current claims files and files that have been closed and archived.

6.4. Delegated Financial Responsibility

6.4.1 The Trust Board has responsibility from the Department of Health for the management of claims involving payments of up to £1,000,000 except for claims raising novel, contentious or repercussive features which will be referred to the Department of Health for approval. The Trust Board recognises the importance of liaising closely with the NHSLA on any claims that are reportable to them under CNST or RPST.

6.4.2 This financial responsibility will be delegated in the first instance to the Director of Corporate and Legal Affairs, or his appointed deputy who will have power to authorise admission of liability in all claims to any value.

6.4.3 All payments in settlement of claims will be entered in summary form in the Register of Losses and Special Payments. Any contribution from the NHSLA or insurers will be noted in the register by the Chief Financial Officer or his deputy for these purposes.

6.5 Procedures

6.5.1 The Claims Team should follow the procedures which appear as appendices to this Policy.

6.6 Risk Management Report

6.6.1 Claims Officers shall consider risk management issues for all files for which they are responsible. Where a Claims Officer identifies a risk management issue which has not been previously investigated or it is felt that further investigation may be helpful then the Claims Officer will forward details to the Senior Patient Safety Manager (for Clinical Negligence) and Health and Safety Manager (for EL/PL) in addition to the relevant person in the appropriate CMG for their review and further consideration.

6.6.2 As the case proceeds Claims Officers should keep the issue of risk management reporting under review and seek advice, from the NHSLA, as appropriate, on this issue.

6.6.3 On closing a file a claims officer shall ensure that all risk management issues have been reported to the appropriate Risk Manager (Patient Safety Manager for Clinical Negligence and Health and Safety Manager for EL/PL claims).

7. EDUCATION AND TRAINING REQUIREMENTS

- 7.1 All staff will receive basic training on claims management at corporate induction in accordance with their Training Needs Analysis.
- 7.2 If a Clinical Director, Head of Service or Head of Nursing considers that staff within their CMG would benefit from more detailed training then this will be provided by the Claims Team upon request.

8. PROCESS FOR MONITORING EFFECTIVENESS

- 8.1 The Assistant Director of Corporate and Legal Affairs will monitor and have overall responsibility for ensuring that this policy is implemented and adhered to by all staff within the trust. This shall be done through a combination of Monthly Key Performance.

8.2 POLICY MONITORING TABLE

Element to be monitored	Lead	Tool	Frequency	1. Reporting arrangements 2. Lead(s) for acting on recommendations 3. Change in practice and lessons to be shared
80% of all new CNST claims to be acknowledged (within 21 days of receipt).	Assistant Director	Audit	Monthly	CLA Directorate Senior Management Team
80% of all requests for disclosure of medical records to be completed (within 40 days) of receipt of request.	Assistant Director	Audit	Monthly	CLA Directorate Senior Management Team
80% of CNST claims to be reported to NHSLA (within 2 months) of receipt of claim were the significant litigation risk identified.	Assistant Director	Audit	Monthly	CLA Directorate Senior Management Team
80% of CNST Letters of Claim to be reported to NHSLA (within 3 working days of receipt)	Assistant Director	Audit	Monthly	CLA Directorate Senior Management Team

80% of CNST Letters of Claim to be acknowledged (within 14 days)	Assistant Director	Audit	Monthly	CLA Directorate Senior Management Team
CNST Letter of notification to be acknowledged and sent to NHSLA within 14 days of receipt'	Assistant Director	Audit	Monthly	CLA Directorate Senior Management Team
80% of all RPST claims to be reported to the NHSLA within 3 months of receipt of claim	Assistant Director	Audit	Monthly	CLA Directorate Senior Management Team

9 EQUALITY IMPACT ASSESSMENT

- 9.1** The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- 9.2** As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

10 LEGAL LIABILITY

10.1 Legal Liability Statement for use in Policy Documents

The Trust will generally assume vicarious liability for the acts of its staff, including those on honorary contract. However, it is incumbent on staff to ensure that they:

- Have undergone any suitable training identified as necessary under the terms of this policy or otherwise.
- Have been fully authorised by their line manager and their Directorate to undertake the activity.
- Fully comply with the terms of any relevant Trust policies and/or procedures at all times.
- Only depart from any relevant Trust guidelines providing always that such departure is confined to the specific needs of individual circumstances. In healthcare delivery such departure shall only be undertaken where, in the judgement of the responsible clinician it is fully appropriate and justifiable - such decision to be fully recorded in the patient's notes.

It is recommended that staff have Professional Indemnity Insurance cover in place for their own protection in respect of those circumstances where the Trust does not automatically assume vicarious liability and where Trust support is not generally

available. Such circumstances will include Samaritan acts and criminal investigations against the staff member concerned.

Suitable Professional Indemnity Insurance Cover is generally available from the various Royal Colleges and Professional Institutions and Bodies. For further advice contact: Head of Legal Services on 0116 258 8960.

11. SUPPORTING REFERENCES

The Policy is supported by the following documents as detailed below:-

Document	Source
NHSLA Clinical Negligence Scheme for Trusts Reporting Guidelines	CNST Reporting Guidelines
NHSLA Risk Pooling Scheme Non-Clinical Claims Reporting Guidelines.	RPST Reporting Guidelines
Pre-Action Protocol for Personal Injury Claims.	Pre Action Protocol for PI matters
Pre-Action Protocol for The Resolution of Clinical Disputes	Pre Action Protocol for Clinical Negligence matters
Incident and Accident Reporting Policy (including the investigation of serious RIDDOR and security incidents) (A10/2002)	Policy and Guideline Library
Policy for Losses and Special Payments (B13/2005).	Policy and Guideline Library

12. PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

This policy will be uploaded onto SharePoint and available for access by staff through INsite. It will be stored and archived through this system.

Review will be undertaken by the Policy Author by February 2018.

13. FURTHER CONTACTS

Assistant Director and Head of Legal Services
Employers Liability and Public Liability Claims

Ext 8960
Ext 8672

On receipt of a claim the Assistant Director of Corporate and Legal Affairs will be responsible for ensuring the undertaking of an initial investigation in conjunction with the relevant stakeholders (Clinical Staff or Managers). The Assistant Director of Corporate and Legal Affairs may undertake this personally or via a member of the Claims Team.

The person conducting the investigation will adopt a Root Cause Analysis approach to all investigations in conjunction with the relevant clinician or manager. The purpose of such an analysis is to identify the real cause(s) of the incident giving rise to the claim. It may also identify underlying system failures and other contributory factors that may have had an impact on the incident.

The actual process of investigation will be determined by whether it is a clinical negligence claim or a non-clinical negligence claim.

The Claims Team is at liberty to make use of the Appendices to this Procedure as appropriate but are also at liberty to amend them as required.

PES claims are not matters of litigation and a different approach may be adopted as guided by the NHSLA.

1. Clinical Negligence Claim

- 1.1 Acknowledge receipt of the claim and/or application for the release of medical records **within 21 days**.
- 1.2 Identify, if any, existing incident or complaints file and assimilate into newly created Datix and Claim Files.
- 1.3 Identify and request copy medical records and x-rays.
- 1.4 Identify consultant (or other lead clinician where appropriate) with responsibility for patient and seek advice on the allegations of negligence. (see Appendix 3).
- 1.5 Disclose copy medical records, where requested, to the claimant's solicitors **within 40 days** of the request in accordance with the provisions of the Access to Health Records 1990 Act or Data Protection Act 1998 and the Trust's Access to Health Records Guidelines.
- 1.6 Collate and Analyse all the available factual information in order to identify whether the trust is subject to a significant litigation risk. In particular consider :-
 - Chronology of the treatment in question.
 - Estimate of quantum.
 - Advice received on Breach of Duty of Care.
 - Advice received on Current Condition and Future Prognosis.
 - Recommendations for Future Management.
- 1.7 Assess whether the claim should be reported to the NHSLA in accordance with the current reporting guidelines, and if so report via the NHSLA portal.

- 1.8 If the first notification of a claim is by way of service of proceedings or a formal letter of claim the matter should be reported to the NHSLA in accordance with the Reporting Guidelines.
- 1.9 If the claim is not reported to the NHSLA it should be kept under regular review. The claim may be closed after three years if the solicitors for the claimant either confirm that they are not actively pursuing the claim or else fail to reply to correspondence. The claim may also be closed if six months have elapsed after expiry of the **limitation period**.
- 1.10 During the period when the file is open continue to inform stakeholders as appropriate. As a guide it would normally be appropriate to communicate with certain stakeholders at certain points during the claim.
- Commencement:- Clinician-in-charge/Clinical Director/Head of Service
 - Receipt of expert evidence- Clinician-in-charge/Clinical Director/Head of Service
 - Decision to Settle:-Clinician-in-charge or if not available the Medical/Service Manager as appropriate,
 - Fact of settlement:- Clinician-in-charge or if not available the Medical/Service Lead and Senior Patient Safety Manager as appropriate,.

2 Non-Clinical Negligence Claims (Employers' or Public Liability Claims)

The NHSLA has created a portal for such claims and it is now often the case that claims are notified to the NHSLA before the Trust itself is notified. In such cases the NHSLA will notify the Trust of the claim.

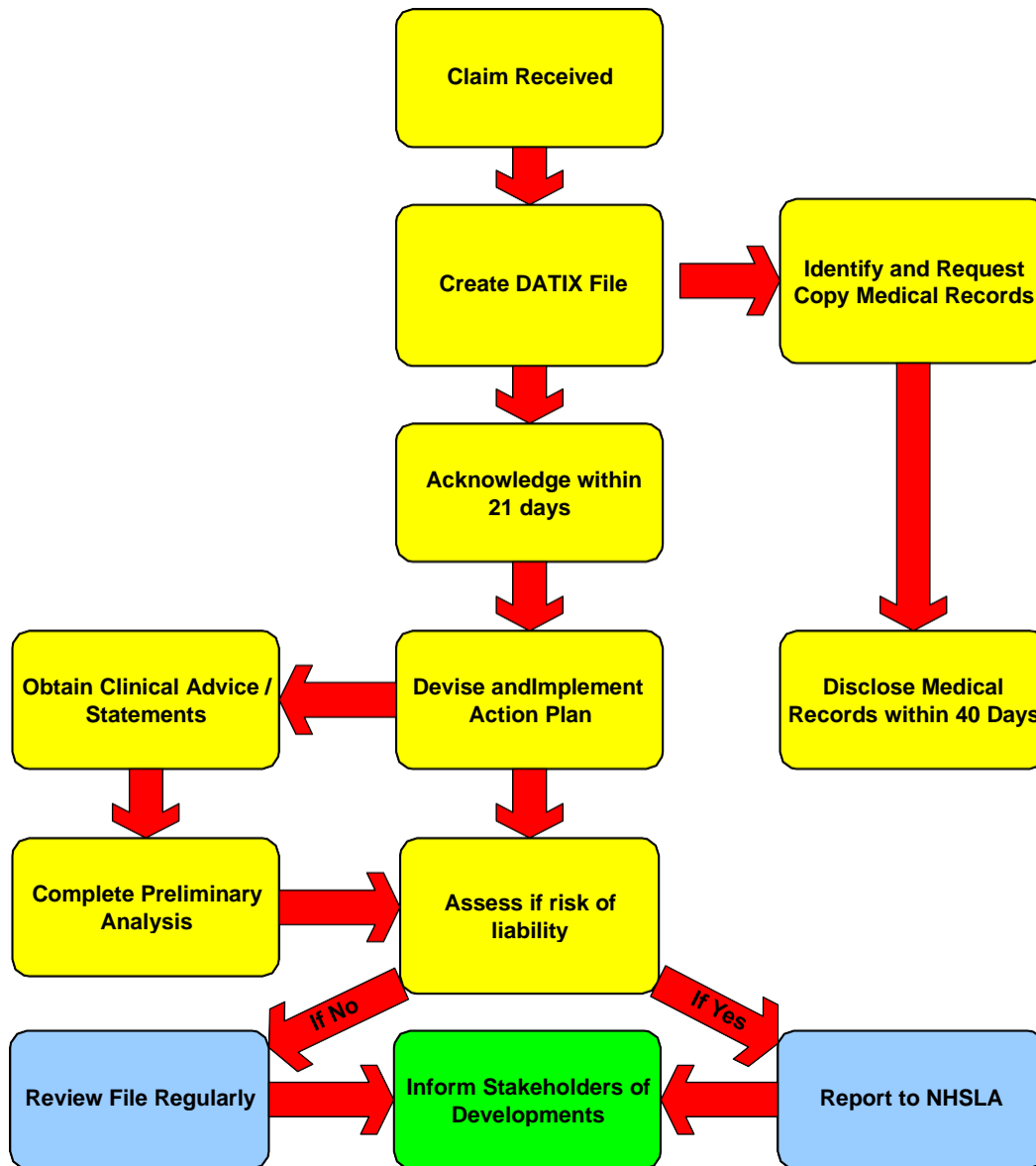
- 2.1 Acknowledge receipt of the claim **within 14 days** requesting any further information that has not already been provided.
- 2.2 Ascertain if any earlier incident or complaints files and assimilate into newly created Datix/Claim Files. Obtain copies of any incident and RIDDOR report forms and other documents as specified in the NHSLA Disclosure List or (where the NHSLA has notified the Trust of the claim) Claim Notification Form (EL2/PL1).
- 2.3 Identify the relevant manager for the area where the incident took place and complete the investigation pack (Appendix 4) including:
- Obtain copies of any training records for the claimant and, if appropriate, copies of any risk assessments.
 - Obtain salary details for three months pre-incident and all salary details post incident from Payroll Services (currently provided by McKesson).
 - Identify any witnesses and obtain statements.
 - If necessary arrange photographs to be taken of the incident site.
- 2.4 Assess the value of the claim and determine whether the matter should be reported to the NHSLA under the Risk Pooling Scheme for Trusts (RPST)
- 2.5 If the claim is to be reported to the NHSLA this must be done within 3 days of receipt and must include the NHSLA Incident Investigation Pack (Appendix 4) and Disclosure List (Appendix 5)

- 2.6 Where the matter is NOT to be reported to the NHSLA register the claim with the Compensation Recovery Unit and obtain valid certificate of recoverable benefits (The NHSLA will undertake this step for matters reported to them).
- 2.7 If the claim is not being reported to the NHSLA a response to the claimant must be given **within 3 months** of the claim setting out the trust's position on the question of liability in accordance with the terms of the Pre-Action Protocol.
- 2.8 If the claim is not reported to the NHSLA it should be kept under quarterly review for **2 years** and then closed if no further contact is received, or, the **limitation period expires**.
- 2.9 During the period when the file is open continue to inform stakeholders as appropriate. As a guide it would normally be appropriate to communicate with certain stakeholders at certain points during the claim.
- Commencement:- Service Manager/Manager of Area in question/ Contractors(if any).
 - Receipt of expert evidence- Witnesses/Service Manager/Manager of Area in question
 - Decision to Settle:- Witnesses/Service Manager/Manager of Area in question, Health and Safety Manager
 - Fact of settlement:- Service Manager/Manager of Area in question and Health and Safety Manager.

3. Property Expenses Claim

- 3.1 On receipt of a claim the Assistant Director of Corporate and Legal Affairs will be responsible for ensuring the reporting of the claim to the NHSLA.
- 3.2 The Assistant Director of Corporate and Legal Affairs will ensure that there is a Trust lead appointed to liaise with the NHSLA and who will sit in the Division/Directorate most directly responsible for the property in question.
- 3.3 Any claims made where the damages is likely to exceed £1 Million will be brought to the attention of the Chief Executive Officer by the Director of Corporate and Legal Affairs as soon as is reasonably practicable.
- 3.4 The Assistant Director of Corporate and Legal Affairs shall do an annual report on the progress of any open claims to the Directorate Senior Management Team Meeting.

Claims Investigation Flowchart



Please do not file in medical records

Our Ref.

STRICTLY PRIVATE & CONFIDENTIAL

Dear Dr

Claimant:
Date of Birth:
Hospital Number:
NHS Number:

The above patient / ***patient's family*** has instructed solicitors to investigate a potential claim for damages in respect of treatment received at the Trust in

I enclose for your attention a copy of the letter received from Solicitors acting on behalf, dated

Under guidelines issued by The NHS Litigation Authority (NHSLA) we are required to register the claim with the NHSLA if we are of the view that there is a significant risk of liability. I am writing to request your assistance in order to ascertain this.

The allegation at this stage is

***Please also find enclosed copy of the complaint file ***and incident information.

In view of the allegations could I please ask you to review the medical records and produce a report under the following headings:

1. **Introduction** (Details of your status and qualifications);
2. **Chronology** (Details of how, when and why the patient came under your care and the treatment carried out. Please also identify members of your team who were significantly involved);

3. **Breach of Duty** (Advice as to whether there is any aspect of the treatment which may allow the patient to establish substandard care and, if so, whether any harm to the patient has been caused).

Do you have any concerns as to whether this patient received a satisfactory standard of care? If so, what are they?

Alternatively if you are entirely satisfied that the patient received at least a satisfactory standard of care please confirm this to be the case.

4. Causation

The Claimant appears to be allegingas a result of

Do you accept that this is likely to have resulted from the care that we provided? If not then what in your opinion could have caused the alleged harm, for example was it the patient's underlying condition?

OR

There are no causation allegations at present; however I should be grateful if you would advise if in your opinion the Claimant suffered any injury likely to have resulted from the care that we provided.

5. Consent

- a. Is what occurred a recognised complication of the procedure undertaken? If yes please state incidence of its occurrence in a patient of this sort.
- b. If we are dealing with a recognised complication then do you accept that there is documented evidence that the patient was adequately informed of the risk?
- c. If there is not satisfactory documented evidence then is there anything else to suggest that the patient was adequately consented to the procedure? If you took the undocumented consent please state whether you can specifically recall the words used or alternatively whether you are simply describing usual practice.

6. Condition and Future Prognosis (Advice as to the current condition and future prognosis of the patient, if available);

- a. What do you think the future is likely to hold for this patient? Do you think that the patient will make (have made) a full recovery? If so how long is this likely to take/has taken? If full recovery is not expected then would you rate the impact of the incident/care on the patient's lifestyle as low, moderate or severe?
- b. Do you feel that the patient has been (further) handicapped on the labour market?
- c. Is the patient likely to require additional care/assistance or aids/appliances which they would not have required prior to the incident/care complained of?

7. Governance (If appropriate please confirm whether or not any changes in clinical practice have been instituted to prevent any re-occurrence).

8. Please would you advise me if, in your opinion, this is a claim the Trust should be seeking to defend, or to settle?

I shall be most grateful if you provide your comments**2015.**

*****The medical records will be sent to you direct from the Trust's Access to Health Records Department.**

OR

*****Please ask your secretary to request the medical records for you.**

Please ensure that the correspondence in regard to this claim is not filed in the patient's medical records.

If you are unable to answer any particular points in this letter due to them being outside of your remit or speciality, please would you pass this correspondence and the records on to the relevant clinician and inform me accordingly?

If you would prefer to discuss any aspect of this proposed claim on a personal basis please let me know.

I look forward to hearing from you in due course and thank you for your assistance. I will keep you informed of any significant developments in the matter.

If, in the meantime, you have any queries, please do not hesitate to contact me.

Yours sincerely

Public Liability Claims: Investigation Pack

1. MEMBER DETAILS	
Membership Number:	564
Member Name :	University Hospitals of Leicester NHS Trust
Name of Person Completing Form:	
Position/Job Title:	Assistant Claims & Inquests Officer
Contact Telephone Number:	0116 258 8672

2. INJURED PARTY DETAILS	
Name of Injured Party:	
Address:	
National Insurance Number:	
Occupation:	
Marital Status:	
Date of Birth:	
Injured Party Status (please tick)	
Employee <input type="checkbox"/> Visitor <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Contractor <input type="checkbox"/> Other (please specify) <input type="checkbox"/>	
Brief Description of Injury:	sprain to left ankle and injury to left hip and side.

3. INCIDENT DETAILS	
Date and time:	
Location:	
Did the incident happen in a PFI developed area?	
When was the incident first reported by the injured party?	
Who was it reported to?	
Was the incident reported to the HSE? Copy RIDDOR attached?	
Please state what happened:	
Were there any witnesses to the incident? If so, please provides names and addresses and state whether they were employed by you?	
Were any photographs taken?	
Is there any CCTV footage? (please make a permanent copy and retain)	

4. WITNESS STATEMENT	
Name and Occupation:	N/A
Date and Location of Incident:	
Injured Party:	

STATEMENT

I BELIEVE THE FACTS I HAVE GIVEN IN THIS STATEMENT TO BE TRUE

Signed:		
Print Name :		Date:

Witnessed by:

Signed:		
Print Name :		Date:

5. PRE-ACTION DOCUMENT DISCLOSURE MANDATE

DOCUMENT	COPY ATTACHED?	LOCATION OF ORIGINAL OR DOES NOT EXIST? (STATE WHICH)
Accident/First Aid Report		
Witness Statements		
Photographs		
RIDDOR		
HSE Documents		
Risk Assessments		
Health & Safety Minutes		
Details of Similar Incidents		
Repair/Inspection/Maintenance Records		
Other Relevant Documents		
FOR EMPLOYEES:		
Training records		
Job Description		

I DECLARE THAT I HAVE CARRIED OUT A REASONABLE AND PROPORTIONATE SEARCH TO LOCATE ALL THE DOCUMENTS THAT I AM REQUIRED TO DISCLOSE.

I CERTIFY THAT THE DOCUMENTS DESCRIBED ABOVE OR ATTACHED TO THIS FORM IS A COMPLETE LIST OF ALL THE DOCUMENTS WITHIN MY CONTROL.

Signed:		
Print Name :		Date:

6. <u>EARNINGS SCHEDULE (FOR EMPLOYEES)</u>		
Date of commencement of employment:		
For the 13 weeks prior to the accident (or lesser period employed) please state:		
i.	Gross earnings and Pay Band	
ii.	Income Tax deducted	
iii.	NI benefits deducted	
iv.	Net Earnings	
Please state any periods of absence in the 52 weeks prior to the incident, with causes, and whether paid or unpaid (supply details on a separate sheet if necessary)		
If removed to hospital or otherwise medically examined, please provide the name and address of the hospital or doctor		
Please state the date on which the employee:		
i.	Returned to work:	
ii	If not yet returned, when are they expected back?	

Please supply any additional information on the following page and sign at the foot.

7. <u>ADDITIONAL INFORMATION AND VIEWS ON LIABILITY</u>
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NHSLA Disclosure Pro-forma

WORKPLACE CLAIMS

	Enclosed	Does not exist	To follow
1. Accident Book Entry.	Y	Y	Y
2. First Aider report.	Y	Y	Y
3. Surgery record.	Y	Y	Y
4. Foreman/supervisor accident report.	Y	Y	Y
5. Safety representative's accident report.	Y	Y	Y
6. RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) report to HSE.	Y	Y	Y
7. Other Communications between defendants and HSE.	Y	Y	Y
8. Minutes of Health and Safety Committee meetings(s) where accident/matter considered.	Y	Y	Y
9. Report to DSS.	Y	Y	Y
10. Documents listed above relative to any previous accident/matter identified by the claimant and relied upon as proof of negligence.	Y	Y	Y
11. Earnings information where defendant is employer.	Y	Y	Y
Documents produced to comply with requires of the Management of health and Safety at Work Regulations 1992-			
1. Pre-accident Risk Assessment required by Regulation 3.	Y	Y	Y
2. Post-accident Re-Assessment required by Regulation 3.	Y	Y	Y
3. Accident Investigation Report prepared in implementing the requirements of Regulations 4, 6 and 9.	Y	Y	Y
4. Health Surveillance Records in appropriate cases required by Regulation 5.	Y	Y	Y
5. Documents relating to the employees health and safety training required by Regulation 11.	Y	Y	Y

**SECTION A – WORKPLACE (HEALTH SAFETY AND WELFARE)
REGULATIONS 1992**

	Enclosed	Does not exist	To follow
1. Repair and maintenance records required by Regulation 5.			
2. Housekeeping records to comply with the requirements of Regulation 9.	Y	Y	Y
3. Hazard warning signs or notices to comply with Regulation 17 (Traffic Routes).	Y	Y	Y

**SECTION B – PROVISION AND USE OF WORK EQUIPMENT
REGULATIONS 1998**

	Enclosed	Does not exist	To follow
1. Manufacturers' specifications and instructions in respect of relevant work equipment establishing its suitability to comply with Regulation 5.	Y	Y	Y
2. Maintenance log/maintenance records required to comply with Regulation 6.	Y	Y	Y
3. Documents providing information and instructions to employees to comply with Regulation 8.	Y	Y	Y
4. Documents provided to the employee in respect of training for use to comply with Regulation 9.	Y	Y	Y
5. Any notice, sign or document relied upon as a defence to alleged breaches of Regulations 14 to 18 dealing with controls and control systems.	Y	Y	Y
6. Instruction/training documents issued to comply with the requirements of regulation 22 insofar as it deals with maintenance operations where the machinery is not shut down.	Y	Y	Y
7. Copies of marking required to comply with Regulation 23.	Y	Y	Y
8. Copies of warnings required to comply with Regulation 24.	Y	Y	Y

**SECTION C – PERSONAL PROTECTIVE EQUIPMENT AT WORK
REGULATIONS 1992**

	Enclosed	Does not exist	To follow
1. Documents relating to the assessment of the Personal Protective Equipment to comply with Regulation 6.	Y	Y	Y

2.	Documents relating to the maintenance and replacement of Personal Protective Equipment to comply with Regulation 7.	Y	Y	Y
3.	Record of maintenance procedures for Personal Protective Equipment to comply with Regulation 7.	Y	Y	Y
4.	Records of tests and examinations of Personal Protective Equipment to comply with Regulation 7.	Y	Y	Y
5.	Documents providing information, instruction and training in relation to the Personal Protective Equipment to comply with Regulation 9.	Y	Y	Y
6.	Instructions for use of Personal Protective Equipment to include the manufacturers' instructions to comply with Regulation 10.	Y	Y	Y

**SECTION D – MANUAL HANDLING OPERATIONS
REGULATIONS 1992**

	Enclosed	Does not exist	To follow	
1.	Manual Handling Risk Assessment carried out to comply with the requirements of Regulation 4(1)(b)(i).	Y	Y	Y
2.	Re-assessment carried out post-accident to comply with requirements of Regulation 4(1)(b)(i).	Y	Y	Y
3.	Documents showing the information provided to the employee to give general indications related to the load and precise indications on the weight of the load and the heaviest side of the load if the centre of gravity was not positioned centrally to comply with Regulation 4(1)(b)(iii).	Y	Y	Y
4.	Documents relating to training in respect of manual handling operations and training records.	Y	Y	Y

**SECTION E – HEALTH AND SAFETY (DISPLAY SCREEN EQUIPMENT)
REGULATIONS 1992**

	Enclosed	Does not exist	To follow	
1.	Analysis of work stations to assess and reduce risks carried out to comply with the requirements of Regulation 2.	Y	Y	Y
2.	Re-assessment of analysis of work stations to assess and reduce risks following development of symptoms by the claimant.	Y	Y	Y
3.	Documents detailing the provision of training including training records to comply with the requirements of Regulation 6.	Y	Y	Y
4.	Documents providing information to employees to comply with the requirements of Regulation 7.	Y	Y	Y

**SECTION F – CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH
REGULATIONS 1999**

	Enclosed	Does not exist	To follow
1. Risk assessment carried out to comply with the requirements of Regulation 6.	Y	Y	Y
2. Reviewed risk assessment carried out to comply with the requirements of Regulation 6.	Y	Y	Y
3. Copy labels from containers used for storage handling and disposal of carcinogenics to comply with the requirements of Regulation 7(2A)(1).	Y	Y	Y
4. Warnings signs identifying designation of areas and installations, which may be contaminated by carcinogenics to comply with the requirements of Regulation 7(2A)(h).	Y	Y	Y
5. Documents relating to the assessment of the Personal Protective Equipment to comply with Regulation 7(3A).	Y	Y	Y
6. Record of maintenance procedures for Personal Protective Equipment to comply with Regulation 7(3A).	Y	Y	Y
7. Records of tests and examinations of Personal Protective Equipment to comply with Regulation 7(3A).	Y	Y	Y
8. Documents providing information, instruction and training in relation to the Personal Protective Equipment to comply with Regulation 7(3A).	Y	Y	Y
9. Instructions for use of Personal Protective Equipment to include the manufacturers' instructions to comply with Regulation 7(3A).	Y	Y	Y
10. Air monitoring records for substances assigned a maximum exposure limit or occupational exposure standard to comply with the requirements of Regulation 7.	Y	Y	Y
11. Monitoring surveillance records to comply with the requirements of Regulation 11.	Y	Y	Y
12. Documents detailing information, instruction and training including training records for employees to comply with the requirements of Regulation 12.	Y	Y	Y
13. Labels and Health & Safety data sheets supplied to the employers to comply with the CHIP Regulations.	Y	Y	Y

SECTION G – CONSTRUCTION (DESIGN MANAGEMENT)(AMENDMENT) REGULATIONS 2000

	Enclosed	Does not exist	To follow
1. Notification of a project form HSE F10) to comply with the requirements of Regulation 7.	Y	Y	Y
2. Health and Safety Plan to comply with requirements of Regulation 15.	Y	Y	Y

3.	Health and Safety file to comply with the requirements of Regulations 12 and 14.	Y	Y	Y
4.	Information and training records provided to comply with the requirements of Regulation 17.	Y	Y	Y
5.	Records of advice from and views of persons at work to comply with the requirements of Regulation 18.	Y	Y	Y

SECTION H – PRESSURE SYSTEMS AND TRANSPORTABLE GAS CONTAINER REGULATIONS 1989

		Enclosed	Does not exist	To follow
1.	Information and specimen markings provided to comply with the requirements of Regulation 5.	Y	Y	Y
2.	Written statements specifying the safe operating limits of a system to comply with the requirements of Regulation 7.	Y	Y	Y
3.	Copy of the written scheme of examination required to comply with the requirements of Regulation 8.	Y	Y	Y
4.	Examination records required to comply with the requirements of Regulation 9.	Y	Y	Y
5.	Instructions provided for the use of operator to comply with Regulation 11.	Y	Y	Y
6.	Records kept to comply with the requirements of Regulation 12.	Y	Y	Y
7.	Records kept to comply with the requirements of Regulation 22.	Y	Y	Y

SECTION I – LIFTING OPERATIONS AND LIFTING EQUIPMENT REGULATION 1998

		Enclosed	Does not exist	To follow
1.	Record kept to comply with the requirements of Regulation 6.	Y	Y	Y

SECTION J – THE NOISE AT WORK REGULATION 1989

		Enclosed	Does not exist	To follow
1.	Any risk assessment records required to comply with the requirements of Regulations 4 and 5.	Y	Y	Y
2.	Manufacturers' literature in respect of all ear protection made available to claimant to comply with the requirements of Regulation 8.	Y	Y	Y
3.	All documents provided to the employee for the provision of information to comply with Regulation 11.	Y	Y	Y

SECTION K – CONSTRUCTION (HEADPROTECTION) REGULATION 1989

1. Pre-accident assessment of head protections required to comply with Regulation 3(4).
2. Post-accident re-assessment required to comply with Regulation 3(5).

Enclosed	Does not exist	To follow
Y	Y	Y
Y	Y	Y

**SECTION L – THE CONSTRUCTION (GENERAL PROVISIONS)
REGULATION 1961**

1. Report prepared following the inspections and examinations of excavations etc. to comply with the requirements of Regulation 9.

Enclosed	Does not exist	To follow
Y	Y	Y

**SECTION M – GAS CONTAINERS
REGULATIONS 1989**

1. Information and specimen markings provided to comply with the requirements of Regulation 5.
2. Written statements specifying the safe operating limits of a system to comply with the requirements of Regulation 7.
3. Copy of written scheme of examination required to comply with the requirements of Regulation 8.
4. Examination records required to comply with the requirements of Regulation 9.
5. Instructions provided for the use of operator to comply with Regulation 11.

Enclosed	Does not exist	To follow
Y	Y	Y
Y	Y	Y
Y	Y	Y
Y	Y	Y
Y	Y	Y

I _____ state that I have carried out a reasonable and proportionate search to locate all of the documents which I am required to disclose.

I certify that I understand the duty of disclosure and to the best of my knowledge I have carried out that duty.

Signed _____ Date _____

Position _____