**Appendix 2**

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| **CLINICAL CLAIM REPORT FORM** |  |
| **COMPLETED FORM TO BE SENT TO THE NHS LITIGATION AUTHORITY (ALONG WITH ALL RELEVANT SUPPORTING DOCUMENTATION) VIA THE CLAIMS REPORTING WIZARD**  | Please complete **electronically** |

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| **1. MEMBER DETAILS** |
| NHS LA Member Number: |  |
| Member Name : |  |
| Member reference number:  |  |
| Applicable scenario why claim is being reported to us (with reference to the numbering set out in the ‘When should a claim be reported to the NHS LA’ section of the Reporting Guidelines [1 – 8] – *e.g. 1 – Serious incident, investigations suggest failings and likely large value claim* |  |
| Notification date (i.e. the date you were first made aware of the likelihood that a claim was or was likely to be pursued – e.g. receipt of request for records) - *e.g. 01.04.14 – C solicitor requested records disclosure* |  |

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| **2. CLAIM CONTACT(S) INFORMATION** |
| Injured party: |  |
| Address: |  |
| National Insurance number (if known) |  |
| Occupation (if known): |  |
| Marital status and/or dependents (if known): |  |
| Injured party’s date of birth and date of death | DoB: DoD:  |
| Claimant(s) details and relationship to the injured party (if applicable)  |  |
| Are you aware of any other parties that may have involvement in this matter – *e.g. the Claimant’s GP or another NHS organisation*If so, please provide the contact details for each party and confirm whether or not you have already been in touch with them.  |  |

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| **3. INCIDENT DETAILS** |  |
| Site of incident (e.g. *St James’ Hospital*)  |  |
| Incident date (noting that the earliest date should be provided where there are likely to be multiple allegations made):  |  |
| Description of incident (brief description of key facts related to the incident): *e.g. Alleged failure to diagnose/treat wrist fracture during A&E attendance resulting in ongoing impairment of function* |  |
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| **4. INTERNAL INVESTIGATIONS TO DATE** |  |
| Has an incident investigation been commenced/concluded [Y/N]?  |  |
| Did this involve an incident that was reported as a Never Event [Y/N]? If Yes, please confirm the Never Event involved with reference to the current Never Event List https://improvement.nhs.uk/documents/2266/Never\_Events\_list\_2018\_FINAL\_v5.pdf |  |
| Has this matter been investigated as a complaint [Y/N]?  |  |
| What, if any, changes/improvements have been made to your practices as a result of this incident?  |  |
| What, if anything, has happened to the staff involved in this incident – e.g. re-trained, disciplinary action?  |  |
| Given the information that you have received to date, do you consider there to be a LOW, MEDIUM or HIGH risk that a valid claim will be established.  |  |
| Given the information that you have received to date, do you think that this claim will be LOW (up to £50,000), MED (£50 - £500k) or HIGH (£500k plus) in value |  |

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| **5. ANY ADDITIONAL INFORMATION OF RELEVANCE THAT WE SHOULD BE AWARE OF (e.g. details of any Limitation extension agreement with the Claimant’s representative or does this involve treatment provided under a Waiting List Initiative)**  |
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| **6. DECLARATION** |
| Name: …………………………………………………… | Signature: ……………………………………………….. |
| Position of Signatory: ……………………………………. | Date: ……………………………………………………... |

**PLEASE ALSO SEND US A COMPLETED:**

1. **Clinical Claim Useful Documents Guide**
2. **Clinical Witness Details Form (if appropriate)**

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