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| **LTPS 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] |  |
| 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) |  |

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| **2. CLAIM CONTACT(S) INFORMATION** |
| Name of Injured Party: |  |
| Address: |  |
| National Insurance number (important): |  |
| Email address: |  |
| Mobile Number: |  |
| Occupation: |  |
| Marital Status: |  |
| Injured Party Date of Birth and, if relevant, date of death | DoB: DoD:  |
| Injured Party Status (please tick)Employee Visitor Patient Contractor Other (please specify) |
| Brief Description of Injury: |  |
| Are you aware of any other parties that may have involvement in this matter – for example a Claimant advancing the claim on behalf of the Injured Party or a co-defendant? If so, please provide the contact details for each party (and their representative) and confirm whether or not you have already been in touch with them.  |  |

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| **3. INCIDENT DETAILS** |
| Date and time:(please provide the earliest date where multiple allegations are being made): |  |
| Location (including Site of incident – e.g. *St James’ Hospital*).  |  |
| Please state what happened: |  |
| Did the incident happen in a PFI developed area [Y/N]? |  |
| Incident reported? How and by whom (please provide full details) |  |
| Who was incident reported to? |  |
| Were there any witnesses to the incident [Y/N]? If Yes, please complete an LTPS Witness Details Form and, where possible, an LTPS Witness Statement template for each witness |  |
| Digital images taken of accident locus [Y/N]. If yes, please attach them. |  |
| Is there any CCTV footage? If yes, please ensure a copy is retained and preserved by Trust or sub-contractor who manages the CCTV system. |  |

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| **4. INVESTIGATIONS TO DATE** |
| Was the incident reported to the HSE [Y/N]?  |  |
| Has an incident investigation been commenced/concluded [Y/N]?  |  |
| What, if any, changes/improvements have been made to your practices as a result of this incident? |  |
| 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]? |  |
| 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.  |  |

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| **5. CLAIM VALIDATION CHECKLIST (CVC) – STAFF & PUBLIC LIABILITY CLAIMS**NHS LA uses fraud risk indicator questions to assess risk of fraud being present within a non-clinical claim and to decide how to manage the claim. ***A positive response to any of the fraud indicator questions below does not mean that the claim is fraudulent. We strongly caution against any presumption of dishonesty being made.***CVC questions are rated Red (strong concern) or Amber (medium concern):

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| **RED RISK** | **HIGH RISK OF FRAUD i.e. a strong concern identified.****Refer this Claim to NHS LA’s RPS Team 3 immediately** |
| **AMBER RISK** | **MEDIUM RISK OF FRAUD i.e. a moderate concern identified.**Proceed With Caution - Claim May Require Investigation. |

Please confirm whether any of the indicators apply to this incident using box 6 to explain why: |

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| **NO** | **FRAUD RISK INDICATOR QUESTION** | **YES** | **RATING** |
|  | Evidence of previous dishonest behaviour by Claimant? Local Counter Fraud Specialist (LCFS) investigation for dishonesty offences? Credible evidence identifying criminal convictions for dishonesty offences? |  | **RED** |
|  | CCTV footage & or witness evidence available that disputes that the accident happened at all or in a completely different way to the alleged version? |  | **RED** |
|  | Claimant had multiple accidents at same location in similar circumstances? |  | **RED** |
|  | Have the same locus photographs been used multiple times for different claims? |  | **RED** |
|  | Evidence that independent witness linked to Claimant despite statements to the contrary? |  | **RED** |
|  | Substantial claims history (evident from previous claims brought against the trust by same claimant) |  | **RED** |
|  | Evidence of similar accident circumstances within claims history? |  | **AMBER** |
|  | Was incident not reported or reported late *[i.e. 7 days or more days post incident]?* |  | **AMBER** |
|  | Claimant sought legal advice before seeking medical advice? |  | **AMBER** |
|  | Agency worker? |  | **AMBER** |
|  | Redundancy situation, disciplinary problems or financial motivation i.e. money problems identified? |  | **AMBER** |
|  | Claimant inconsistent and or vague with how the incident is alleged to have occurred? |  | **AMBER** |
|  | No witnesses to incident or witnesses are linked i.e. not independent? |  | **AMBER** |
|  | Accident occurred late at night/early morning or in first few days of employment? |  | **AMBER** |
|  | Injury inconsistent with accident circumstances? |  | **AMBER** |
|  | No objective signs of injury? Lack of contemporaneous medical notes (GP, Occupational Health, Hospital, A & E)? |  | **AMBER** |
|  | **1 OR MORE RED INDICATORS IDENTIFIED [Y/N]** |  |  |
|  | **3 OR MORE AMBER INDICATORS INDENTIFIED [Y/N]** |  |  |

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| **6. ANY ADDITIONAL INFORMATION OF RELEVANCE THAT WE SHOULD BE AWARE OF** |
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| **7. DECLARATION** |
| Name: …………………………………………………… | Signature: ……………………………………………….. |
| Position of Signatory: ……………………………………. | Date: ……………………………………………………... |

**PLEASE ALSO SEND US A COMPLETED:**

1. **LTPS Claim Useful Documents Guide**
2. **LTPS Witness Details Form (if appropriate)**
3. **LTPS Witness Statement template (if appropriate)**
4. **LTPS Earnings Schedule for EL claims (if appropriate)**

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**October 2019**