

# **CONCERNS, COMPLAINTS AND CLAIMS POLICY AND PROCEDURE**

## **NO.RM07**

Applies to:	All workers, including employees
Date of Board Approval:	May 2011
Review Date:	May 2014

## Concerns, Complaints and Claims Policy and Procedure

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#### 1. Introduction

This policy sets out a framework for the management of concerns, complaints and claims against the NHSLA as defined in paragraph 5. The NHSLA takes seriously any concerns, complaints and claims raised, and seeks to ensure their

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satisfactory resolution. As an NHS body, the organisation is subject to the NHS Complaints Regulations. As a member of the NHSLA non clinical risk pooling schemes, the organisation is required to follow the Liabilities to Third Parties Scheme (LTPS) and Property Expenses Scheme (PES) claims reporting guidelines. In addition, the NHSLA must comply with the guidance in the raising concerns, complaints and claims reporting and management criteria set out in standards 2 and 5 of the NHSLA Risk Management Standards. This document explains the process by which the NHSLA manages concerns, complaints and claims and meets associated obligations.

## **2. Statement of Intent**

The NHSLA is keen to learn about areas of work where improvement can be made and it views concerns, complaints and claims data as a key source of feedback from stakeholders. The NHSLA is therefore committed to the fair and efficient management of concerns, complaints and claims against the organisation and invites concerns and complaints from stakeholders via the NHSLA leaflet “How to make a complaint about the NHS Litigation Authority” (Appendix 1), displayed on the NHSLA website.

The NHSLA aims to provide a fair, consistent environment and does not seek to apportion blame in respect of any incident leading to the raising of a concern, complaint or claim. This does not preclude the use of disciplinary procedures if an investigation identifies these to be appropriate. In this event, staff will immediately be informed and the normal disciplinary procedure will be followed as described in HR10 – Disciplinary Policy, Procedure and Rules.

This culture is described fully in policy RM01 – Risk Management Strategy.

## **3. Scope**

This document describes the NHSLA’s policy regarding concerns, complaints and claims. It will be implemented by any NHSLA employees receiving a written or oral concern, complaint or claim against the NHSLA.

The process to be used to investigate incidents to the satisfaction of the concerned/complainant/claimant is contained within RM05 – Policy for the Reporting and Management of Incidents.

## **4. Equality Impact Assessment**

As part of its development, this policy and its impact on equality have been reviewed in consultation with trade union and other employee representatives in line with the Authority’s Equality Scheme and Equal Opportunities Policy. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on the grounds of race, sex, disability, age, sexual orientation or religious or other belief.

A hard copy of the NHSLA leaflet “How to make a complaint about the NHS Litigation Authority” in large print, and/or a verbal explanation of the process, will be provided upon request by the Risk Management Team. A translation service will be provided if necessary.

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Anyone raising a concern or making a complaint against the organisation will not be treated differently as a consequence.

Most of our interactions with members of the public are through their appointed representatives and intermediaries, such as lawyers, and so the impact is unlikely to be significant.

## **5. Definitions**

### **5.1 Concern raised about the NHSLA**

Any of the NHSLA's stakeholders may raise concerns about the service they receive from the organisation. Such concerns can be made verbally or in writing. Where a stakeholder raising a concern states that they wish to make a complaint, the complaints procedure (paragraph 7.2) will be initiated.

### **5.2 Complaint against the NHSLA**

Any of the NHSLA's stakeholders may complain about the service they receive from the organisation. Such complaints can be made verbally or in writing to any member of the NHSLA staff. If a complaint is received in a case where legal action is being taken or the police are involved, a decision should be made by the Chief Executive as to whether progressing the complaint might prejudice subsequent legal action. The complaint should be put on hold only if this is so, with the complainant being advised of this and given an explanation. However, the default position in cases where the complainant has expressed an intention to take legal proceedings would be to seek to continue to resolve the complaint unless there are clear legal reasons not to do so.

It should not necessarily be inferred that a complaint made via a solicitor means that the complainant has decided to take legal action.

Allegations regarding the improper handling of claims, risk management assessments or FHSU appeals or other aspects of NHSLA business will be covered by this Policy. The NHSLA (FHSU) Complaints/Comebacks Procedure Note can be found at Appendix 2 of this Policy.

The following do not constitute complaints for the purposes of this Policy, but will be dealt with in accordance with the established procedures for dealing with such matters:

- disagreements arising from the normal negotiation inherent in the management of liability claims handled by the NHSLA;
- appeals concerning the outcome of risk management assessments;
- challenges to the FHSU's interpretation of regulations or procedure during the appeal process or to final decisions (a "come back").

Complaints by members of staff relating to a contract of employment should be dealt with under HR02 - Grievance and Disputes Procedures or HR17 - Bullying and Harassment Policy. Complaints arising from the Data Protection Act 1998 or the Freedom of Information Act 2000 are covered by a separate procedure. Complaints relating to issues investigated or under investigation by the NHSLA Chair are not covered by this policy.

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Any employee who wishes to express a concern but is unwilling to follow this Policy may use HR03 – Whistle Blowing Policy.

### 5.3 Claim against the NHSLA

Any of the NHSLA's stakeholders, including staff or members of the public, may make a claim requesting recompense for loss or injury suffered as a result of the actions or inactions of the organisation. Claims must be made in writing. Such claims may or may not be covered by membership of LTPS.

### 5.4 Claim by the NHSLA

As a member of the PES, the NHSLA may seek indemnity for loss or damage to property under the scheme.

## **6. Duties**

### 6.1 Chief Executive:

- designated concerns, complaints and claims manager;
- to oversee the implementation of this Policy on behalf of the NHSLA Board;
- to inform the NHSLA Chair and Department of Health of serious concerns, complaints and claims;
- to oversee communications with the media in relation to concerns, complaints and claims as necessary;
- to ensure that the Board is informed, on at least an annual basis, of concerns, complaints and claims data, including causes, emerging trends and action taken to prevent recurrence;
- to ensure that written complaints are acknowledged within three days, to offer to discuss the matter with the complainant in order to determine and agree how to proceed, and to initiate complaints investigations;
- to oversee the management of all concerns, complaints and claims covered by this Policy;
- to respond in writing to all written complaints within 25 working days beginning on the date upon which the complaint was received (or later if agreed with the complainant);
- to ensure that a copy of the NHSLA report on its handling and consideration of complaints is prepared each year;
- to ensure that information on complaints is recorded in the NHSLA Annual Report.

6.2 Chair:

- to investigate any complaint appeal and communicate appeal results to all relevant parties.

6.3 Managers:

- to ensure that they and all their staff understand the procedure for concerns, complaints and claims reporting, and that they carry out that procedure when such situations arise;
- to help resolve verbal concerns and complaints (e.g. via telephone) at a local level wherever possible;
- to ensure that a fully completed incident report form detailing a verbal concern or complaint is sent to the Risk Management Team;
- to ensure that all written concerns or complaints, including emails, are sent to the Chief Executive as soon as possible;
- to provide appropriate information to assist any subsequent investigation;
- to ensure that any member of staff is informed of any formal concern or complaint against them as soon as practically possible and is kept informed of developments;
- to provide appropriate support for staff members involved in any concern, complaint or claim received. Such support will include the provision of:
  - immediate support as appropriate (internal and, if necessary, external), including time away from duties, e.g. in order to deal with any investigations arising, facilitate the preparation of statements required and related meeting attendance;
  - ongoing support as appropriate (internal and, if necessary, external), including the offer of meetings as appropriate to discuss progress and where a staff member experiences difficulties associated with the event, direction to the staff counselling service available via Right Corecare;
  - any appropriate advice required, e.g. in the event of their being called as a witness;
- to assist in drawing up action plans to address any issues raised by a concern, complaint or claim, and ensuring that the action plan is implemented.

6.4 All Staff:

- to take all concerns, complaints and claims seriously;
- to resolve verbal concerns and complaints at source whenever possible;
- to report all concerns, complaints and claims to their line manager as soon as they are raised.

6.5 Executive PA:

- to inform the Risk Management Team in a timely fashion of any concerns, complaints or claims notified to the Chief Executive;
- to keep a log of all written concerns, complaints and claims notified to the Chief Executive.

6.6 FHSU Office Manager:

- to notify the Chief Executive of all written concerns, complaints and claims received by the FHSU;
- to acknowledge all written concerns, complaints and claims received by FSHU;
- to inform the Risk Management Team in a timely fashion of any concerns, complaints or claims notified to the Chief Executive;

6.7 Risk Management Team:

- to maintain up-to-date records of all concerns, complaints and claims under this Policy via the incident reporting system;
- to grade or verify the grading of all concerns, complaints and claims in accordance with RM17 – Risk Grading Tool;
- to collate and analyse concerns, complaints and claims data, including resultant actions taken;
- to provide a report showing trends and patterns of concerns, complaints and claims for the Health, Safety and Risk Committee meeting at least annually.

6.8 Health, Safety and Risk Committee:

- to monitor trends identified by concerns, complaints and claims together with incidents, and make appropriate recommendations to the Board;
- to monitor compliance with this Policy as part of the annual review prior to publication of the Management Commentary section of the Annual Report and Accounts.

**7. Procedure for Managing Concerns, Complaints and Claims**

7.1 Concerns

Concerns raised will be managed sensitively and with flexibility according to the seriousness of the concern, the practicality of carrying out an investigation and the circumstances of the concern.

7.1.1 Local Resolution

- Verbal/informal concerns

All NHSLA staff will try to resolve verbal concerns satisfactorily at the time they are made. Any concern made directly to a member of staff should be reported to the staff member's line manager whether or not it has been

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successfully resolved. An incident form should be completed and forwarded to the Risk Management Team who will log the concern.

- Formal concerns

If a member of staff or their line manager is not able to resolve a concern satisfactorily, or if a written concern is received, the matter should be referred to the Chief Executive who will ensure that a formal written acknowledgement is sent.

The Chief Executive will nominate an appropriate senior manager to investigate the matter further in accordance with RM05 – Policy for the Reporting and Management of Incidents, and to prepare a response. This will be signed by the Chief Executive.

## 7.2 Complaints

A complaint should generally be made within six (6) months of the incident that gave rise to the complaint, or within six (6) months of the date of discovering the problem, provided that it is within twelve (12) months of the incident. The time limit should be used sensitively and with flexibility according to the seriousness of the complaint, the practicality of carrying out an investigation and the circumstances of the complainant. Timescales for dealing with complaints as required by the NHS Complaints Procedure are detailed at paragraph 10.

### 7.2.1 Local Resolution

- Verbal /informal complaints

All NHSLA staff will try to resolve verbal complaints satisfactorily at the time they are made. Any complaint made directly to a member of staff should be reported to the staff member's line manager whether or not it has been successfully resolved. An incident form should be completed and forwarded to the Risk Management Team who will log the complaint.

- Formal complaints

If a member of staff or their line manager is not able to resolve an oral complaint satisfactorily, or if a written complaint is received, the matter should be referred to the Chief Executive who will ensure that a formal written acknowledgement is sent within three working days.

The Chief Executive will nominate an appropriate senior manager to investigate the matter further in accordance with RM05 – Policy for the Reporting and Management of Incidents, and to prepare a response. This response will be signed by the Chief Executive in accordance with Department of Health requirements. The Chief Executive has a statutory obligation to respond to all written complaints and all verbal complaints that are subsequently put into writing and signed by the complainant.

### 7.2.2 Appeals

If a complainant remains dissatisfied after receiving the Chief Executive's written response, then they can appeal by writing to the NHSLA Chair.

### 7.2.3 Ombudsman

Complainants who are still dissatisfied at the conclusion of our complaint procedure may put their complaint to the Health Service Ombudsman

### 7.3 Claims

Any member of staff receiving notification of a claim against the NHSLA should inform the Chief Executive as soon as possible via their line manager. Similarly, any member of staff who becomes aware of an incident giving rise to a potential claim under PES should inform the Chief Executive via their line manager.

The Chief Executive will arrange for any claims under LTPS or PES to be reported according to the requirements of the relevant NHSLA reporting guidelines (available on the NHSLA website).

Any claims against the NHSLA not covered under the LTPS, e.g. contractual disputes, will be managed by the Chief Executive with relevant legal support in a manner appropriate to the nature of the claim.

### 7.4 Record Keeping

All concerns, complaints, both informal and formal, and claims, will be recorded on the incident database by the Risk Management Team. Any duplication of reporting will be identified at this stage.

### 7.5 Investigation Process

Situations giving rise to concerns, complaints and claims will be managed and investigated using a systems approach as described in RM05 - the Near Miss and Incident Reporting and Investigation Policy and Procedure.

### 7.6 Being Open

The NHSLA's policy is to provide those raising concerns, complaints and claims with a full and frank explanation of the events giving rise to their concern/complaint/claim. Care should be taken to ensure that sufficient information is given to explain what happened and any subsequent action that might be necessary. Where appropriate, an apology for any inconvenience caused should be given. The person raising the concern, complaint or claim should be assured that they will not be treated differently as a consequence. An admission that something has gone wrong is not an admission of negligence. (See NHSLA Circular *Apologies and Explanations*, attached as Appendix 3.)

### 7.7 Vexatious Complainants and Claimants

Occasionally correspondence will be received from those raising concerns, complaints or claims, or from others who are dissatisfied, which can be threatening or verbally aggressive. In the event of receiving such correspondence, either in writing or by phone, staff should report the matter

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immediately to their line manager who in turn should ensure that the Chief Executive is informed. The Chief Executive will decide what action is to be taken.

### 7.8 Learning from Experience

In order that lessons can be learnt from concerns, complaints and claims, these will be logged on the incident database and analysed along with incidents by the Risk Management Team. Reports will be made to the Health, Safety and Risk Committee and action plans drawn up to address the issues raised and drive change as appropriate.

The results of actions taken as a consequence of receiving concerns, complaints and claims, along with incidents, will also be monitored in order to ensure the effectiveness of the procedure. Whilst the Risk Management Team will facilitate and co-ordinate this process, it is for the appropriate department or function within the NHSLA to take responsibility for its implementation.

## 8. Documentation and Statements

Full file notes must be made of all conversations with those raising concerns, complaints or claims and any other relevant person.

If a statement of events is required, the following details should be included:

- name (of person giving the statement)
- job title (if relevant)
- what the person did or saw (who, what, where, when – give facts, not opinion)
- the statement must be signed and dated.

An incident report form must be filled in for each concern, complaint or claim, and this may be sufficient in the first instance.

## 9. Confidentiality

Any information gained in an investigation of any kind will be treated with appropriate confidentiality.

Care must be taken when disclosing any personal consequences of a concern, complaint or claim in accordance with the policy of being open, bearing in mind the rights of staff to confidentiality.

It should be borne in mind that documentation relating to concerns and complaints may be disclosable in the event of a subsequent claim.

Where there are particularly sensitive issues, it may be considered inappropriate for details of a concern, complaint or claim to be notified to the Risk Management Team. In such a case, the Risk Management Director will ensure that the matter is recorded on the database in such a way as not to reveal any inappropriate details.

## 10. Timescales for Complaints

The following timescales, required by the NHS Complaints Procedure, should be achieved:

<b>Event</b>		<b>Timescale</b>
<b>Local Resolution (informal)</b>	Verbal complaint	Dealt with on the spot by staff member or line manager.
		Incident form completed and sent to the Risk Management Team.
		Risk Management Team input form onto database.
<b>Local Resolution (formal)</b>	Verbal complaint not satisfied by local resolution, or written complaint	Complaint immediately referred to Chief Executive, with a copy to the relevant senior manager.
		Acknowledgement within 3 working days of receipt within the organisation.
		Executive PA, or Office Manager for FHSAU, to inform Risk Management Team.
		Investigation carried out as requested by Chief Executive.
		Full written response from Chief Executive within 25 working days of receipt of complaint.
<b>Appeal</b>	Written response does not satisfy complainant	Letters of appeal should be received within 21 days of the Chief Executive's response and be addressed to the Chair.
		The Chair will investigate and respond to the complainant within a further 21 days.

## 11. Training and Support

All persons handling concerns, complaints and claims covered by this Policy will be appropriately trained to do so.

- Induction training (ongoing) will be provided for all new staff to introduce them to the concerns, complaints and claims system and the reporting form.
- Managers with responsibility for staff are required to read and understand this Policy in order that they can support their staff in the event of a concern, complaint or claim and any subsequent investigation.
- Information about how to raise a concern or make a complaint is included on the NHSLA website at [www.nhsla.com/publications](http://www.nhsla.com/publications) (click on 'General NHSLA publications'). This is intended for our stakeholders and others,

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but also serves as an efficient reminder for employees. (Copy attached as Appendix 1.)

- Individuals affected will be provided with feedback on the concern, complaint or claim by the Chief Executive or their line manager.

### **13. Good corporate citizen**

The procedure allows the Authority to learn from issues raised by its stakeholders, furthering community involvement and engagement and employee development.

### **14. Other Relevant Policies**

HR02 - Grievance and Disputes Procedure

HR03 - Whistle Blowing Policy

HR10 - Disciplinary Policy, Procedure and Rules

RM01 - Risk Management Strategy

RM05 - Near Miss and Incident Reporting and Investigation Policy and Procedure

RM06 - Policy and Procedure for the Management of the NHSLA Risk Register

RM17 - Risk Grading Tool

HR28 - Stress Management and Working Time Policy

### **15. NHSLA Stakeholders**

Key stakeholders include:

- Employees
- Contractors, e.g. Panel Solicitors, Risk Management contractors, Actuaries, etc
- Department of Health
- Member trusts and other NHS organisations
- Risk Management Forum
- Public (including claimants and their representatives)

### **16. References**

- National Health Service (Complaints) Regulations 2004, July 2004
- National Health Service (Complaints) Amendment Regulations 2006
- Supporting Staff, Improving Services – Guidance to support implementation of the National Health Service (Complaints) Amendment Regulations 2006 (SI 2006 No. 2084)
- Health Services Commissioner for England (Special Health Authorities) Order 2005
- Clarification of Complaints Regulations, 2009

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APPENDIX 1

## How to make a complaint about the NHS LITIGATION AUTHORITY (NHSLA)

The NHS Litigation Authority (NHSLA) is a Special Health Authority, responsible for handling negligence claims against the NHS on behalf of other NHS bodies, for encouraging and supporting risk management across the NHS, and for resolving disputes involving family health service providers. We aim to deal positively with any complaints about how we perform our functions, and to learn from any errors made. This leaflet sets out how to make a complaint and how we will deal with it. Our procedures follow the NHS complaints procedure.

Please note that if you are unhappy with the result of a claim, risk management assessment, or appeal to the FHS AU against a decision, these matters are not covered by this procedure. You should instead contact the department with which you have been dealing.

### HOW TO CONTACT US

If you wish to make a written complaint to the NHSLA, please write to:

The Chief Executive  
NHS Litigation Authority  
2<sup>nd</sup> Floor  
151 Buckingham Palace Road  
London SW1W 9SZ

or e-mail [generalenquiries@nhsla.com](mailto:generalenquiries@nhsla.com)

### LOCAL RESOLUTION

#### Oral complaints

Where possible and appropriate, we aim to resolve complaints immediately. Our front-line staff will seek to resolve oral complaints at the time they are made. Where appropriate, the member of staff will enable you to speak to their line manager.

#### Written complaints

Where an oral complaint cannot be resolved straight away, or where a complaint is made in writing, it will be passed to the Chief Executive. The Chief Executive will:

- ensure that written complaints are acknowledged within three working days of receipt;
- ensure that an appropriate investigation is carried out; and
- respond to you within 25 working days.

## **APPEALS**

If you remain dissatisfied after receiving the response from the Chief Executive, you can choose to appeal against the response. Your appeal must be made in writing within 21 days of the Chief Executive's response. In this case the NHSLA Chair will investigate the complaint and take an independent view on the matter. Your letter should be sent to the Chair at the NHS Litigation Authority address given above. The Chair will respond to an appeal request within 21 days.

## **HEALTH SERVICE OMBUDSMAN**

If you are still not satisfied following this procedure, you can ask the Health Service Ombudsman to investigate your case by writing to: The Parliamentary and Health Service Ombudsman, Millbank Tower, Millbank, London SW1 4QP.

Further info is available at [www.ombudsman.org.uk](http://www.ombudsman.org.uk)

NHSLA  
May 2009

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**APPENDIX 2**

**NHS LITIGATION AUTHORITY [FHS APPEAL UNIT]  
COMPLAINTS / COMEBACKS PROCEDURE NOTE**

**1. Introduction**

There may be occasions where the Unit will receive a communication from a dissatisfied service user, user's representative or an officer of an NHS body (or anyone else) concerning the conduct of a member of the Unit's staff, the manner in which an appeal has been, or is being, handled, or the decision itself. These matters are known either as 'Complaints' or 'Comebacks'. This procedure note defines and differentiates between the two and sets out how these should be dealt with by the Unit's Appeals Manager. In considering this procedure, some communications may involve a series of allegations such as those mentioned above which fall within both definitions, and as such, should be dealt with according to the nature of each allegation.

**2. Complaint**

2.1 A complaint is where, amongst other things, there is an allegation that the Unit, either collectively or through an officer has failed to follow the Authority's policies or failed to act courteously or professionally.

2.2 Where the Appeals Manager identifies that the communication falls within the remit of a complaint, the matter should be referred to the Chief Executive of the NHS Litigation Authority and will be actioned in line with paragraph 7.2 of the NHSLA Concerns, Complaints and Claims Procedure. A copy of the incident report form should be submitted to the Risk Management Team, the Unit's Office Manager should advise the complainant that this has occurred.

**3. Comebacks**

3.1 A comeback is a communication that relates to the exercise of the Secretary of State's appellate functions by the Authority. A comeback can occur during the course of determining an appeal/application or post outcome, e.g. a disagreement with the merits of the decision on an appeal\*.

3.2 Where the Appeals Manager identifies that the communication falls within the remit of a comeback, s/he should deal with the matter concerned, through communicating directly with the service user. An incident report form should be submitted to the Risk Management Team.

**4. Pre Action Protocol**

4.1 \*Where a service user's challenge is in disagreement with the merits of the decision on an appeal, the Appeals Manager should inform the service user that the decision can only be set aside by the Courts and advised to seek their own advice in this respect. The Appeals Manager is responsible for challenges by way of the Pre Action Protocol.

**APPENDIX 3****May 1<sup>st</sup> 2009****To: Chief Executives and Finance Directors  
All NHS Bodies****Litigation Authority**Napier House  
24 High Holborn  
London  
WC1V 6AZ

Dear Colleagues

**Apologies and Explanations**

Tel: 020 7430 8700

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 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 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/](http://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.

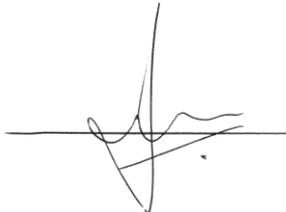
**Medical Defence Organisations**

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 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

  
**National Patient Safety Agency**

Dr Hamish Meldrum  
Chairman of Council  
British Medical Association



The GMC fully supports this advice from the NHSLA. 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

