

Reporting claims to NHS Resolution

July 2025



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Introduction

This document sets out the requirements for when and how a member should report a new claim to NHS Resolution. From August 2025, until further notice, there will be two different systems and methods of reporting claims to NHSR depending on the scheme. It also provides other useful information such as what to expect once a claim has been reported and common definitions. Members are required to have the necessary governance arrangements in place to be able to comply with this document [Sections 5.4 and 8.2 of the CNST Rules and Sections 5.4 and 9.1 of the LTPS rules].

We recommend that you always work from the electronic version of this guide. This is because the guidelines will evolve over time and accessing the electronic version will mean that you are working from the most recent version. We welcome your thoughts/comments on how to improve this document. Please send them to us by email at nhsr.serviceimprovementteam@nhs.net.

When a claim should be reported to NHS Resolution

It is important that you identify and, where appropriate, report potential claims to us as early as possible. This will allow us to consider what, if any, pro-active steps (e.g. an early admission, offer or an apology) could be taken to minimise associated claims and/or will allow us to commence appropriate investigations. The following table sets out the triggers for when a claim should be reported to NHS Resolution and the applicable timescales. NHS Resolution may also accept cases falling outside the reporting criteria at its discretion.

Please note that non-clinical claims received via the Portal do not need to be reported to us **save for** the two important exceptions detailed below.

No	Situation	Action Required	Timescale
1	Serious incident where investigations suggest there have been failings in the care provided; and There is the possibility of a large-value claim (i.e. damages >£500,000)	Report to NHS Resolution irrespective of whether or not a claim has been notified, or a disclosure request received. Report via the Claims Reporting Wizard if this is a non-clinical or EN claim. OR via the NHS Resolution Report and Manage a Claim Service if it is a clinical claim.	As soon as possible but no later than 3 months from when you become aware of the matter
2	Disclosure request (or some other indication that a claim is being considered – e.g. Limitation extension request) received; and	Report to NHS Resolution via the Claims Reporting Wizard if this is a non-clinical or EN claim.	As soon as possible but no later than 1 month from receipt of the disclosure request

	Internal investigation (e.g. complaint review or incident investigation) reveals possibility of a claim with a significant litigation risk regardless of value.	OR via the NHS Resolution Report and Manage a Claim Service if it is a clinical claim.	
3	Letter of Claim served; and/or Part 36 offer received; and/or Proceedings received.	Report to NHS Resolution via the Claims Reporting Wizard if this is a non-clinical claim OR via the NHS Resolution Report and Manage a Claim Service if it is a clinical claim.	Within 24 hours of receipt
4	Group Action – i.e. any adverse issue which has the potential to involve a number of patients (e.g. failure of a screening service)	Report to NHS Resolution irrespective of whether or not a claim has been notified, or a disclosure request received. Report via the Claims Reporting Wizard if this is a non-clinical or EN claim. OR via the NHS Resolution Report and Manage a Claim Service if it is a clinical claim.	As soon as possible but no later than 1 month from when you become aware of the matter
5	Serial offender claims – i.e. claims arising from the alleged negligence and/or serious professional misconduct of a staff member affecting a number of patients	Report to NHS Resolution irrespective of whether or not claim(s) have been notified Report via the Claims Reporting Wizard if non-clinical or EN scheme OR via the NHS Resolution Report and Manage a Claim Service if clinical claim.	As soon as possible

6	<p>PORTAL ONLY: Defendant only – Claim Notification Form received;</p> <p>and</p> <p>The covering letter confirms that NHS Resolution have not been made aware of the claim via the Portal</p>	Report to NHS Resolution via the Claims Reporting Wizard	Within 24 hours of receipt
7	<p>PORTAL ONLY: Defendant only – Claim Notification Form received;</p> <p>and</p> <p>No NHS Resolution contact received within 3 working days</p>	Contact NHS Resolution to discuss whether or not to report the claim to NHS Resolution	No more than 3 working days after receipt of the notification form
8	<p>Notification of inquest received;</p> <p>and</p> <p>Civil claim is or is likely to be pursued based on the subject matter of the inquest which has a significant risk of succeeding;</p> <p>and</p> <p>External representation at inquest is justified;</p> <p>and</p> <p>You wish to apply to the NHS Resolution for inquest funding.</p>	<p>Report to NHS Resolution using a completed Inquest Funding Request form via the Claims Reporting Wizard if non-clinical on EN scheme</p> <p>OR</p> <p>via the NHS Resolution Report and Manage a Claim Service if clinical claim</p>	No less than 1 month from the inquest hearing date

<p>9</p> <p>Maternity Incident meeting the Early Notification criteria*</p> <p>1) Incidents dated from 01.04.20 to 31.03.22:</p> <p>Trusts are required to report all incidents in this period that meet the Early Notification criteria* to HSIB. HSIB triage all cases and prioritise those where the baby has clinical or MRI evidence of neurological injury and share these incidents and final reports with NHS Resolution directly</p> <p>2) Incidents dating from 01.04.22:</p> <p>Trusts are required to report all incidents from this date that meet the Early Notification criteria* to HSIB, obtain confirmation of their investigation and their reference, and then report the case to NHS Resolution via the Claims Reporting Wizard</p> <p>*The criteria for an investigation by NHS Resolution will be narrowed to those cases where the following clinical definition applies: “Babies who have an abnormal MRI scan where there is evidence of changes in relation to intrapartum hypoxic ischaemic encephalopathy (HIE)”. This will ensure that the scheme is focused on those cases where there is potential for a high value compensation payment</p> <p>The EN team will not investigate intrapartum stillbirths or early neonatal death (within the first 0-6 days) of any cause</p> <p><i>Additional information: The Trust are responsible at the Duty of Candour (DOC) stage to inform the family of both the HSIB and EN investigation. If the family do not proceed with the HSIB investigation, they can request an EN investigation. In such circumstances, the Trust are required to notify NHS Resolution via the Claims Reporting Wizard and provide relevant documents to enable preliminary clinical triage and where appropriate, onward clinical review.</i></p>	<p>Report to HSIB in accordance with their requirements</p> <p>Report to HSIB and NHS Resolution via the Claims Reporting Wizard for the attention of Beth Dickinson, Interim Head of Early Notification along with the HSIB reference in “any other comments” field</p>	<p>As soon as the incident occurs as per HSIB’s requirements</p> <p>As soon as the incident occurs (and within 30 days of the incident taking place)</p>
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Please do not hesitate to contact your NHS Resolution Operational Team Leader for advice if you are unsure whether or not a potential claim should be reported to us.

All members should be familiar with the NHS Resolution guidance in ['Saying Sorry'](#) which confirms that we will never withhold cover because an apology or explanation has been given. If you need further help or support from NHS Resolution in this area you should not hesitate to contact your NHS Resolution Operational Team Leader.

We recognise that being involved in an incident that may lead to a claim can be extremely stressful. Please refer to the section [Support for healthcare staff](#) on our website. Here you will find links to a whole range of organisations that NHS healthcare staff can access for support.

What documents should be sent to NHS Resolution when reporting a claim

Providing us with the correct documents/information at the outset will help us to process the claim without delays. This section will help you to understand the sort of information we require and the documentation we have prepared to help support you in this regard.

The Claims Reporting Wizard/NHS Resolution Report and Manage a Claim Service will capture key information and import this into the appropriate case management system on approval. The Wizard/Service will capture your file reference at the time of reporting and, if approved, will automatically update CMS/CaseHub. Claims reported through the Wizard should be submitted to the relevant Operational Team Leader.

Requests for inquest funding in non – clinical or EN claims should always be accompanied by an Inquest Funding Request Form. Requests for inquest funding for clinical claims should be submitted using the NHS Resolution Report and Manage a Claim Service. Funding can be requested without a letter of claim/proceedings or a disclosure request.

LTPS claim report forms still need to be submitted and sent in addition to the Useful Documents Guide for claims not reported to us in the MOJ portal.

You have a free text section to add a covering message to the NHS Resolution approver. This should be used to highlight matters such as any agreed limitation extension(s), associated disciplinary issues, whether there are potential third party issues, listed inquest date etc.; and we ask you provide additional data on:

- a) why the claim is being reported to NHS Resolution;
- b) when you were first notified of the claimant's intention to pursue a claim;
- c) where the incident took place;
- d) whether there was an associated complaint and/or incident investigation;
- e) the estimated valuation of the claim if successful; and
- f) the probability of the claim succeeding.

Please provide us with any outstanding information/updated documentation within 2 weeks of reporting the claim to us. We recommend that you complete all of our forms electronically so that, where necessary, data fields can be expanded to include all relevant information and the documents can be easily updated at a later date.

All key documentation should be uploaded at the time of notification as separate enclosures, where possible. If documents are being submitted after this, please upload directly to the file via the NHS Resolution Report and Manage a Claim Service or send via secure e-mail. For example, an incident investigation should be sent to us in the following format:

- 1) Final investigation report and action plan;
- 2) Final witness comments upon which the investigation report was based; and
- 3) The remaining incident file containing draft reports, draft statements etc.

When reporting a claim using the NHS Resolution Report and Manage a Claim (Login Page) service, where available, upload the following documents:

- 1) Letter of Notification or Letter of Claim or some other request for compensation from the patient or their solicitors;
- 2) Claim Form, Particulars of Claim – court documents commencing a clinical negligence claim;
- 3) All correspondence with the patient or their solicitors
- 4) Investigation Report (Patient Safety Incident Investigation Report, SUI, RCA etc.)
- 5) Complaint correspondence/complaint file
- 6) Written comments, witness statements and reports you may have previously prepared, for example in preparation for a complaint response, inquest or regulatory hearing that relates to the relevant incident that is, or may be, the subject of a claim

How to report EN and non-clinical claims to NHS Resolution

Members are required to report all EN and non-clinical claims (excluding property expenses (PES) claims) to NHS Resolution using the Claims Reporting Wizard. This can be accessed by following the “Report a Claim” link on the Extranet Home page:



Please note that PES claims should not be reported through the Wizard. Completed PES claim report forms should be emailed to your LTPS NHS Resolution Operational Team Leader.

How to report clinical claims to NHS Resolution

Members are required to report all clinical (including inquest funding requests) claims to NHS Resolution. NHS Resolution Report and Manage a Claim (Login Page) is the new service available to Member Trusts of NHR schemes. This new service replaces NHS Resolution’s (NHR) Claims Reporting Wizard and has been designed to provide Member Trusts with an

intuitive and reliable platform to submit new and potential claims (incidents).

All users must register with an individual account to gain access. If you have not yet registered please submit a request on the NHSR website. (<https://resolution.nhs.uk/services/claims-management/nhs-resolution-report-and-manage-a-claim/register/>.)

Once registered to use the service, most clinical claim types can be submitted, however it is important that users review the guidance available on the NHSR website (<https://resolution.nhs.uk/services/claims-management/nhs-resolution-report-and-manage-a-claim/user-guides/>) prior to accessing the service or submitting new claims. Please note, at this time, Early Notification (EN) matters cannot be reported using this service. EN matters must continue to be reported via the NHSR Claims Reporting Wizard until further guidance is provided.

Welcome to NHS Resolution Report and Manage a Claim

Here you can report and access your claims reported to NHS Resolution (NHSR). Most claim types can be submitted or accessed through this portal*, including new and potential claims (incidents). Please ensure you have read the guidance available on the [NHSR website](#) prior to accessing the service or submitting new claims, where you will also find any support information you may need to be aware of.

*Please note that Early Notification (EN) matters cannot be reported via this portal. Please continue to report EN matters via the NHSR Claims Reporting Wizard until further guidance is provided.

- [Report a new incident or claim](#)
- [Non-Clinical Scheme Limits and Excesses](#)
- [Help](#)

Show Case Type

☐ FNOL ☐ Claim or Incident

Export to CSV

What you can expect from us once a claim has been reported

Members are referred to the [Claims Management Membership Charter](#) which we will review and update periodically.

What we expect from you once a claim has been reported

- We will expect you to preserve the necessary notes, records and other key documentation
- We will expect you to respond promptly to our requests for instructions
- We will expect you to keep your members of staff updated as to the progress of a particular claim and its outcome
- We will expect you to help ensure that any learning from this claim is considered by the relevant internal department
- We will expect you to contact us to discuss any potential issues as and when they arise

Key definitions

Terminology	Definition
Notification date	The date you were first made aware of the likelihood that a claim was or was likely to be pursued – e.g. receipt of a request for disclosure of medical records.
Incident date	Date of the incident noting that the earliest date should be provided where multiple allegations are involved. For Early Notification cases this will be the child's date of birth.
Description of incident	Brief summary of the key facts involved in the claim. This should not include any information that could identify the patient or any member of staff or contain any specific dates/location details

Queries

Please do not hesitate to contact us should you wish to discuss the contents of this document. Queries should be directed to your designated Operational Team Leader in the first instance, or one of the Deputy Heads of Claims Operations.

(Published July 2025)

Version control

Date of Change	Version	Brief summary of changes
April 2014	1.0	<ul style="list-style-type: none"> • Simplification of reporting guidelines for both clinical and non-clinical schemes with merger into one document • Dispensed with the need for Preliminary Analysis to be submitted with new claims • Introduction of Claim Report Forms for clinical and non- clinical claims and updated inquest funding request form • Introduction of Useful Document checklists to be used when reporting claims to NHS Resolution • Introduction of Witness Details Forms • Introduction of LTPS specific documents such as the Earnings Schedule and witness statement templates
May 2017	2.0	<ul style="list-style-type: none"> • Removal requirement for claim report forms when reporting clinical claims • Change in inquest funding notifications • Addition of Early Notification Reporting
September 2022	3.0	<ul style="list-style-type: none"> • Removal of requirement for Useful Documents • Updating reference to Extranet documents • Update of Early Notification Reporting • Update of job titles • Routine review
July 2025	4.0	<ul style="list-style-type: none"> • Update to add CaseHub references and NHS Resolution Report and Manage a Claim (Login Page) service information • Update of branding guidelines