

150/04 GOVERNANCE AND RISK MANAGEMENT COMMITTEE

Dr Downey informed members that at its meeting the Administrative Services Committee were taken through the Minutes of the Governance and Risk Management Committee meeting held on 29 January 2004, which reflected the business of the Committee.

Dr Downey indicated that the final draft of the Risk Management Strategy would be brought to the Governance and Risk Management Committee meeting on 25 March 2004 and then to the April 2004 Administrative Services Committee meeting.

154/04 ANY OTHER BUSINESS

(ii) Erne Hospital

At its meeting on 25 ^{February} ~~March~~ 2004 the Administrative Services Committee received an update from Mr Lindsay in relation to the tragic death of a child four years ago in the Erne Hospital.

The Chairwoman referred to the issue raised by Mrs Grant at the Administrative Services Committee in relation to the number and types of notes taken within a clinical situation and asked Mrs Kelly to clarify for the meeting the protocol for note taking. The Chairwoman asked that the minute recorded that there was only one set of clinical notes retained for an individual patient.

Dr McConnell pointed out that when a medico-legal allegation is made, at that point an internal investigation will be undertaken and external and expert reports may be sought for the purpose of examining that healthcare negligence case.

These documents are entirely separate from clinical notes and they are reports purely for particular healthcare negligence case.

He went on to explain that there is now a system which encourages medical staff to submit incident reports in all situations so that the system in general can learn lessons from these incidents.

In response to Mr Rogan, Dr McConnell confirmed that historically there had been some reluctance by staff to complete incident reports for all situations, but progress away from the blame culture was being made.

Commenting, Dr Downey informed members that the Board's protocols for untoward events and near miss reports would be discussed at the Governance and Risk Management Committee meeting to be held on 25 March 2004 and these protocols would be brought to a future Administrative Services Committee meeting.

Mrs Grant referred to her initial comment concerning the time delay between an adverse incident and the lessons learnt reaching other hospital Trusts. She felt strongly that recurrent funding should be provided so that equipment necessary to prevent another such similar adverse incident occurring can be prevented.

Mr Lusby asked for clarification in relation to the procedure for clinical note taking.

Mrs Kelly confirmed that the original, clinical notes were retained for individual patients and that entries within the clinical notes were made by doctors, nurses, and other health and social care professionals. These original notes would be used in a legal situation if required. Mrs Kelly assured Mr Lusby that this protocol ensured the integrity of the clinical notes.

Dr McConnell added that in addition to the existing guidance in relation to the retention of notes, that further major improvements would occur when a more paperless system became operational and the introduction of a unique patient health care number would ensure that authorised personnel can easily access and update any patients' notes throughout Northern Ireland.

The Chairwoman thanked members for their contribution.

