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ALTNAGELVIN HOSPITALS H&SS TRUST

**POLICY FOR THE MANAGEMENT OF
CLINICAL RISK**

October 1997

1 of 7



POLICY FOR THE MANAGEMENT OF CLINICAL RISK

Introduction

On 1st April 1996 Altnagelvin Hospitals Trust became formally responsible for the management and financing of claims of negligence relating to incidents after that date.

The Clinical Risk Policy will aim to:

- reduce the occurrence of preventable adverse effects;
- minimise injury to patients;
- facilitate where necessary swift resolution of claims;
- improve the quality of care for patients.

This paper sets out procedures to be adopted for reporting Adverse Incidents and the procedures to be adopted in responding to negligence claims in Altnagelvin.

Clinical Incident Reporting

Clinical Incident Reporting is now considered a minimum standard of risk management. It acts as '*an early warning*' of impending clinical negligence claims and as a useful tool to extract information from the risk situations in order to improve clinical practice.

In an environment where staff feel secure and valued we want to encourage a culture of honesty and openness where mistakes and untoward incidents are identified quickly and dealt with in a positive and responsive way.

2 of 7

Immunity

The Trust Board agrees that any matter reported as part of the risk management system will normally be immune from disciplinary action unless maliciousness, gross misconduct or a criminal act is involved.

Definition of Clinical Incident

A clinical incident is any incident which may have the potential to result in harm to a patient or client as a result of care or treatment provided by a clinician or member of staff.

Procedure for Reporting Clinical Incident

Clinical Incidents should be recorded using the relevant section in the Untoward Incident report form. All incident forms will be sent to the Risk Management Coordinator who will;

- Inform the Chief Executive/Medical Director/ Director of Nursing where necessary;
- Contact all relevant staff and obtain detailed reports;
- Bring details of all incidents to the Trust Scrutiny Committee;
- Provide the Trust Board with details of trends.

3 of 7

Clinical Negligence Claims

Unfortunately on occasions patients feel that the treatment they have received has been negligent and they decide to pursue a claim via a solicitor. It is extremely important that claims for negligence are managed appropriately to increase public confidence and respect.

Notification of Claim

All letters of claim received by staff from solicitors should be sent to the Risk Management Co-ordinator.

Action to be Taken by the Risk Management Co-ordinator

- Inform the Chief Executive/Medical Director;
- acknowledge receipt of the Solicitors letter;
- send the correspondence to the Trust's Solicitor;
- contact all relevant staff and obtain detailed reports on the case;
- ensure the case is scheduled for discussion at the Trust Scrutiny Committee;
- monitor the progress of more prolonged cases;
- provide regular reports for the Trust Board on claims experience and trends;
- ensure all staff involved are kept informed.
- provide regular information to the Director of Finance as required under the Medical Negligence Central Fund.

4 of 7

Trust Scrutiny Committee

Membership

Medical Director (Chairman)
Risk Management Co-ordinator
Trust Solicitor
Ad Hoc members (as required)
Delegated Authority [REDACTED]

The Committee will meet **Monthly** and will:

- Consider all new cases;
- Take decisions on the future management of individual claims based on the liability issues involved;
- Request further information or reports
- Request any member of staff to attend to provide further detailed information and assistance;
- Consider developments in cases;
- Refer cases to the Cases Committee for clarification on liability issues as required;
- Decide which cases to be settled or a defence maintained within limits delegated by the Trust Board, taking into account the views of the Consultant involved;
- Make recommendations on cases above delegated authority
- Make recommendations arising from information obtained from clinical incident reporting or claims;
- Report to the Trust Board on a regular basis.
- Maintain a close relationship with the Medical/Clinical Audit committees

Cases over [REDACTED] and under [REDACTED]

Cases above the delegated Authority of the Scrutiny Committee must be referred to the Hospital Executive/Trust Board for approval. The Executive should

5 of 7

agree, case by case, taking into consideration the advice of the Scrutiny Committee and Cases Committee, a range of possible settlement values within which the Risk Management Co-ordinator has discretion to negotiate. (Within the legal process, decisions may sometimes have to be taken at short notice). Settlements above [REDACTED] must be submitted to the HSS Executive, Policy and Accounting Unit for approval.

Cases Committee

Membership

Medical Director
5 Senior Consultants
Risk Management Co-ordinator
Trust Solicitor (when required)

The Scrutiny Committee will be supported by a Cases Committee who will:

- Provide advice on liability issues in cases of greater complexity
- Make recommendations to the Scrutiny Committee on the management of individual claims referred to them
- Make recommendations on procedures or aspects of clinical practice requiring remedial action.

The Cases Committee will meet when necessary and will use their clinical expertise to provide advice to the Scrutiny Committee on the management of claims and make recommendations on procedures or aspects of clinical practice.

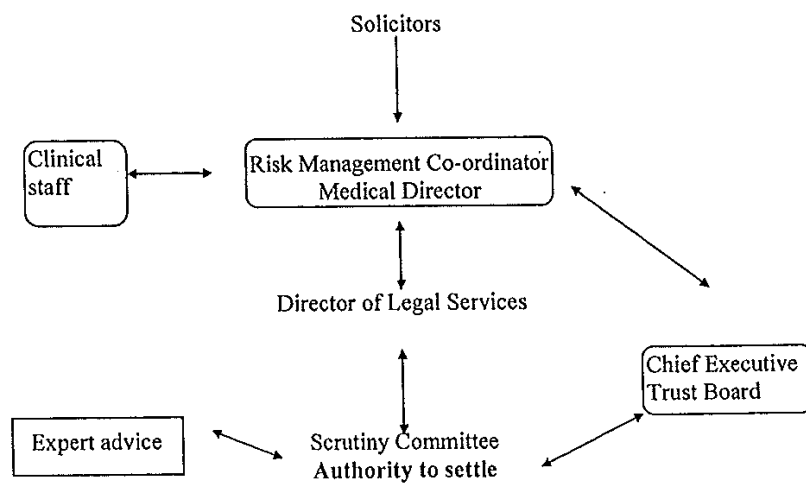
Avoidance of Claims

In reviewing claims the Scrutiny Committee and the Cases Committee will pay particular attention to any deficiencies in procedures or practices which may have contributed to the incidents giving rise to the claims and will formulate directions and recommendations designed to eliminate or minimise the incidence of similar occurrences.

A clinical Incident Reporting system has been put into operation. This system allows clinicians or any member of staff to report a clinical incident which may or may not result in an adverse reaction for the patient being treated.

6 of 7

CLAIMS PROCESS



7 of 7