

'You have 5 minutes to read through the items, then discuss in whatever order.....'

General Points:

- ❖ Time is very short so read fast
 - ❖ Note details of staff and any times involved (eg who is on & when)
 - ❖ If there is a timetable note what is on it -for links to items in the 'pile' (eg SHO teaching for possible SHO mistakes in the 'pile')
 - ❖ Prioritise: urgent then important then neither
 - ❖ There will be a 1-2 high mark earners, rest have a smaller number of marks
 - ❖ Mention something briefly about every item in the 'pile' before your action plan
 - ❖ Be not too didactic, but don't sit on the fence
 - ❖ There will always be some items that come up then there will be the odd 'curve ball'
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Underperforming Doctor

Consultant colleague/junior. There are some common threads;

- ★ If there is a specific adverse clinical event see below and include in discussion,
- ★ **Information gather**
 - Speak to whoever highlighted a problem
 - Speak to individual concerned (?bereavement, illness, alcohol etc)
 - Speak to senior nursing and medical staff
 - Speak to consultant colleagues
 - If locum, check references and speak to referees
 - Patients come first so if in doubt, remove/limit clinical practice until full facts ascertained
- ★ **Make a decision about validity**
 - If valid speak to doctor about concerns
 - Remove from practice/limit practice if at fault
 - Need to arrange cover (locum, juggle shifts, do it yourself)

- Discuss with clinical director- he may need to discuss with National Clinical Assessment Service (a division of National Patient Safety Agency) for advice - GMC referral may then be warranted if severe or persistent.
 - If permanent staff may need further education, limited clinical exposure with increased supervision.
 - If serious (sexual, theft etc) will need disciplinary procedures instituted.
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Adverse Clinical Incident

★ Information gather

- Find out how patient is from notes/other specialty consultant or other hospital
- Look at patients A&E record, nursing notes and hospital notes, plus all investigations. Make copy of notes
- Speak to whoever highlighted the problem
- Speak to individual concerned (?bereavement, illness, alcohol etc)
- Speak to nursing and other staff involved
- Speak to consultant colleagues about general performance of individual(one off or pattern of behaviour) and this incident

★ Make a decision about validity

- Mention relevant guidelines (BTS, NICE, ALS, SIGN etc) to judge performance by

★ Action Plan

- Speak to clinician and educate-'no blame approach'
 - Ensure the adverse clinical incident reporting system has been activated (as per local procedure). If serious notify National Patient Safety Agency
 - Check with Clinical governance department to see whether this is a 'systems' problem
 - If junior, arrange teaching to group (eg SHO's) on subject (if one can do it, so could others)
 - May need to inform clinical director and legal department if severe
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Complaints

Any complaints addressed directly to you need to be forwarded to the Complaints department for logging, to ensure the timing of responses are adhered to and to keep a centralised point for data collecting and response generation.

Timing::

1. Complaints must be made within 12 months of event/knowledge
2. Acknowledgment of receipt must be done within 3 days of receipt
3. Rapid response, signed by chief executive, containing summary of complaint, investigation made and conclusions
4. Must tell the patient that they have right to take it further for Independent Review by Parliamentary and Health Ombudsman
5. If legal action commences, the complaint procedure stops

★ **Information gather**

- Find out how patient is from notes/other specialty consultant or other hospital
- Look at patients A&E record, nursing notes and hospital notes, plus all investigations. Make copy of notes.
- Speak to person(s) involved and ask for written statements

★ **Make a decision about validity**

- Mention relevant guidelines (BTS, NICE, ALS, SIGN etc) to judge performance by

★ **Action Plan**

- Speak to clinician and educate if required-'no blame approach'
 - Apologise if at fault
 - If highlights adverse incident, then see above
 - Write a full response to complaints manager detailing complaint, what transpired and if there was any failures
 - Needs to be completed as soon as possible
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Letters from patients

Find out how patient is from notes/other specialty consultant or other hospital.

If complimentary, pass on to person(s) involved. If complaint see above

If contains any criticisms as well, then may need to follow similar investigative path as for complaints

Write back to patient thanking them for letter. Offer commiseration's if relative deceased. Detail your investigation & conclusion and any action taken to criticism.

Flyers for Conferences

- ?personal interest-if relevant, secretary to book. Maybe mention about CPD points and revalidation
 - If someone else known to have an interest-pass it on, otherwise bin
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Adverts for Equipment

- Shouldn't generate much response unless something already identified as needed. Requirement for specific equipment should be first looked into (clinical need, risk), "Option appraisal"=key features (weighted) required, then equipment sourced which fulfills specific criteria. Appraise and compare products, . Business plan put together
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