Clinical Standard Operating Procedure (SOP)

RESPONSIBLE CONSULTANT – ALLOCATION WITHIN BRHC

SETTING Bristol Royal Hospital for Children (BRHC)

FOR STAFF Medical, nursing and administration staff

PATIENTS Inpatients at BRHC

Context

Following the Francis report, the Academy of Royal Colleges produced a document 'Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients' (June 2014). It sets out the principle that all inpatients should have an accountable consultant (and nurse) with their 'name over the bed', and outlines the roles of the 'Responsible Consultant' (in short, to be *accountable* for co-ordinating care, and *communicate* with the patient/family).

Within specialty departments at BRHC there are different methods of allocating to a Responsible Consultant. These systems work fairly well, provided the patient is under the care of just that specialty.

For medically complex children (local and regional), who are receiving care from multiple teams simultaneously, lack of an allocated Responsible Consultant leads to poor co-ordination of care, and poor patient experience. This SOP sets out an agreed system of allocating a Responsible Consultant for every in-patient.

Allocating Responsible Consultant

- The Responsible Consultant should be determined at the point of admission. ED/PICU consultants are not expected to continue this role once the patient moves to an in-patient ward.
- The Responsible Consultant's name should be entered on Medway, and displayed on the ward 'white board'.
- Patients with involvement of one team only will have a Responsible Consultant from within that team allocated to them. Each department should have its own internal SOP setting out how consultant allocation is determined within that team.
- Patients transferred from other hospitals will have a Responsible Consultant allocated to them from within the team accepting the referral.
- Patients known to have a specific condition and under current follow-up for that condition by a consultant on staff at BRHC, who are admitted due to that condition, should have their usual outpatient consultant allocated as their Responsible Consultant while in hospital (although day-to-day care may be delivered by the 'on service' consultant from within that team).
- Patients under active follow-up for one (or more) condition(s) admitted with a completely new and unrelated condition will be admitted under the team most appropriate to manage that new condition, and a Responsible Consultant from within that team will be allocated.
- Any changes of Responsible Consultant within teams should be notified to the patient/family, and altered on Medway.
- Any changes of Responsible Consultant from one team to another can only be made with the agreement of the consultant taking over, and again the patient/family, nursing and ward admin staff should be informed promptly.

- The default position for patients with simultaneous, multiple team involvement should be that their Responsible Consultant is one who has known them from early on in the course of their illness, and been involved with that patient's *primary* diagnosis from the start, unless it has been agreed with another consultant that transfer of Responsible Consultant status should take place.
- Nurses and administrative staff will be encouraged to actively seek identification of the named Responsible Consultant for inpatients, so that this may be accurately recorded on the ward/bedside display, and on Medway. They will be free to 'challenge' medical staff where a clear answer is not forthcoming. In situations of continued lack of clarity, rapid escalation to senior clinical and non-clinical managers should take place.
- In situations where it is *not* clear who should be the Responsible Consultant, a prompt brief meeting ('huddle') of those consultants who could potentially be the patient's Responsible Consultant should take place, in order to reach agreement.

Responsibilities

- The Responsible Consultant has responsibility for the overall management, continuity and delivery of all care to a patient throughout their stay, including discharge arrangements.
- The Responsible Consultant and the MDT (multidisciplinary team) should work closely together. Team members within the MDT are expected to give appropriate advice and retain accountability for their actions, and not all issues will be 'automatically' referred to the Responsible Consultant, although he/she will retain over-all responsibility for co-ordinating care.
- Day-to-day care may be devolved from the Responsible Consultant to the 'on service' consultant from within their team, but the Responsible Consultant should retain the over-arching role of guiding major discussions and management decisions concerning their patients.
- It must be clear to patients and their families how their Responsible Consultant can be contacted to discuss care, and when they will be available in person.
- If the Responsible Consultant is absent or unavailable for a considerable period, allocation to another consultant should be made, backed up by clear communication and documentation.

RELATED DOCUMENTS 'Guidance for Taking Responsibility: Accountable Clinicians and Informed Patients' Academy of Royal Colleges (June 2014)

AUTHORISING BODY Children's Clinical Governance