Leicester Royal Infirmary Emergency Department

Standard Operating Procedure for: Consultant of the Day

Staff groups SOP applies to:	**Emergency Department Consultants**
Issue date:	**August 2022**
Version number:	**2.1**
Review date:	**August 2025**
Author	**Scott Knapp** **ED Consultants in Emergency Medicine** **Based on original 2017 document** **M Marathe**
Trust reference	**C32/2017**

Table of Contents

1.0 Introduction

1.1 This Standard Operating Procedure (SOP) outlines the roles, responsibilities and daily routine of the Emergency Department (ED) Consultant of the Day (COTD) at Leicester Royal Infirmary.

1.2 The aim of this SOP is to standardise the way in which the COTD role is performed by ED consultants.

1.3 The COTD role is based on 4 overarching principles:

Principle 1	There is work which requires ED consultant input in relation to patients who are not currently in the ED. The COTD exists to take the burden of this work away from ED consultants who are working on the ED shopfloor with patients who are physically in the ED, so that they may provide consistent ED shopfloor cover without interruption.
Principle 2	The COTD rota guarantees that protected ED consultant cover is always available between 08:00 and 18:00 Monday to Friday for timely responses and efficient resolution of matters described in Principle 1.
Principle 3	Multiple handovers of tasks between consultants are detrimental to departmental efficiency. Once a task is allocated to a particular consultant, that person should see it through to completion, as far as possible.
Principle 4	The COTD exerts ED consultant responsibility over the entirety of the ED's operations, including the Front Door, Walk-in stream, Primary Care stream, Paediatric ED and Emergency Decisions Unit (EDU), with input from relevant area leads as required.

1.4 The COTD time allocated in the consultant rota is mixture of Direct Clinical Care (DCC) and Non-Clinical Direct Clinical Care (NCDCC).

1.4.1 The DCC work is EDU cover from 08:00 to 16:45 Monday to Friday.

1.4.2 The NCDCC matters include the handling of Datix incidents, complaints, clinical negligence claims, Significant Incidents (SIs), inquests and any other matters related to named patients who are not currently in the ED.

1.5 In accordance with Principle 1 and Principle 2 stated above, the COTD is expected to be on-site at Leicester Royal Infirmary and contactable by phone between 08:00 and 18:00 Monday to Friday (except for reasonable breaks within that time) to attend to any matters which may arise.

1.6 There is insufficient work of the nature described in Principle 1 above to fully occupy the COTD from 08:00 to 18:00 Monday to Friday.

1.6.1 It is therefore acceptable to perform other work in COTD time, such as that related to Supporting Professional Activity (SPA) or revalidation. However, this work must

never distract from the delivery of Principle 1 and Principle 2 stated above.

1.6.2 The *quid pro quo* is that COTD-related work such as complaint meetings, Root Cause Analysis meetings or report writing may "spill-over" into non-COTD time.

1.6.3 Consultants are expected to exercise flexibility in this regard. Once a matter has been allocated to a COTD, it is expected that they will continue to handle that matter until completed, in accordance with Principle 3 stated above.

1.7 The COTD (unless prior agreed job plans exclude this) may be asked to provide clinical ED shopfloor cover only in exceptional circumstances such as a major incident or at times of exceptionally dangerous clinical demands. The COTD must keep a record of this, and ensure that time in lieu is taken from subsequent clinical shifts to ensure that time is protected for COTD work. The ED rota coordinator will keep a record of all such instances, to help identify trends.

1.8 There is no expectation for any routine clinical ED shifts to be performed in a consultant's COTD week. However, a consultant may choose to perform clinical shifts in addition to COTD work if they are not fatigued, and with the agreement of the ED Head of Service or ED Head of Operations or their deputies.

1.9 The SOP has now been updated to reflect the changing nature of Consultant of the Week and the fact it is often a Consultant of the Day. The terms COTW and COTD are used interchangeably despite this fact.

2.0 EDU clinical cover

2.1 The COTD has clinical responsibility for the EDU from 08:00 to 16:45 weekdays. Outside these hours, clinical responsibility is with the ED Doctor in Charge.

2.2 The COTD will perform the daily EDU ward round at 09:00 Monday to Friday.

2.3 The COTD will be available for any clinical matters on EDU during the course of the day, will conduct a final board round at 16:00, and will handover information about any pending matters or sick patients to the ED Doctor in Charge at 16:45.

3.0 Datix incidents

3.1 The Datix period runs from 0800 of the previous day (or days if a weekend has occurred) until 0800 of the current day. This is date of submission of the Datix and not date of incident.

3.2 All consultants are expected to be trained and knowledgeable with regards use of the Datix system, to ensure that it is used effectively and efficiently at all times to ensure the safety of patients.

3.3 The COTD and Op-G must remain vigilant with regards to new Datix incidents which are submitted

during their Datix allocation period, including Datix incidents submitted from other areas of the Trust which may initially become apparent in the "Being Reviewed" part of the Datix system.

3.4 The COTD should regularly meet with the Operational G-grade nurse of the week ("Op-G") to review Datix incidents together, to identify medical and nursing issues associated with them and to develop a joint plan for ensuring that they are effectively addressed.

3.5 New Datix incidents should be moved to the "Being Reviewed" section of the ED Datix system on a daily basis, and then "Finally Approved" once complete. There should be no new medical Datix incidents at the end of the COTD allocation period.

4.0 Complaints

4.1 The complaints period runs from 0800 of the previous day (or days if a weekend has occurred) until 0800 of the current day.

4.2 Complaints are sent to the COTD in the form of an email which should have attachments pertaining to the complaint. These attachments include a Complaint Triage Form which identifies the particular issues the COTD is required to investigate.

4.3 Simple complaints typically do not require the COTD to seek written statements from members of staff. The COTD is expected to exercise their senior clinical expertise in reviewing the evidence in the form of case notes and clinical investigation results (such as ECGs, blood tests, X-rays and CT scans) to resolve the matter. The majority of complaints will typically fall into this category.

4.4 It is not necessary for the COTD to write the entire complaint response. It is often sufficient to write a paragraph or a few sentences which adequately address each issue raised in the triage document or complaint.

4.5 The COTD should submit complaint responses by 18:00 on the final day of any COTD block, in view of the very short timescales for complaint responses.

5.0 Clinical negligence claims

5.1 The clinical negligence claims period runs from 0800 of the previous day (or days if a weekend has occurred) until 0800 of the current day.

5.2 The role of the COTD is to (i) give an opinion on the whether the criteria for clinical negligence have been met, taking into consideration the duty of care, any breach of a duty of care, the nature of the harm which has allegedly occurred, and the causation of the harm by the breach of a duty of care, and (ii) to identify ongoing risks in the department which need to be addressed.

5.3 As with complaints, simple clinical negligence claims often do not require the COTD to obtain written statements from clinicians.

6.0 Significant Incidents

6.1 Incidents that are thought to meet the criteria for SI – on the basis of information obtained through Datix incidents, complaints, clinical negligence claims, inquest requests or COTD inbox items – should be discussed with the ED Clinical Governance Lead, ED Clinical Governance Lead Nurse, or ED Head of Service in the first instance.

6.2 If the incident is confirmed as a SI, the ownership will remain with the named COTD who will be involved with the SI investigation.

6.3 The investigation of SIs inevitably takes more than the one week allocated to a COTW block. However, in accordance with Principle 3 and Paragraph 1.5.2 above, once a SI has been allocated to a consultant, that consultant should see the SI investigation through to completion without handovers, unless there are compelling reasons why it should be handled by a different consultant.

6.4 The ED Clinical Governance Lead and other leads may get involved with SI investigations as necessary. However, SIs are always owned and led by a named COTD.

7.0 Inquests

7.1 The inquest period runs from 0800 of the previous day (or days if a weekend has occurred) until 0800 of the current day. If an inquest falls on a day where a COTD does not perform this role as per a pre agreed job plan this will be picked up by the next COTD.

7.2 The Coroner may request statements from specific individuals who were involved in a case. In such situations, the COTD is not routinely required to be involved in the inquest process, other than to give support and guidance to these individuals as required.

7.3 The Coroner may request an overview statement outlining the care that a patient received in the ED. Such requests would typically come to the COTD, who assumes initial responsibility.

7.3.1 If it is identified that it would be more appropriate for a different consultant to write the inquest report due to their previous involvement (either a clinical involvement, or through a previous complaint or SI investigation for example), the onus rests of the current COTD to liaise with that consultant. Unless and until the other consultant accepts responsibility, the matter rests with the current COTD.

7.3.2 It is expected that consultants would work together closely in a spirit of mutual cooperation, aiming to reach a balance between Principle 2 and Principle 3 stated above.

7.4 Requests for inquest reports were previously sent to the consultant who was “on-call” between 0100 and 0800 on the day the patient attended the ED. This practice was based on a misunderstanding outside the ED of the role of the ED consultant “on-call”. In accordance with Principle 2 stated above, this responsibility is now assigned to the COTD to ensure a timely

response to the inquest report request.

8.0 COTW inbox

8.1 The COTD period runs from 0800 of the previous day (or days if a weekend has occurred) until 0800 of the current day.

8.2 The COTD inbox should be checked for new items on a daily basis.

8.3 The COTD inbox should be emptied at the end of the COTW block period by moving all items to the COTD's own inbox.

9.0 Allocation periods for COTW/COTD blocks

9.1 The allocation periods for consultants COTW/COTD blocks are as follows:

Monday	Tuesday	Wednesday	Thursday	Friday
0800 Friday to 0800 Monday	0800 Monday to 0800 Tuesday	0800 Tuesday to 0800 Wednesday	0800 Wednesday to 0800 Thursday	0800 Thursday to 0800 Friday

10.0 Involving other team members

10.1 In accordance with Principle 3 stated above, ED matters allocated to the COTW remain the responsibility of the COTD until and unless confirmation has been received that another consultant or senior member of the ED team has taken responsibility.

10.2 There is a separate Paediatric ED COTD every week.

10.2.1 The Paediatric ED COTD may be consulted for Datix incidents related to Paediatric ED. They will frequently take over responsibility for these.

10.2.2 Complaints, clinical negligence claims, Significant Incidents, inquests and COTD inbox items related to Paediatric ED would normally be handled by the Paediatric ED COTD.

10.3 The EDU Lead may be consulted for advice related to any matters pertaining to EDU. However, all such matters would remain the responsibility of the COTD.

10.4 Matters of a purely non-clinical nature should be redirected to the ED manager with responsibility for that area or activity.

10.5 Matters in relation to nursing care may be discussed with the Operational G-grade nurse of the week.

10.6 Significant complaints or concerns regarding the conduct, behaviour or competence of a consultant colleague should be redirected to the ED Head of Service.

10.7 The ED Clinical Governance Lead and ED Clinical Governance Lead Nurse may be consulted for advice related to any clinical governance matter.

11.0 Re-opened matters

11.1 Any matters which a consultant has previously (within 12 months) responded to in their capacity as COTW should ideally be redirected to that consultant in accordance with Principle 3 stated above.

11.1.1 However, if that consultant is unavailable or unable to respond within the deadline required for resolution of the matter, the COTD should assume responsibility in accordance with Principle 2.

11.1.2 The matter rests with the current COTD until they receive positive confirmation that another consultant has taken over responsibility.

12.0 Redirecting matters to other consultants who are not COTD

12.1 In accordance with Principle 2 and Principle 3 stated above, the COTD will assume responsibility for any matters arising during their COTD block.

12.2 If, on investigation of the matter, it becomes apparent that it would be more appropriate for another consultant to take over the matter, it is the responsibility of the COTD to initiate a consultant-to-consultant conversation to discuss this.

12.3 If the other consultant is willing and able to take over responsibility, the matter may be forwarded to them. Otherwise the matter rests with the COTD until they receive positive confirmation that the other consultant has taken over responsibility.

Examples of good practice

Consultant A *receives a complaint / claim / inquest request / other matter as COTD. On looking through the case notes, it is apparent that* ***Consultant B*** *had reviewed the patient whilst in the ED and was significantly involved in the case.*

Consultant A *assumes initial responsibility for handling the matter and asks* ***Consultant B*** *whether they would prefer to take over due to their involvement.*

Scenario 1: ***Consultant B*** *recalls the case very well, and is happy to take over the matter.* ***Consultant B*** *provides the formal response.*

Scenario 2:	***Consultant B** recalls the case very well, but feels that an independent, unbiased and impartial handling of the matter would be beneficial. The matter remains with **Consultant A** who provides the formal response, in consultation with Consultant B as appropriate.*
Scenario 3:	***Consultant B** is unable to respond to the matter in a timely manner due to other commitments, but provides a summary of the case to assist **Consultant A**, who then provides the formal response.*

Each of these scenarios is consistent with Principle 2 and Principle 3 stated above.

- It would be unacceptable for **Consultant A** to refuse to handle the matter on the grounds that **Consultant B** was involved in the case, or that **Consultant B** was on-call that day, or that **Consultant B** was the ED Doctor in Charge at the time.

- The matter initially comes to **Consultant A** as COTD (in accordance with Principle 2) and the onus remains with **Consultant A** – and not Consultant A's personal assistant, or the ED Complaints Coordinator, or the ED Clinical Governance Lead, or the ED Head of Service – to liaise with **Consultant B** on a consultant-to-consultant basis.

13.0 Removal of any barriers to efficient completion of COTD NCDCC tasks

13.1 Any problems or concerns – including disagreements or confusion regarding which consultant should be performing the task – in relation to any COTD NCDCC task (such as the handling of Datix incidents, complaints, clinical negligence claims, Significant Incidents (SIs), and inquests) must be escalated to the ED Clinical Governance Lead or ED Head of Service within 24 hours of the problem becoming apparent, so that they may make the final determination and ensure resolution of the problem within 48 hours of it becoming apparent.

14.0 Consultant Meeting

14.1 The COTD will chair the weekly Consultant Meeting which takes place at 13:00 every Wednesday.

14.2 The Wednesday COTD will collate agenda items and ensure a Teams meeting link is distributed.

14.3 The chairperson will take minutes during the consultant meeting and give them to Kerry Lint for distribution.

15.0 Locum approvals

15.1 The *curriculum vitae* of any potential junior locum medical staff will be reviewed by the COTD for approval or rejection.

16.0 X-ray reports

16.1 Although the COTD is not directly involved in this process, the COTD may be consulted for advice on the management of any clinical issues arising.

17.0 Other investigations

17.1 Addendum to reports and abnormal investigations may be highlighted to the COTD. These should be managed as described in the Diagnostic Tests Policy http://insitetogether.xuhl-tr.nhs.uk/pag/pagdocuments/Diagnostic%20Test%20Results%20UHL%20Emergency%20Department%20Policy.pdf

18.0 Other actions

18.1 The ED Head of Service, ED Head of Operations or their deputies may request assistance from the COTD in any matters which require ED consultant input, including attendance at meetings which occur between 0800 and 1800 Monday to Friday.

19.0 Access to case notes

19.1 Scans of most ED case notes are on the CITO system for patients who attended ED after July 2020. The COTD should ensure they have access to the CITO system and have received any necessary training in its use.

19.2 Every ED consultant has a named personal assistant / secretary who can assist in obtaining any notes that are required during the course of COTD work.

19.3 If a consultant's named personal assistant / secretary is unavailable, secretarial support will be provided for the COTD through the ED Office Manager.

20.0 COTD Gaps

20.1 Any significant gaps due to sickness may result in an exceptionally large workload for the next covered day. If this occurs it should be discussed with the ED Head of Service and/or Clinical Governance Lead to decide the most appropriate way to proceed.