

Meeting: Trust Board
Date: 26th January 2010

Title: **Patient Safety Strategy update report: Daily Consultant Ward Rounds**

Executive Summary: At the Trust Board meeting of December 2009 it was agreed that daily consultant ward rounds should be introduced across the Trust, and the Chief Executive wrote to all consultants to this effect on 20 January 2010. The attached paper summarises the current situation within the Trust with regard to daily consultant ward rounds on weekdays and at weekends, and is brought to the Trust Board for information.

Direct consultant involvement in patient care is increasingly recognised nationally as an important contributor to both patient safety and optimal patient flows:

- The President of the Royal College of Physicians, Sir Richard Thompson, released a statement in December 2010 saying that *“The RCP is concerned with the mounting evidence of poor care delivered to patients in hospital, and has recommended for the first time that any hospital admitting acutely ill patients should have a consultant physician on-site for at least 12 hours per day, seven days a week, who should have no other duties scheduled during this time. All medical wards should have a daily visit from a consultant...”*
- The Temple Report on the impact of the European Working Time Directive on the quality of training of junior doctors recommended that consultants need to become more directly responsible for the delivery of patient care, including out-of-hours care, to make appropriate training possible.
- The Collins Report reinforced the need to achieve an appropriate balance between service and training for Foundation Year junior doctor trainees.
- The current London-wide review of standards in acute services is likely to reinforce the expectation that direct consultant input into inpatient care should be increased.

Significant progress on daily consultant ward rounds has been made in the Trust over the past year. This progress is ongoing, and is being facilitated though job planning meetings between consultants and

divisional clinical directors and divisional managers. It is also a standing agenda item at the Medical Committee.

On the whole, weekday daily consultant ward rounds are achievable within existing staffing resources with relatively minor changes to working practices. Weekend daily consultant ward rounds will require more significant changes in current working practices, and may require additional resources to achieve necessary changes in staffing levels.

References:

<http://pressrelease.rcplondon.ac.uk/Archive/2010/Patients-deserve-better-out-of-hours-care-says-RCP-President>

Temple Report: Time for Training: A review of the impact of the European Working Time Directive on the quality of training; 9 June 2010

Collins Report: Foundation for Excellence: An Evaluation of the Foundation Programme; Medical Education England October 2010

Action: To note and discuss

Report from: *Richard Jennings, Deputy Medical Director*

Sponsor: *Mrs Celia Ingham Clark, Medical Director*

Financial Validation

Lead: Director of Finance

Name of finance officer

Compliance with statute, directions, policy, guidance

Lead: All directors

Reference:

Compliance with Care Quality Commission Standards

Lead: Director of Nursing & Clinical Development

Reference:

| Daily Consultant Ward Rounds, January 2011 | | | |
|---|------------------------------------|------------------------------------|--|
| Department | Weekday Daily Consultant WR | Weekend Daily Consultant WR | Comments |
| Division of Medicine | | | |
| Acute Medicine | Yes | Partial | All new admissions seen Sat & Sun |
| Cardiology | Yes | No | |
| Respiratory | No | No | |
| Gastroenterology | No | No | Weekday daily WRs expected imminently |
| Care of the Elderly | Partial | No | Weekday daily WRs except during periods of consultant leave |
| Rheumatology | Yes | No | |
| Diabetes/Endocrine | Partial | No | |
| Haematology | Yes | Partial | WR every Saturday |
| Oncology | Yes | No | |
| Division of Surgery | | | |
| General Surgery | Yes | Yes | |
| Orthopaedics | Partial | Partial | Weekday practice varies between consultants. All new admissions seen Sat & Sun |
| Urology | Yes | No | All patients seen by SpR Sat & Sun |
| ICU | Yes | Yes | |
| Division of Women's Health | | | |
| Labour Ward | Yes | Yes | |
| Obstetric Wards | Yes | Yes | Daily WR by midwife who is autonomous leader of care |
| Gynaecology | Yes | Partial | Practice varies between consultants |
| Division of Paediatrics | | | |
| Ifor Ward | Yes | Yes | |
| NICU | Yes | Yes | |
| SCBU | Yes | Yes | |