

Non-elective care of Elderly Care patients, and care of inpatients on Hartor, Hembury, Monkswell and Shipley wards

Issue Date	Review Date	Version
April 2019	April 2021	1

Purpose

To provide a structure for HCE patients and on Hartor, Hembury, Monkswell and Shipley wards to ensure:

- Pathways, service configuration, roles and responsibilities are clear
- Appropriate patients are transferred to the right ward
- All patients have a clear management plan on admission
- The management plan is implemented with no delays
- There is clear responsibility for patient care

Who should read this document?

Service Line management and clinical teams

Consultants
 Registrars
 Junior Doctors
 Advanced Clinical Practitioners and Specialist Nurses
 Matron
 Ward Managers
 Junior Sisters/Charge Nurses
 Nursing Staff, both registered and unregistered
 Ward Clerks
 Discharge Coordinators
 Management Team

Others

Key Messages

Core accountabilities

Author	Dr Paul Hancock/Mrs Donna Clewer
Owner	Cluster Manager
Review	Medical Care Group Board
Ratification	Ian Higginson, Care Group Clinical Director

Dissemination	Service Line Management Team
Compliance	Service Line Management Team
Links to other policies and procedures	
Medical Care Group Ward Working SOP	
Medical Care Group Annual Leave SOP	
Version History	
1.0	April 2019 First edition

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available in the Document Library. Larger text, Braille and Audio versions can be made available upon request.

Standard Operating Procedures are designed to promote consistency in delivery, to the required quality standards, across the Trust. They should be regarded as a key element of the training provision for staff to help them to deliver their roles and responsibilities.

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Standard Operating Procedure (SOP) care of inpatients on Hartor, Hembury, Monkswell and Shipley Ward

1 Introduction

This SOP covers the processes to ensure;

- The route of access for speciality advice and admission is clear
- Appropriate patients are admitted to the ward
- All patients have a clear management plan on admission
- The management plan is implemented with no delays
- There is clear responsibility for patient care whilst on the ward

The policy will cover;

1. Normal service delivery
2. Access for speciality advice and internal professional standards
3. Normal admission pathways, including emergency transfers
4. Speciality outliers, and the use of push and pull lists
5. Processes to ensure all patients have a clear management on admission
6. Processes to ensure care is progressed
7. Actions in escalation

2 Definitions

Generic

EDD – Estimated Date of Discharge – should be determined or planned for on day of admission

MDT – Multi-Disciplinary Team

TEP – Treatment Escalation Plan – documented evidence of resuscitation plan

TTA – ‘To Take Away’ prescriptions, provided on a named patient basis on discharge

SLM – Service Line Manager

SLCM – Service Line Cluster Manager

Service Specific

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3 | Regulatory Background

Based on expectations of NHS England, NHS Improvement and ECIST

4 Summary of service delivery and timetable

		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Bank Holidays
Speciality advice		Daily Red Top (to be replaced by SALUS) referrals	Daily Red Top (to be replaced by SALUS) referrals	Daily Red Top (to be replaced by SALUS) referrals	Daily Red Top (to be replaced by SALUS) referrals	Daily Red Top (to be replaced by SALUS) referrals	No Red Top Service Telephone advice if HCE Consultant on site	No Red Top Service Telephone advice if HCE Consultant on site	No Red Top Service Telephone advice if HCE Consultant on site
Hartor, Hembury, Monkswell and Shipley wards	AM	0800 – 1300 Full Consultant ward round including MDT whiteboard round	0900-1300 Ward round including MDT whiteboard round	0800 – 1300 Full Consultant ward round including MDT whiteboard round	0830-0900 x-ray meeting 0900-1300 Ward round including MDT whiteboard round	0800 – 1300 Full Consultant ward round including MDT whiteboard round	0800-1400 HCE Consultant weekend ward rounds – currently not 52 weeks/year	0800-1400 HCE Consultant weekend ward rounds – currently not 52 weeks/year	Voluntary HCE Consultant ward round (in effect most BHs covered)
	PM	1400-1600 Consultant ward round	Ward Cover	1400-1600 Consultant ward round	Ward Cover	1400-1600 Consultant ward round			Voluntary HCE Consultant ward round (in effect most BHs covered)

	<i>In Opel 4 status</i>	No change	Consultant ward visit/Board round	No change	Consultant ward visit/Board round	No change	No change	No change	No change
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Medical / other clinical resources

		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Bank Holidays	
Hartor, Hembury, Monkswell and Shipley wards	Consultant hours required for ward cover	6-8/ward	2-3/ward	6-8/ward	2-3/ward	6-8/ward	6-10 (All 4 wards)	6-10 (All 4 wards)	6-10 (All 4 wards)	
	Consultant hours required for speciality outliers	0	0	0	0	0	0	0	0	
	Normal registrar support for the ward	Variable – essentially supernumerary role with 2 wards having SpR input	Variable – essentially supernumerary role with 2 wards having SpR input	Variable – essentially supernumerary role with 2 wards having SpR input	Variable – essentially supernumerary role with 2 wards having SpR input	Variable – essentially supernumerary role with 2 wards having SpR input	Variable – essentially supernumerary role with 2 wards having SpR input	Via medical SPR on call	Via medical SPR on call	Via medical SPR on call
	Core number of junior doctors for normal ward functioning	3/ward	3/ward	3/ward	3/ward	3/ward	3/ward	Cover 2 - Monkswell/Hembury/Hartor Cover 3 - Bracken/Brent/Shipley	Cover 2 - Monkswell/Hembury/Hartor Cover 3 - Bracken/Brent/Shipley	Cover 2 - Monkswell/Hembury/Hartor Cover 3 - Bracken/Brent/Shipley
	Minimum number of junior	2/ward	2/ward	2/ward	2/ward	2/ward	2/ward			

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doctors for SAFE ward functioning								
Specialist nursing support	Usual ward staffing	Usual ward staffing	Usual ward staffing	Usual ward staffing	Usual ward staffing	Usual ward staffing	Usual ward staffing	Usual ward staffing
Therapy support	Physio/Physio assistant/OT	Physio/Physio assistant/OT	Physio/Physio assistant/OT	Physio/Physio assistant/OT	Physio/Physio assistant/OT	Weekend physio team	Weekend physio team	Weekend physio team
Pharmacist support	Ward pharmacist support	Ward pharmacist support	Ward pharmacist support	Ward pharmacist support	Ward pharmacist support	Ward pharmacist support	Ward pharmacist support	Ward pharmacist support

1. Timings

Consultant ward rounds commence at 0800 Monday/Wednesday/Friday as agreed within the HCE department. The ward rounds commence at 0900 on Tuesday and Thursday mornings. Weekend consultant led ward rounds commence at 0800. MDT white boards occur daily Monday-Friday across all 4 HCE wards between 1100-1300.

2. Push and Pull Lists

Person	Duty
Reviewing clinician covering non-HCE ward reviews	Ensure patient identified to departmental managerial team for addition to push/pull list
Departmental managerial team	Ensure push/pull list up to date and site team aware of patient to be moved.
HCE Consultant	Will identify appropriate individuals to pull to HCE and push to other specialities and liaise with nurse in charge and junior staff regarding appropriate action to facilitate this. Where necessary will liaise with the appropriate team involved in transfer of care.
Nurse in charge of ward	Will manage the pull list into HCE and the push list to an alternative speciality on a shift by shift basis and will hold overall responsibility for liaising with the receiving/discharging ward (this responsibility can be delegated to individual nursing staff involved in the care of patients identified for transfer).

3. Ensuring all patients have a clear management plan on admission

Person	Duty
Senior accountable clinician (generally responsible consultant for the ward or his/her deputy).	Ensure review at earliest possible opportunity (ideally within 24 hours) of patient arriving on ward to ensure appropriate management plan in place, investigations requested, TEP form completed and paperwork including DOLS if required in place.
Matron/Nurse in Charge	Escalate any patients on the ward who do not have a clear management plan. Highlight any delays in discharge dependent assessment or investigation to site team where appropriate.
Junior doctor/Physicians assistants	Highlight patients who have not undergone post take prior to transfer. Escalate any patients where there is the absence of, or ambiguity surrounding, the current management plan to consultant or registrar covering the ward.

4. MDT Meetings

Person	Duty
Nurse In Charge or designee	Meeting Leader: Coordinate meeting and annotate whiteboard. Update overall patient plan list. Update Push and Pull List.
Consultant on-call and/or Registrar on-call	Ensure all patient plans are appropriate and that all possible steps have been taken to facilitate discharge.
Junior Doctors	Provide an update on patients and seek advice from senior staff. Update medical patient list.
Physicians Assistant	Provide an update on their patients and seek advice from senior staff.
Nurse in charge of Bay	Discuss patients in their bay.
Discharge Coordinator	Facilitate discharges, collate patient information for provision to Ward and Management Team, and escalate delays to Management Team.
Service Line Cluster Manager or designee	Escalate items of concern and work with Nurse in Charge to facilitate meeting and identify delays.
Occupational Therapy	Discuss existing patients and new referrals.
Physiotherapy	Discuss existing patients and new referrals.
Complex Discharge Team	Facilitate complex discharges and provide update on outstanding patients.
Ward Administrator	Update SALUS and Push and Pull List as per Trust expectations in conjunction with Nurse in Charge or Matron. (09:30/12:30/15:30).

6 Access to speciality advice and internal professional standards

HCE speciality advice can be accessed via internal red top referrals Monday-Friday. This is imminently due to be replaced by a SALUS based referral system. There is no HCE speciality advice available at weekends or Bank Holidays however if an HCE Consultant is present on site they can be contacted on their page.

7 Normal admission pathways

1. Acute admissions

All acute admissions arrive on HCE wards via AMU/ED. If they have not received a post-take consultant review this must occur within 24 hours of arrival.

Individuals being stepped down from ITU require a doctor handover involving a senior member of the HCE team. Consultant HCE physicians accepting patients for step down from ITU will communicate this information to the junior and nursing teams. The senior nurse in charge of each shift will assess staffing and ability to safely accept patients.

2. Admissions from clinic

This is unusual and in the event of being required will occur via AMU and the medical registrar on call as the HCE OPCs are based offsite.

3. Emergency transfers and repatriation

Emergency transfers and repatriations are unusual in HCE and would be managed by the hospital bed manager after being accepted by a senior HCE clinician (Consultant or Registrar).

8 Speciality outliers, and the use of push and pull lists

1. Speciality outliers

The HCE department currently does not have speciality outliers. Patients identified as needing HCE care should be referred via the Red Top system and reviewed by an HCE doctor before being added to the pull list if suitable.

2. Push and Pull Lists

All patients having been accepted for an HCE speciality bed will be added to the HCE pull list which is kept up to date by the departmental management team in liaison with the site management team.

9 Ensuring patients have a clear management plan on admission

This is the responsibility of the senior responsible physician (usually the ward consultant) and should occur within 24 hours of the patient arriving on the ward. All patients must have a consultant review within 24 hours of admission to hospital and if this has not occurred (for example at the weekend) and in the absence of the usual ward consultant, the post-take consultant must be informed. All patients must have a clear management plan, investigations and TEP form documented. All other necessary documentation including Deprivation of Liberty Safeguards and Last Days of Life care pathways should be completed if required in a timely manner.

10 Ensuring care is progressed

1. Ward management of speciality patients

All ward patients should be seen on consultant ward rounds unless stable and medically fit for discharge (Green Crosses on SALUS), when once weekly review has been agreed adequate by the Medical Director. All patients should be seen on days when there is no consultant ward round Monday-Friday. At the weekend, patients requiring review will be identified via the MHandover system, the individual ward teams will be responsible for updating this document.

2. Ward management of non-speciality patients

Non-speciality patients on an HCE ward are rare/unusual. The HCE team will care for these patients jointly with speciality teams. If the patient is not suitable for care on an HCE ward then they will be added to a push list to the appropriate speciality.

3. MDT Meetings

These occur Monday-Friday 1100-1300 on each of the 4 wards and are essential to the care of complex elderly patients. Clear communication and management plans, incorporating early assessment of likely discharge needs are necessary for effective care of older patients.

11 Actions in escalation

Ward rounds and MDTs will continue at time of escalation in the usual manner to ensure effective early review and decision making. Delays in organising investigations/transport/TTAs/discharge letters will be escalated to the senior clinician/nurse/matron/site manager for action.

Escalation beds opened within the HCE bed base will be absorbed by the existing ward teams in order to provide timely and appropriate care. Both medical and nursing teams will highlight to the operational management team any staffing or skill mix issues which cause concern when expanding the HCE bed base.

Within hours nursing concerns need to be raised through the matron and medical concerns through the service line manager with involvement of the rota office if junior staffing is a concern. Out of hours all concerns need to be escalated through senior nurse or the medical consultant on call in the first instance with escalation to the on call manager where required.

12 Document Ratification Process

The design and process of review and revision of this procedural document will comply with The Development and Management of Formal Documents.

The review period for this document is set as default of two years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be reviewed and ratified by the Service Line Management Team and then the Medical Care Group Board

Non-significant amendments to this document may be made, under delegated authority from the Clinical Directors, by the nominated owner. These must be ratified by the Service Line Management team

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Service Line Cluster. For non-significant amendments, informal consultation will be restricted to named groups, or grades that are directly affected by the proposed changes.

13 Dissemination and Implementation

Following approval and ratification, this procedural document will be published in the Trust's formal documents library and all affected staff will be notified by the Regulatory, Governance and Accreditation Manager.

Document control arrangements will be in accordance with The Development and Management of Formal Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Clinical Directors and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

14 Monitoring and Assurance

Compliance will be monitored in real time by the Service Line Cluster Manager and any deviation from this SOP will be challenged. Assurance will be provided by the Service Line Cluster Manager

15 Reference Material

SAFER patient flow bundle

NHS Improvement Red2Green days initiative.