

Non-elective care of General Medical patients, and care of inpatients on who are admitted outside of the Medicine bed base – Medical Outliers

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April 2019	April 2021	1

Purpose

To provide a structure for Medical outlier patients, across Surgical wards (outside of the medicine bed base)

- 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	Sara Joint
Owner	Medical Workforce Operations Manager
Review	Medical Care Group Board
Ratification	Ian Higginson, Care Group Clinical Director
Dissemination	Medical Workforce Operations Manager
Compliance	Medical Care Group Board
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 outside of the Medical bed base Ward

1 Introduction

This SOP covers the processes to ensure;

- Patients admitted to wards outside of the medical bed base will receive the same level of care as those within the medical bed base
- The route of access for speciality advice is clear
- 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
- Patients are appropriately moved to speciality wards

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

MWOM – Medical Workforce Operations Manager

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Service Specific

3 Regulatory Background

Based on expectations of NHS England, NHS Improvement and ECIST

4 Distribution of the work

Prior to April 2019 a weighted distribution was used. From April 2019 feedback from specialties was to unweight the model and allocate the weeks based on the number of WTE's within each liable specialty.

The specialties affected are acute medicine, HCE, respiratory medicine, gastroenterology, hepatology, diabetes and endocrinology, and the GIM accredited rheumatologists.

The equation used to calculate the contribution of each consultant is: $((\text{Number of weeks in year X number of teams predicted for each week}) + \text{known additional cover requirements}) / \text{number of WTE consultants}$

In response to speciality crises some specialties are occasionally given a bye or are selectively supported when locums are available. This is achieved in a balanced fashion through the Care Group Manager. These arrangements will always be fully transparent

5 Implementation of Consultant Rota

The rota for Consultant cover is required to be produced and published with 8 weeks' notice.

Each specialty will be allocated a specific number of weeks they are required to provide cover to the Medical Outlier patients over the financial year based on the formula above

The number of teams per week is based on previous activity as well as taking in to account the expected pressure on the Trust such as winter, bank holidays etc. Leave coverage for certain beds also falls within the outlier system where there is no resilience within a particular team

The MWOM will produce the Medical Outlier rota detailing the specific weeks each department are required to cover. It is the responsibility of the individual service lines/departments to provide the name of the Consultant providing the cover for each week. This is to be provided to the rota manager with at least 6 weeks' notice.

In times of planned and unplanned leave, the department/specialty is responsible for finding cover within their own teams; this will require review of outpatient clinic activity etc. Where this is not possible, escalation should be made to the MWOM and / or Care Group Manager at the earliest opportunity. A list of the Red Clinics (those that under no circumstances can be cancelled) can be viewed on the Medical outlier drive (G drive/Medoutliers/MOL SOP and

Red clinics/Red clinic information) and will be reviewed in line with this SOP by the Care Group Management Team.

6 Junior Doctor rostering to medical outlier rota

The rota team are responsible for advertising junior doctor unfilled shifts providing plenty of notice. Once shifts are filled, the rota manager will be responsible for allocating junior doctors to teams and where additional juniors are available, coordinate cover to medical specialties according to unplanned leave such as sickness or to the hot floor for additional support. Please refer to flow diagram below relating to the process.

For shifts that have been advertised and are not filled causing a risk to the patient/doctor safety/Trust, the MWOM will escalate to the Care Group Manager. Where necessary, a discussion will be held between the Trust Executive Team and if felt appropriate will be implemented following confirmation from the Medical Director and the Director of Finance. Once confirmation has been received, the relevant rota coordinators will re advertise the shifts with the revised hourly rates.

7 Medical outlier planner

The MWOM is responsible for ensuring the appropriate Consultant and junior doctor cover is in place for each team.

The previously agreed maximum consultant to patient ratio is 1:30 and the junior doctor to patient ratio is 1:15. Where required, this will be monitored jointly with each team in accordance to patient numbers and acuity.

The medical outlier rota will be completed 2 weeks at a time. This will allow time for escalation to the Care Group team to plan cover for any issues as described above.

The MWOM is responsible for communicating the finalised plan to those involved with a week's notice.

A weekly staffing meeting is in place to discuss the following week's plan. Each Service Line is responsible to attend the meeting as outlined above – section 5.

8 Summary of service delivery and timetable

Please see the expectation below, although this will be dependent on patient numbers within each team. There may also be a need for flexibility around red clinics.

* Bank holidays and Weekends are viewed as additional activity.

		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Bank Holidays
Medical outlier areas Stonehouse, Wolf, SAU, Sharp, Shaugh & additional areas in scalation	AM	Ward Round 09.00am – 15.00pm (all patients face to face review assuming 3 wards and 25 patients)	Board Round variable time 2 – 4 hours in the AM (new patients, sick patients, discharges w 30 minute board round)	Board Round variable time 2 – 4 hours in the AM (new patients, sick patients, discharges w 30 minute board round)	Board Round 3 hours in the AM (new patients, sick patients, discharges w 30 minute board round)	Ward Round 09.00am – 13.00pm (all patient face to face review assuming 3 wards and 20 patients)	Junior doctor cover stream Sick/New patients	Junior doctor cover stream Sick/New patients	Ward Round/Board Round 09.00am or as for weekends if no consultant available
	<i>In Opel 4 statuses</i>	Ward Round 09.00am	Ward Round 09.00am	Ward Round 09.00am	Ward Round 09.00am	Ward Round 09.00am	Junior doctor cover stream Sick/New patients	Junior doctor cover stream Sick/New patients	Junior doctor cover stream Sick/New patients

Medical / other clinical resources

Please see the expectation below, although this will be dependent on patient numbers within each team. There is also some scope for flexibility

* Bank holidays and Weekends are viewed as additional activity. This activity is not currently job planned for UHP consultants. Total PA allocation for the week is currently 5 DCC

		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Bank Holidays
Medical outlier team	Consultant hours required (per team) for ward cover – based on 1:30 ratio	6 hours	2 - 4 hour	2- 4 hours	3 hours	4 hours	N/A	N/A	4 hours if available
	Consultant hours required for speciality outliers	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Normal registrar support for the ward	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Core number of junior doctors (per team) for normal ward functioning – based on 1:15 ratio	2	2	2	2	2	1	1	2
	DCM support to each team	1	1	1	1	1	1	1	1
	DA Support to each team	1	1	1	1	1	1	1	1

1. Timings

Consultant led Ward rounds to be carried out weekly Monday, Wednesday and Friday commencing at 09.00am. For times of escalation and Opel 4 implemented, daily ward rounds are required commencing at 09.00am.

Consultant led Board rounds to be carried out Tuesday and Thursday 09.00am – time can be variable depending on Opel status and Trust pressures.

Bank holidays – Consultant led review, where Consultant is available, of Sick and New patients to be carried out commencing at 09.00am.

MDT's to be carried out in the morning daily if feasible (see below). Timings will be dependent upon patient numbers for each area and will be confirmed weekly between the DCM and Consultant for each team.

2. Push and Pull Lists

Pull lists will not be required; patients requiring a bed will be going into a medical specialty and should not be pulled out to an outlying ward.

Person	Duty
DCM	Push list – Patients should not be added to push list unless accepted by specialty. To chase all red top referrals made by the MOL Clinicians – escalation to be raised when there is a delay of more than 24 hours
	Monitor the priority of the push to a specialty in accordance to the patient's urgency for a specialty bed. Escalate all urgent moves to the Site Team Matron/Manager.
Site Manager/Matron	To prioritise the MOL patient moves to specialties where a patient is not receiving the appropriate level of specialty care whilst on a MOL ward.

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

Person	Duty
Consultant/Junior	Clerking/Take/ Post take plan carried out on admission to ED/MAU

4. MDT Meetings

Person	Duty
DCM	Meeting Leader: Coordinate meeting and annotate SALUS. Update overall patient plan list. Update Push List. Facilitate discharges, collate patient information for provision to Ward and Management Team and escalate delays to Management Team.
Consultant	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.
Advanced Nurse Practitioner	N/A
Nurse in charge of Bay	N/A
Occupational Therapy	N/A
Physiotherapy	N/A
Complex Discharge Team	Facilitate complex discharges and provide update on outstanding patients.
Ward Administrator	Update SALUS and Push List as per Trust expectations in conjunction with Nurse in Charge or Matron. (09:30/12:30/15:30).
Discharge Coordinator	Coordinates all discharge preparation at ward level

5. Weekly Medical staffing meeting

Person	Duty
MWOM	Meeting Leader: Coordinate meeting and update planner.
Medicine SLM's	Provide support to plans, discuss plans
Medicine SLD's	Provide support to plans, discuss plans
Care Group Manager	Discuss plans, provide senior support and decision making
Medical Director / Care Group Director	In times of escalation; discuss plans, provide senior support and decision making

10 | Access to speciality advice and internal professional standards

Red tops to be requested for specialty review at the earliest opportunity by the junior doctors. DCM to chase response if delay is >24 hours.

11 | Ward based system

Each specialty has a SOP for the care of patients who require general medical review, but, have been placed on a specialty ward. Please refer to the ward SOP.

The Consultant in charge is required to contact the required specialty consultant for advice on a specific management plan. Once implemented, the ward Consultant and the junior doctors will manage the plan and include the patients on the ward rounds and board rounds until further advice/escalation is required. Further Consultant to Consultant discussion is required.

12 | Normal admission pathways

N/A to Medical Outlier process

- 1. Acute admissions**
- 2. Admissions from specialties**

13 | Speciality outliers, and the use of push and pull lists

N/A to Medical Outlier process

14 | Ensuring patients have a clear management plan on admission

N/A to Medical Outlier process

15 | Ensuring care is progressed

The Discharge Case Manager, junior doctors and Consultant are responsible for ensuring all care plans are progressed, ensuring delays are kept to a minimum.

1. MDT Meetings

Whilst it is not possible to provide a full MDT (including AHP's etc) attendance, there is an expectation that the DCM's on each ward will liaise and work closely with the Outlier Teams. Twice daily update meetings are in place for each team. Reviews of each patient's management plan will take place. SALUS and plan for every patient will be updated during the meeting.

16 Actions in escalation

All delays impacting the patient flow and/or discharge are to be escalated to the Ward Manager or the MWOM. SALUS is required to be updated at all times with regards to delays/issues/actions.

17 Support networks

Support has been put in place for Non-GIM accredited Consultants. The process is to support within the medicine care group those colleagues who do not feel as confident on their medical outlier weeks.

This does not mean that these colleagues do not do the ward or board rounds required but for those patients where they have specific questions or need a discussion with someone who has more GIM experience than they do that they have a specific point of contact.

The process will be a tiered arrangement and is set out below:

Tier 1 Seek advice from your own specialty team

Tier 2 Seek advice from outlier team 2

Tier 3 Phone a named support colleague

Support colleagues are as follows:

- Peter Rowe
- Sam Waddy
- Geraldine Quintero
- Renata Valdes de Leon

18 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.

19 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.

20 Monitoring and Assurance

Compliance will be monitored in real time by the Medical Workforce Operational Manager and any deviation from this SOP will be challenged. Assurance will be provided by the Medical Workforce Operational Manager.

21 Reference Material

SAFER patient flow bundle

NHS Improvement Red2Green days initiative.

