

Non-elective care of renal patients, and care of inpatients on Mayflower ward

Issue Date	Review Date	Version
May 2021	May 2023	2

Purpose

To provide a structure for renal patients on Mayflower ward 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	Kris Houlberg, Service Line Director
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	April 2019	First edition
2	May 2021	No changes to document.

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 Mayflower 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

Tx – Transplant

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		Normal working hours: call acute renal registrar via acute page. Out of hours: call consultant via switchboard. Referrals via SALUS					Call consultant via switchboard		
Mayflower ward and speciality outliers	AM	Handover meeting / Tx MDT 0815 to 0900 Acute ward round Maylower (including outliers) 0900 to 1200 Chronic ward round Mayflower (including 6 beds on Stannon Ward) 0900 to 1200 MDT board round 1200 to 1230	Acute ward round Maylower (including outliers) 0830 to 1200 MDT board round 1200 to 1230	Renal biopsy MDT with pathologist 0830 to 0930 Acute ward round Maylower (including outliers) 0930 to 1200 Chronic ward round Mayflower (including 6 beds on Stannon Ward) 0900 to 1200 MDT board round 1200 to 1230	Acute ward round Maylower (including outliers) 0830 to 1200 MDT board round 1200 to 1230	Consultant management meeting 0830 to 0900 Acute ward round Maylower (including outliers) 0900 to 1200 Chronic ward round Mayflower (including 6 beds on Stannon Ward) 0900 to 1200 MDT board round 1200 to 1230	Ward round Maylower 0900 to 1600 'Acute' patients and outliers seen daily 'Chronic' patients seen at least once		
	PM	Completion of morning ward	Completion of morning ward	Completion of morning ward	Completion of morning ward	X-ray MDT 1230 to 1330	Completion of morning ward rounds		

	rounds Tx MDT 1300 to 1500 Ward review 16:00-17:00	rounds Ward review 16:00-17:00	rounds Ward review 16:00-17:00	rounds Ward review 16:00-17:00	Completion of morning ward rounds Ward review 16:00-17:00	
<i>In Opel 4 status</i>	No change					MDT board rounds instigated to facilitate discharges /communication

Medical / other clinical resources

		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Bank Holidays
Mayflower Ward and speciality outliers	Consultant hours required for ward cover and speciality outliers	8	5	8	5	8	7	7	7
	Normal registrar support for the ward	2 x registrar	2 x registrar	2 x registrar	2 x registrar	2 x registrar	0	0	0
	Core number of junior doctors for normal ward functioning	3	3	3	3	3	Cover Stream 4 Mayflower/Level 07 Outliers	Cover Stream 4 Mayflower/Level 07 Outliers	Cover Stream 4 Mayflower/Level 07 Outliers
	Core number of junior doctors for SAFE ward functioning	2	2	2	2	2			
	Specialist nursing support	0	0	0	0	0	0	0	0
	Therapy support	0.5 x PT 0.5 x OT	0.5 x PT 0.5 x OT	0.5 x PT 0.5 x OT	0.5 x PT 0.5 x OT	0.5 x PT 0.5 x OT	0	0	0
	Pharmacist support	1	1	1	1	1	0	0	0

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5 Key Duties

1. Timings

2. Push and Pull Lists

Person	Duty
On-call Consultant	Agree push and pull lists at 1200 Boardround
Ward Co-Ordinator	Agree push and pull lists at 1200 Boardround
Ward Clerk	Complete Lists and forward to site management team following Boardround

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

Person	Duty
On-call consultant	Review all acute admissions daily

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.
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

There is an on-call Consultant contactable via switchboard 24 hours a day, 365 days a year.

Routine specialty reviews requested through SALUS will be seen within 24 hours (Mon to Fri).

7 Normal admission pathways

1. **Acute admissions:** Direct admission to Mayflower Ward with Acute Consultant and Ward Sister agreement if bed available, otherwise through MAU.
2. **Admissions from clinic:** Direct admission to Mayflower Ward with Acute Consultant and Ward Sister agreement if bed available, otherwise through MAU.
3. **Emergency transfers and repatriation:** Direct admission to Mayflower Ward with Acute Consultant and Ward Sister agreement if bed available, otherwise through MAU.
4. **Elective daycase processes:** Planned daycase admission to Mayflower Ward with Renal Consultant and Ward Sister agreement. Two daycase admission slots available daily with a procedure list which runs every Friday.
5. **Ward attenders:** Planned or emergency referrals to Mayflower Ward with Acute Consultant and Ward Sister agreement.
6. **Plasma Exchange service:** Acute admission or daycase admission to Mayflower Ward for Plasma Exchange treatment with Acute Renal Consultant and Ward Sister agreement.
7. **Renal Transplants:** Direct admission to Mayflower Ward only with Acute Consultant and Nurse in Charge agreement.

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

1. **Speciality outliers:** seen as part of the Acute medical ward round on a daily basis as required. Occasionally may be seen by the Renal SpR as staffing and patient acuity permits.
2. **Push and Pull Lists:** Reviewed daily at the 1200 MDT Boardround; held on SALUS

9 Ensuring patients have a clear management plan on admission

Completed during post take ward round; either on MAU or Mayflower

10 Ensuring care is progressed

Through daily ward rounds and MDT

- 1. Ward management of speciality patients:** Acute Renal Consultant or Chronic Renal Consultant depending on patient acuity.
- 2. Ward management of non-speciality patients:** Chronic Renal Consultant; ward rounds 3 times a week. Where appropriate the relevant specialty team will be called to give advice.
- 3. MDT Meetings:** Daily (Mon to Fri) 1200. Should include OT, PT, Dietetic support and DCMs in addition to Ward Manager, Bay Nurse, Acute Consultant and junior medical staff. SALUS updated in real time.

11 Actions in escalation

Acute consultant (or Chronic consultant if available) will review patients from the Chronic team who may be able to go home.

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.