

Non-elective care of Oncology patients, and care of inpatients on Brent ward

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25/10/2018	1/11/2019	1

Purpose

To provide a structure for Oncology, and on Brent 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
- Occupational Therapists
- Physiotherapists

- Palliative Care Team
- Acute Oncology Service
- Oncology CNS
- Clinical Admin Managers

Key Messages

Brent is the specialist Oncology ward. Oncology patients are cared for by their named consultant oncologist. Haematology outliers are cared for by the Haematology consultant on call. Medical outliers are cared for by the medical consultant allocated by the Medical Workforce Operations Manager.

All patients are discussed twice a day at MDT. MDTs run at 9am and 3pm in the doctors' office, led by the nurse in charge and Oncology Registrar on-call.

To facilitate admissions avoiding the Emergency Department, a vacant emergency bed is required on Brent at all times.

Oncology also runs an Acute Oncology Service, covering the whole hospital, providing advice on the management of unexpected care needs of patients with cancer, including emergencies. The service is accessed via the Acute Oncology bleep and a consultant ward round occurs every day except Saturday

Core accountabilities

Author	Sophie O'Brien
Owner	Sophie O'Brien
Review	Medical Care Group Board
Ratification	Care Group Clinical Director for Medicine – Ian Higginson
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

V1 First Edition October 2018

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 Trust Documents on 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 Brent 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

SCLM – Service Line Cluster Manager

Service Specific

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 Oncology	For advice on a patient's care plan.	Contact patient's named consultant or registrar. If unavailable Oncology registrar on-call.	Contact patient's named consultant or registrar. If unavailable Oncology registrar on-call.	Contact patient's named consultant or registrar. If unavailable Oncology registrar on-call.	Contact patient's named consultant or registrar. If unavailable Oncology registrar on-call.	Contact patient's named consultant or registrar. If unavailable Oncology registrar on-call.	Oncology registrar on-call Consultant on-call	Oncology registrar on-call Consultant on-call	Oncology registrar on-call Consultant on-call
Acute Oncology Service	For advice on management of unexpected care needs of patients with cancer, including emergencies.	Acute Oncology Bleep WARD ROUND	Oncology registrar on-call Consultant on-call	Acute Oncology Bleep WARD ROUND	Acute Oncology Bleep WARD ROUND				
Brent Ward and speciality outliers	AM	9am MDT Ward Rounds: Dr Sherriff Dr Sankey	9am MDT Ward Rounds: Dr Roy Dr Goranova	9am MDT Ward Rounds: Dr Highley Dr Panwar Dr Goranov	9am MDT	9am MDT Ward Rounds: Dr Dubey Dr Sankey Dr Highley	Oncology registrar on-call Consultant on-call	Oncology registrar on-call Consultant on-call	9am MDT Registrar on call
	PM	3pm MDT Ward Rounds: Dr Coghill Dr Panwar Dr Lim Dr Goranov	3pm MDT Ward Rounds: Dr Lim	3pm MDT Ward Rounds: Dr Lim	3pm MDT Ward Rounds: Dr Lim Dr Coghill Dr Goranova	3pm MDT Ward Rounds: Dr Dubey Dr Roy Dr Sherriff Dr Goranov	Oncology registrar on-call Consultant on-call	Oncology registrar on-call Consultant on-call	3pm MDT Registrar on call
	<i>In Opel 4 status</i>	Consultants provide telephone review.	Inform Oncology registrar on call who will prioritise workload.	Inform Oncology registrar on call who will prioritise workload.	On call consultant to provide telephone review				

Medical / other clinical resources

		Mon	Tues	Wed	Thur	Fri	Sat	Sun	Bank Holidays
Brent ward and speciality outliers	Consultant hours required for ward cover	12 hours	6 hours	8 hours	6 hours	14 hours	On-call consultant	On-call consultant	On-call consultant
	Consultant hours required for speciality outliers	Ad hoc	On-call consultant	On-call consultant	On-call consultant				
	Consultant hours required for Acute Oncology Service	4 hours	On-call consultant	4 hours	4 hours				
	Normal registrar support for the ward	1	1	1	1	1	On call registrar	On call registrar	On call registrar
	Core number of junior doctors for normal ward functioning	4	4	4	4	4	Cover stream	Cover stream	4
	Specialist nursing support	1 ANP	1 Acute Oncology nurse	1 Acute Oncology nurse	1 Acute Oncology nurse				
	Therapy support, Pharmacist support	Allocated by departments							

1. Timings

MDT meetings are held in the Doctor's Office on Brent at 9am and 3pm Monday – Friday.

2. Push and Pull Lists

Person	Duty
Ward Clerk	After MDT update push/pull list on SALUS and send to site team inbox
Nurse in charge	Escalate any urgent moves required to matron
Service Line Cluster Manager or designee	Escalate any medical outliers to Medical Workforce Operations Manager and ensure plan to transfer or review is in place.

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

Person	Duty
Oncology Registrar on-call	Accept transfer of Oncology patients, notify consultant in charge of their care and clarify management plan.
Acute Oncology Service	Review acutely unwell patients on admission and develop management plan. Notify consultant in charge of care.
Junior Doctors	If management plan not clear escalate to patients named consultant or registrar or registrar on-call.

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.
Advanced Nurse Practitioner	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

Acute Oncology Service, for advice on management of unexpected care needs of patients with cancer, including emergencies.

- Advice is available 24 hours a day, 7 days a week;
- Via Acute Oncology Service bleep or Oncology registrar on call.

Speciality advice Oncology, for advice on a patient's care plan.

- Contact named oncologist or registrar;
- If not available contact on-call registrar.

7 Normal admission pathways

1. Acute admissions – direct to Brent

If patient is known to Oncology they will have the contact number of Brent ward for use in an emergency. Phone manned 24 hours a day 7 days a week. Process as follows:

- Patient telephones ward
- ANP/Matron/On-call registrar organises admission to assessment bed
- If assessment bed is full, patient directed to ED or AAU to be assessed.

If patient is not known to Oncology they will attend the emergency department and be transferred to the Medical Assessment Unit (MAU).

- MAU will refer to Acute Oncology Service
- Acute Oncology will review patient within 24 hours and transfer to Brent ward if appropriate.

2. Admissions from clinic – direct to Brent

If assessment bed is vacant, patient will be transferred directly to Brent ward. If the assessment bed is full, patient will be admitted via the emergency department.

3. Emergency transfers and repatriation – direct to Brent

If assessment bed is vacant, patient will be transferred directly to Brent ward. If the assessment bed is full, patient will be admitted via the emergency department.

To facilitate admissions pathways on Brent an empty emergency bed is required at all times.

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

1. Speciality outliers

Named consultant oncologist will review the patient on their scheduled ward round. Oncology junior doctors will review the patient daily and the patient's care plan will be discussed at the Brent ward MDTs.

2. Push and Pull Lists

Will be updated after MDT meetings on Brent ward or when ward clerk is notified of any patients requiring transfer to Brent ward.

9 Ensuring patients have a clear management plan on admission

Oncology patients will be managed in line with sections 4 -7 of this SOP. Emergency admissions will be reviewed by the Acute Oncology Service consultant. Other patients will be reviewed by their named consultant.

Haematology Outliers on Brent ward will reviewed by the Consultant Haematologist on call within 24 hours of admission. The patient will be discussed at Bracken MDT as per SOP for Bracken ward.

Medical Outliers on Brent ward will be transferred to Brent ward with a management plan from the Acute Medicine Consultant. If the management plan is unclear, junior doctors will escalate at MDT. Further consultant review will be organised by the Service Line Cluster Manager in conjunction with the Medical Workforce Operations Manager.

Surgical Outliers on Brent ward will be transferred to Brent ward with a management plan from a Surgical Consultant. If the management plan is unclear, junior doctors will escalate at MDT. Further consultant review will be organised by the Service Line Cluster Manager in conjunction with the Surgical Cluster Manager of the day.

10 Ensuring care is progressed

1. **Ward management of speciality patients** will be managed as per section 4 and 5 of this SOP.

2. Ward management of non-speciality patients

Haematology Outliers on Brent ward will be managed by haematology junior doctors based on Bracken ward. Their care plans will be discussed at Brent ward MDT with input from a haematology junior doctor or registrar. Any delays will be escalated by Service Line Cluster Manager or designee. Consultant Haematologist on call will review within 24 hours of admission and the patient will be discussed at Bracken MDT as per SOP for Bracken ward.

Medical Outliers on Brent ward will be managed by oncology junior doctors based on Brent ward. Consultant review will be organised by the Service Line Cluster Manager in conjunction with the Medical Workforce Operations Manager. Their care plans will be discussed at Brent ward MDT and any delays escalated by Service Line Cluster Manager or designee.

Surgical Outliers on Brent ward will be managed by oncology junior doctors based on Brent ward. Consultant review will be organised by the Service Line Cluster Manager in conjunction with the Surgical Cluster Manager of the day. Their care plans will be discussed at Brent ward MDT and any delays escalated by Service Line Cluster Manager or designee.

3. **MDT Meetings** will include the discussion of all patients on Brent ward and any Oncology outliers. At the meetings, discharges will be planned for the current day and discharge plans for the next day will be reviewed. By 3pm MDT, all query discharges for the day should be

resolved. All patients to be discharged the following day will be identified on SALUS. Transport will be booked for these patients and TTAs prioritised accordingly.

11 Actions in escalation

Ward staff will be notified of OPEL status at MDT meetings. Patients' care plans will be progressed as usual through MDTs and any delays escalated via Service Line Cluster Manager. Consultants will be notified via Service Line Cluster Manager and asked to review their patients via phone call with junior doctor as a minimum.

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.

TRW.OPS.SOP.1207 Non-elective Care of Oncology Patients and care of Inpatients on Brent Ward