



Cancer Services – ‘Key Worker’ Policy

This procedural document supersedes: PAT/PA 15 v.6 – Policy for Cancer Services – “Key Worker” Role



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Executive Sponsor(s):	Mr David Purdue – Chief Nurse
Author/reviewer: (this version)	Stacey Nutt – Head of Nursing Cancer and end of Life Care Services
Date written/revised:	November 2020
Approved by:	Cancer Quality and Governance Committee
Date of approval:	25 November 2020
Date issued:	26 January 2021
Next review date:	November 2023
Target audience:	Trust wide

Amendment Form

Please record brief details of the changes made alongside the next version number. If the procedural document has been reviewed **without change**, this information will still need to be recorded although the version number will remain the same.

Version	Date Issued	Brief Summary of Changes	Author
Version 7	26 January 2021	<ul style="list-style-type: none"> Policy Reviewed with little change Standard paragraphs regarding Patients Lacking Capacity added Standard Data Protection section added 	Stacey Nutt
Version 6	July 2017	<ul style="list-style-type: none"> Policy changed into new format Section 3 – Duties and responsibilities is new 	Stacey Nutt
Version 5	21 October 2014	<ul style="list-style-type: none"> Format updated to new Trust style Addition of Appendix 2 - Equality Impact Assessment form New sections added: <ul style="list-style-type: none"> Monitoring and Compliance Equality Impact Assessment 	Lesley Barnett
Version 4	Oct 2011	<ul style="list-style-type: none"> Review dates etc changed Section 4 - first new bullet point added and under second bullet point 'nominated' changed to 'confirmed' 	Lesley Barnett
Version 3	January 2009	<ul style="list-style-type: none"> Added an 'Amendment Form' and 'Contents' page and numbered paragraphs Minor format changes 	Lesley Barnett
Version 2	March 2007	<ul style="list-style-type: none"> Patient Audit Tool now developed – page 5 Addition to key worker role under core responsibilities – page 5 Name change from Cancer Unit Steering Group to Cancer Locality Steering Group – page 6 	Deborah Whitehead and Gillian Horne

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1 INTRODUCTION

The Key Worker is a concept introduced within the Cancer Peer Review Measures “The Manual for Cancer Services” (2004) and supported by the NICE Guidelines (National Institute for Health and Clinical Excellence, 2004). This co-ordinating role is central to the patient’s cancer journey in providing information, support and guidance. All the recommendations support the identification of this person or persons, yet it would seem prudent to develop a Trust-wide policy for specialist multi-disciplinary teams to agree. This would prevent a duplication of work for individual teams and ensure consistency of practice throughout the Trust.

The cancer services policy on the Key Worker role has been developed in response to the National Institute for Health & Clinical Excellence guidelines and the Revised Manual for Cancer Services (2004). The policy aims to provide clear, corporate guidelines to ensure each specialist area is utilising best practice.

2 PURPOSE

Aim

- To guide each cancer speciality in the identification and clarification of the most appropriate health professional to be designated as Key Worker.

Objectives

- Define the role of the Key Worker.
- Ensure the specialist multi-disciplinary teams incorporate the Key Worker role into Operational Policies.
- Provide a corporate model for use throughout the Trust.

3 DUTIES AND RESPONSIBILITIES

- **Cancer Clinicians**
 - Have a responsibility to ensure patients with a new cancer diagnosis are provided with the name of their key worker and are aware of how to contact them.
- **Cancer Clinical Nurse Specialists**
 - Will take on the role of key worker for patient’s diagnoses with cancer and assume the role as detailed in section 4.1.
 - The CNS must inform the patient if the name of their key worker changes to someone else.
- **Lead Cancer Nurse**
 - Ensure all elements associated with the Cancer Quality Surveillance process are met in reference to the key worker.

4 PROCEDURE

- The role of the key worker commences from first contact with the patient.
- The Key Worker for every cancer patient will be confirmed in the multi-disciplinary team (MDT) meeting by the core nurse member/s where the initial cancer diagnosis is made and treatment planning decisions discussed.
- The Key Worker will ideally be a Clinical Nurse Specialist. In the absence of a CNS, a senior nurse or other health professional will be nominated as Key Worker.
- The core competencies of the Key Worker are detailed in Appendix 1.
- The Key Worker's name will be recorded in the medical notes in an appropriate place. It may be appropriate that this be included within the Integrated Pathway of Care.
- Other health professionals will be informed of the name of the Key Worker (e.g. letters to the patients' GP).
- With the patients' agreement, they will be informed of the name of their Key Worker verbally and be provided with written information of the name and contact number. The patient may request a different Key Worker without any explanation of this request.

4.1 CORE RESPONSIBILITIES

The key worker role will be defined in the Operational Policy of each cancer specialist team.

The key worker will:

- Contribute to the MDT discussion and patient assessment/care planning decision of the team at their regular meeting.
- Provide expert professional advice and support to other health professionals in the specialist area of practice.
- Lead in patient communication issues and co-ordination of the patient pathway for patients' referred to the team.
- Orchestrate the assessment of patients' needs.
- Ensure the care plan will be agreed with the patient.
- Ensure that findings from the assessment and care plans are communicated to others involved in the care of the patient.
- Provide information, care and support throughout the cancer journey liaising between health professionals to ensure continuity of care and a seamless service.
- Ensure coordinated discharge planning and liaison with relevant primary care teams.
- Play a key role in ensuring the patient receives their diagnosis and treatment within National targets.

4.2 CHANGES TO NOMINATED KEY WORKER

- The key worker may change during the cancer journey as the needs of the patient may change as it is essential that the patient is being guided by the most appropriate health professional, for example, a patient treated for primary disease who then needs palliative care. A change of Key Worker must be documented as above and all the relevant professionals informed. A clear handover of Key Worker needs to be negotiated. Changes must be kept to a minimal as the value of continuity cannot be over-stressed (Calman-Hine, 1995).
- In the short-term absence of the Key Worker, an appropriately qualified colleague will provide cover. In the event of a lengthy absence of the Key Worker, another Key Worker must be nominated.

4.3 PATIENTS LACKING CAPACITY

Sometimes it will be necessary to provide care and treatment to patients who lack the capacity to make decisions related to the content of this policy. In these instances staff must treat the patient in accordance with the Mental Capacity Act 2005 (MCA 2005).

- A person lacking capacity should not be treated in a manner which can be seen as discriminatory.
- Any act done for, or any decision made on behalf of a patient who lacks capacity must be done, or made, in the person's Best Interest.
- Further information can be found in the MCA policy, and the Code of Practice, both available on the Extranet.

There is no single definition of Best Interest. Best Interest is *determined on an individual basis. All factors relevant to the decision must be taken into account, family and friends should be consulted, and the decision should be in the Best interest of the individual. Please see S5 of the MCA code of practice for further information*

5 TRAINING/SUPPORT

- The Key Worker must have post-registration training and education in communication and/or counselling skills.
- The Key Worker must have knowledge of cancer and its treatments
- The Key worker is responsible for identifying any other training needs required in relation to fulfilling this role.
- The Key worker must be either a recognised core-member of the relevant cancer/ specialist palliative care MDT or a member of the patient's primary health care team.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Patient experience- SURVEY/FOCUS GROUP Patients notes	Cancer Quality Surveillance Team	Annual	Reported to Lead Cancer Nurse and CMT
	National Cancer Patient Experience Survey	Annual	Reported to Lead Cancer Nurse and CMT

7 DEFINITIONS

The Key Worker is a ‘person who, with the patients’ consent and agreement, takes a key role in co-ordinating the patients care and promoting continuity, ensuring the patient knows who to access for information and advice’ (NICE, 2004).

CNS – Cancer Nurse Specialist

QST – Quality Surveillance Team

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27) and the Fair Treatment For All Policy (CORP/EMP 4).

The purpose of the EIA is to minimise and if possible remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (see Appendix 3).

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

This policy must be used in conjunction with

- PAT/PA 19 – Mental Capacity Act 2005 – Policy and Guidance, including Deprivation of Liberty Safeguards (DoLS)
- PAT/PA 28 – Privacy and Dignity Policy
- CORP/EMP 4 - The Fair Treatment for All Policy
- CORP/EMP 27 - Equality Analysis Policy

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under 'Current data protection legislation' as in the Data Protection Act 2018 and the General Data Protection Regulation (GDPR) 2016.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website:

<https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

11 REFERENCES

Calman-Hine (1995) The Expert Advisory Group on Cancer to the Chief Medical Officers of England and Wales. HMSO. London.

National Institute for Clinical Excellence (2004) Guidance on Cancer Services: Improving Supportive and Palliative Care for Adults with Cancer. NICE. London.

APPENDIX 1 – MY ADVANCE DECISION TO REFUSE TREATMENT

COMPETENCIES FOR KEY WORKER ROLE

- Work as an integral member of the multi-disciplinary team to ensure continuity of patient care.
- Initiate and participate in case conferences with all professionals involved in the delivery of patient care.
- Communicate and co-ordinate information to patients' and carers, evaluating their levels of understanding and utilising a range of skills/techniques to overcome any communication difficulties.
- Demonstrate ability to verbally summarize patient information to facilitate understanding.
- Act as an advocate for the patient who has or may have cancer.
- Act as a communication resource and co-ordinator for other members of the multi-professional team in the care of the key worker's patient caseload.
- In conjunction with the MDT, provide patients' with comprehensive information on the options available to them for treatment and care. Utilize their specialist knowledge and skills regarding disclosure of information.
- Co-ordinate the onward referral of patient and/or family members to appropriate clinical or support services.
- Ensure accurate follow-up documentation is maintained including any changes in the named key worker.
- Utilize support strategies and interventions available to care for patients with complex needs, e.g. patient exhibiting denial/anger following a cancer diagnosis, adverse reactions to alteration in body image.
- Demonstrate their knowledge of holistic cancer care relating to areas such as screening, curative and palliative treatment, spiritual care, aspects of nutrition and pharmacology, rehabilitation, discharge and collaborative working.
- Initiate appropriate referral or access to sources of specialist support for those experiencing for e.g. sexual or fertility difficulties as a result of their illness or treatment.
- Utilize all forms of patient information to enable the patient to have a better understanding of their diagnosis and treatment plan. This will include the use of specific resources for patient/carers from minority groups.
- Facilitate the development of teaching and learning skills used to educate patients and other personnel.
- Contribute to the monitoring, audit and evaluation of adherence to policy/procedures/guidelines and standards of practice, initiating changes where appropriate to improve delivery of care to patients/carers within the MDT.

- Ability to recognize abnormal grief reactions and refer onto appropriate agencies and healthcare professionals.
- A comprehensive knowledge of the assessment, care, management support, training education and information requirements for patients receiving chemotherapy or radiotherapy and their carers and treatment for related complications across the care pathway for the particular specialty area.
- Assess and provide support that is appropriate to the context and sensitive to meet the patient/carer and/or family's needs, facilitating access to additional support from other healthcare professionals or agencies as applicable and with the agreement of the patient and/or carer.
- Understand the ethical issues relating to treatment in advanced disease.
- Have sufficient knowledge and links with national/local support groups and be able to provide/record information relating to these groups to guide and advise patients.
- Providing information, education and relevant telephone contacts to patients and carers regarding the procedures and side effects of chemotherapy and general radiotherapy such as fatigue and skin reactions.
- Be knowledgeable about the management of common side effects for treatments associated with the client group encountered in their practice.
- Be aware of local contact arrangements in the event of patients experiencing unwanted side-effects.
- Demonstrate knowledge to prepare, inform and educate patients/carers for survivorship and where applicable, primary care personnel regarding any associated care requirements, symptom management and contact details on discharge.
- Participate in inter-professional/inter-agency evaluation and audit to effect change for the continued improvement of the quality of care and service for patients.

APPENDIX 2 – EQUALITY IMPACT ASSESSMENT - PART 1 INITIAL SCREENING

Service/Function/Policy/Project/Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Key Worker policy PAT/PA 15 v.7	Cancer Services	Stacey Nutt	Existing	10/11/2020
1) Who is responsible for this policy? Name of Division/Directorate: Division of surgery and cancer				
2) Describe the purpose of the service / function / policy / project/ strategy? All adult patients with a cancer diagnosis				
3) Are there any associated objectives? National QST standard				
4) What factors contribute or detract from achieving intended outcomes? Workforce				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief?				
<ul style="list-style-type: none"> If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] 				
6) Is there any scope for new measures which would promote equality? n/a				
7) Are any of the following groups adversely affected by the policy?				
Protected Characteristics	Affected?	Impact		
a) Age	No			
b) Disability	No			
c) Gender	No			
d) Gender Reassignment	No			
e) Marriage/Civil Partnership	No			
f) Maternity/Pregnancy	No			
g) Race	No			
h) Religion/Belief	No			
i) Sexual Orientation	No			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
*If you have rated the policy as having an outcome of 2, 3 or 4, it is necessary to carry out a detailed assessment and complete a Detailed Equality Analysis form in Appendix 4				
Date for next review: November 2023				
Checked by: O Olubowale		Date:10/11/2020		