

Key Worker Policy

Department / Service:	Cancer Services	
Originator:	Lisa Rowberry Elaine Stratford	Macmillan Lead Cancer Nurse Cancer Quality Assurance Manager
Accountable Director:	Mr Stephen Thrush	Lead Cancer Clinician
Approved by:	Cancer Board	
Date of Approval:	21 st October 2024	
Review Date:	21 st October 2027	
This is the most current document and is to be used until a revised version is available		
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust	
Target Departments	Cancer, Palliative & Supportive care Multi-Disciplinary Teams (MDT)	
Target staff categories	<ul style="list-style-type: none">• Trust Cancer & Palliative Care MDT's.• Trust & Community Cancer & Palliative Care CNS's.• Trust AHP's.• Matrons across the Trust and community settings.• NHS Worcestershire Cancer Commissioner.• Directorate Managers• Divisional Directors of Nursing	

Purpose of this document:

To guide each cancer MDT in the identification and clarification of the most appropriate health care professional to be designated as key worker (or sometimes referred to as 'key contact') to ensure each patient has a named key worker (or 'key contact') who will be identified at MDT, and recorded appropriately

Key amendments to this policy:

Date	Amendment	By:
March 2021	Document extended for 6 months as per Trust agreement 11.02.2021	
July 2021	Document review date amended as per the Key Documents policy 3 year approval update.	Trust policy
April 2022	Document extended for 6 months to allow for thorough review	Lisa Rowberry
January 2023	Document extended for 6 months to allow for thorough review	Casey Tate
September 2024	Full review and amended in line with current policies and post-holders	Lisa Rowberry Elaine Stratford

Introduction

Care for patients with cancer often needs to be continued over many years, across organisational and professional boundaries. Continuity of care is essential during treatment, follow-up and during any palliative care.

This co-ordinating role is central to the patient's cancer journey in providing information, support and guidance.

There is a need to ensure integration and co-ordination of care, throughout the patient's cancer journey. This may be within and between primary, secondary and tertiary care settings, between statutory and voluntary sector and across health and social care settings. Such complexity of needs requires a co-ordinated approach to service provision, by utilising a key worker as the most effective way to ensure such co-ordination.

Scope of the Policy

This policy relates to all cancer and palliative care MDT's and patients throughout the Trust.

This is a Trust wide policy to prevent duplication of work for individual teams and to ensure consistency and equity of practice across the Trust.

Objectives

- To define the role of the keyworker
- To ensure the specialist cancer multi-disciplinary teams incorporate the key worker role into operational policies
- To provide a corporate model that is adopted and used Trustwide by all cancer teams and services.

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).

Responsibility and Duties

- The cancer clinician has 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 diagnosed with cancer and assume the role as detailed
- The clinical nurse specialist must inform the patient if the name of their keyworker changes to someone else
- The name of the key worker keyworker identified at the multi-disciplinary meeting should have their name recorded in the patient's electronic records of care

Procedure

- The role of the key worker commences from first contact with the patient.
- Each patient will have a named key worker who will be identified and 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 by the MDT lead clinician
- The Key Worker's name will be recorded in the electronic patient notes in an appropriate place. It may also 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 in the form of a business card.
- The patient may request a different Key Worker without any explanation of this request.
- The core competencies of the Key Worker are detailed in Appendix 1

Key Workers should be reviewed by the MDT at key points in the patient's cancer journey. These key points are:

- Around the time of diagnosis
- Commencement of treatment
- Completion of the primary treatment plan
- Disease recurrence
- The point of recognition of incurability
- The point at which dying is diagnosed
- At any other point requested by the patient

Core Responsibilities of the key worker

- To ensure that the patient has all the contact details of the keyworker and that these are updated especially when the keyworker is on leave.
- Contribute to the cancer and palliative care MDT discussion and decision about the patient's plan of care.
- Provide expert professional advice and support to other health care professionals in the specialist area of practice.
- Contribute to speciality audits.
- Lead in patient communication issues and co-ordination of the patient pathway for patient's referred to the team.
- Lead in the coordination of the assessment of patient's needs.
- Ensure the care plan is 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, liaison and support throughout the cancer journey between health professionals including the relevant primary care teams to ensure continuity of care and a seamless service.

Changes to nominated key worker

- The key worker may change, as patient's needs change, and as they travel through their cancer journey, this ensures that the patient is being guided by the most appropriate health care professional.
- A clear handover of key worker needs to be undertaken. Changes must be kept to a minimal as the value of continuity cannot be over-stressed (CalmanHine, 1995).
- A change of key worker must be documented clearly in the patients electronic records and all the relevant professionals informed.
- 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.

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 persons 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*

Training and preparation for the Key Worker role

- The key worker must have post-registration training and education in advanced communication and/or counselling skills.
- The key worker must have specialist knowledge of the tumour site specific 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 or palliative care local or specialist MDT, or a member of the patient's primary health care team.

References:

Code:

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	
Mental Capacity Act (2005)	

Appendix 1

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 cancer and palliative care MDT discussion and case conferences with all professionals involved in the delivery of patient care.
- Communicate and co-ordinate information to patient's and carers, evaluating their levels of understanding and utilising a range of skills/techniques to overcome any communication difficulties.
- Demonstrate ability to verbally summarise 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 patient's with comprehensive information on the options available to them for treatment and care.
- Be aware of any relevant clinical trials within the speciality.
- Utilise 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.
- Utilise support strategies and interventions available, initiate appropriate referrals when caring for patients with complex needs, e.g. patient exhibiting denial/anger following a cancer diagnosis, adverse reactions to alteration in body image.
- Demonstrate 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.
- Utilise 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.

- Demonstrate 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

Supporting Document 1 – Equality Impact Assessment form



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form
Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Lisa Rowberry
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Lisa Rowberry	Macmillan Lead Cancer Nurse	l.rowberry@nhs.net
Date assessment completed			

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Key Worker Policy			
What is the aim, purpose and/or intended outcomes of this Activity?				
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input checked="" type="checkbox"/> Visitors	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic				

information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	
Summary of relevant findings	

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age				
Disability				
Gender Reassignment				
Marriage & Civil Partnerships				
Pregnancy & Maternity				
Race including Traveling Communities				
Religion & Belief				
Sex				
Sexual Orientation				
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)				
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)				

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)				

Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	
Comments:	
Signature of person the Leader Person for this activity	
Date signed	
Comments:	



Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval