

Procedure for arranging pacing for inpatients at the Alexandra Hospital

Department / Service:	Cardiology
Originator:	Dr Will Foster Consultant Cardiologist Dr Helen Routledge Consultant Cardiologist
Accountable Director:	
Approved by:	Cardiology Directorate Meeting
Date of approval:	5 th February 2020
Review Date:	5 th February 2023 This is the most current document and should be used until a revised version is in place
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Cardiology
Target staff categories	Ward nurses in cardiology / CCU Cardiologists Cardiac specialist nurses

Plan Overview:

Patients at the Alexandra Hospital requiring pacemaker implantation should be referred to Worcestershire Royal Hospital via a dedicated email address and transferred within a target of 24 hours and always 48 hours unless clinical reasons require delay.

Key amendments to this Document:

Date	Amendment	By:
5 th Feb 2020	New document approved	Cardiology Business Meeting

Patients should be assessed by a consultant cardiologist before referring for pacing.

For low risk patients, consider early outpatient pacing (Dr Taylor can liaise directly with the waiting list co-ordinators to arrange this).

Immediately patients are identified as needing inpatient pacing, an email referral should be sent to wah-tr.ppm@nhs.net

If there is a clinical reason to delay transfer, make that clear on the referral (eg anticoagulation, infection) with clear description of likely date the patient will be ready.

The Worcester team will acknowledge the referral within 24 hours by email and make arrangements for transfer. **If a reply is not received the sender should assume that the referral has not been received and further contact should be made.**

The aim is to transfer all patients requiring inpatient pacing within 24 hours and always within 48 hours, unless there is a clinical reason mandating a delay (for example infection).

Any non-clinical delays to transfer should be logged on Datix.

Procedure

Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	Email inbox monitored daily and transfer arranged. Reply to email used to verify that the referral has been received.	Audit of – (1) Time taken to reply to referral email (2) Time taken from referral to transfer for pacing	Annually	Rolling departmental audit – will be allocated as required (eg registrar / specialist nurse / audit clerk	Presentation at departmental governance meeting.	Annually.

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Dr Will Foster (consultant cardiologist)
Dr Helen Routledge (clinical lead, cardiology)
Dr Robin Taylor (consultant cardiologist)
Dr David Wilson (consultant cardiologist)

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

Committee
Cardiology governance meeting

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



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	√	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Dr Will Foster
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Will Foster	Consultant cardiologist	Will.foster@nhs.net
Date assessment completed	03.06.20		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Procedure for arranging pacing for inpatients at the Alexandra Hospital			
What is the aim, purpose and/or intended outcomes of this Activity?	To improve flow of patients from Alexandra Hospital, Redditch for pacemaker procedures at Worcestershire Royal Hospital			
Who will be affected by the development & implementation	<input checked="" type="checkbox"/> Service User	<input type="checkbox"/> Staff	<input type="checkbox"/> Patient	<input type="checkbox"/> Communities

Procedure

of this activity?	<input type="checkbox"/> Carers Visitors	<input type="checkbox"/> 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.)	Following a serious incident (a patient died from hospital acquired pneumonia after pacemaker implant), whilst transfer delays were not felt to be contributory in that case, it was agreed that a policy to improve transfer times between the hospitals would be developed. Informal audit of transfer times between hospitals and the opinion of pacing doctors at Worcester and the clinical team at Redditch that patients waiting for pacemakers at Redditch are waiting an unacceptably long time to be transferred, resulting in increased risks associated with prolonged hospitalisation.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Full discussion amongst clinicians informally before the governance meeting, and subsequently at the cardiology governance meeting.	
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		√		

Procedure

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Religion & Belief		√		
Sex		√		
Sexual Orientation		√		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	√			The Redditch and Bromsgrove population is generally less affluent, so any improvement in care for the patients from the Alexandra hospital will benefit those groups.
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)	√			The Redditch and Bromsgrove population is generally less affluent, so any improvement in care for the patients from the Alexandra hospital will benefit those groups.

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
	N/A			
How will you monitor these actions?	N/A			
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	N/A			

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



Procedure for Arranging Pacing for Inpatients at Alexandra Hospital		
WAHT-CAR-063	Page 8 of 10	Version 1

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	03.06.20
Comments:	
Signature of person the Leader Person for this activity	
Date signed	3.6.20
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:	Likely to positively impact hospital length of stay.

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