<table>
<thead>
<tr>
<th>Category:</th>
<th>Service Operational Procedure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Summary:</td>
<td>This document describes the operational aspects of the Oxford Cancer and Haematology Triage assessment service including relevant referral pathways and criteria for unwell patients requiring telephone triage advice and/or emergency admission due to treatment toxicities or complications of their cancer.</td>
</tr>
<tr>
<td>Equality Analysis undertaken:</td>
<td>November 2015</td>
</tr>
<tr>
<td>Valid From:</td>
<td>January 2016</td>
</tr>
<tr>
<td>Date of Next Review:</td>
<td>November 2018</td>
</tr>
<tr>
<td>Approval Date/ Via:</td>
<td></td>
</tr>
</tbody>
</table>
| Distribution: | Oncology and Haematology Directorate  
Senior Medical and Nursing team  
Trust Intranet Site, link to NSSG |
| Related Documents: | Acute Oncology Operational Policy for non-surgical adult Oncology and Haematology patients |
| Author(s):   | Advanced Nurse Practitioner & Triage Clinical Lead |
| This Document replaces: | Operational Policy for the Triage Assessment Area, November 2012, v 3.0. |

**Lead Director:** Clinical Director for Oncology & Haematology  
**Issue Date:** January 2016
Contents

<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 - Introduction</td>
<td>3</td>
</tr>
<tr>
<td>2 - Policy Statement</td>
<td>3</td>
</tr>
<tr>
<td>3 - Scope</td>
<td>3</td>
</tr>
<tr>
<td>4 - Aim</td>
<td>3</td>
</tr>
<tr>
<td>5 - Responsibilities:</td>
<td>3</td>
</tr>
<tr>
<td><strong>Triage Clinical Lead</strong></td>
<td>3</td>
</tr>
<tr>
<td><strong>Specialist Nursing team</strong></td>
<td>4</td>
</tr>
<tr>
<td>6 - Operation, Capacity &amp; Pathway</td>
<td>5</td>
</tr>
<tr>
<td>7 - Referral Process</td>
<td>8</td>
</tr>
<tr>
<td>8 - Working Practice for Nursing and Medical team</td>
<td>10</td>
</tr>
<tr>
<td>9 - Training</td>
<td>14</td>
</tr>
<tr>
<td>10 - Monitoring compliance</td>
<td>14</td>
</tr>
<tr>
<td>11 - Equality Analysis</td>
<td>15</td>
</tr>
<tr>
<td>12 - References</td>
<td>15</td>
</tr>
<tr>
<td>Review and Document History</td>
<td>16</td>
</tr>
<tr>
<td>Appendices:</td>
<td>17</td>
</tr>
<tr>
<td>Equality analysis assessment</td>
<td>17</td>
</tr>
</tbody>
</table>
1 - Introduction

This service operational policy will be reviewed on an annual basis at the Acute Oncology meeting and agreed by the Lead clinician and core members of the MDT.

2 - Policy Statement
It is the policy of the Trust that:
- This document will be used by the Oxford Cancer and Haematology Triage assessment team and the associated Acute Oncology teams within the OUH. This document will be used to provide guidance and pathway to members of the MDT that access and utilise the Triage assessment service.
- This policy will be made available to all members of the OUH via the Trust intranet site.

3 - Scope
This policy applies to all areas of the Trust, and all employees of the Trust, including individuals employed by a third party, by external contractors, as voluntary workers, as students, as locums or as agency staff. This policy applies to patients who are currently under the care of the Oncology, Haematology and Radiotherapy departments within the OUH NHS FTtrust.

4 - Aim
The purpose of this Service operational procedure document is to ensure:
- Clear guidance and policy on the pathway, referral and management of unwell patients who may require telephone triage support or emergency admission due to a complication of their treatment or a consequence of their cancer or haematological disorder.

5 - Responsibilities
Responsibilities of the Triage Clinical Lead:
1. To ensure that all designated specialists work effectively together regarding all aspects of the Triage pathway (Flowchart 1 & 2).
2. To ensure that care is given according to recognised guidelines and protocols with appropriate information being collected to inform clinical decision making and to support the clinical governance process.
3. The Line management and support of the Oxford Cancer and Haematology Triage assessment team including Band 7 Advanced Nurse Practitioners, Band 6 Triage Specialist Practitioners, Band 5 Triage Staff Nurses and Band 3 Nursing Assistant.

4. Overall responsibility for ensuring that the Oxford Cancer and Haematology Triage assessment service meets peer review and quality measures.

5. Affiliation to all appropriate Acute Oncology and Directorate meetings to provide opportunity for service feedback and contribution to quality improvement projects.

6. To ensure that Triage activity and patient outcomes are clearly recorded, captured and audited, which may be used to contribute to on-going business plans and service development.

7. Maintain close liaison with the Inpatient and Outpatient ward sisters, Directorate Matron and Operational Services Manager to ensure collaborative working and quality improvement.

**Responsibilities of the Specialist Nursing team:**

1. Provide a designated area/service that tends to all emergency calls and admissions within cancer services (Oncology, Haematology and Radiotherapy). This service is carried out by a specialist nursing and medical team skilled and competent in Haematology and Oncology Triage.

2. Provide telephone triage to patients who are currently receiving oral/intravenous chemotherapy, anti-cancer biological agents, radiotherapy or those waiting to start treatment following diagnosis.

3. Provide telephone triage to those patients on supportive treatment and those patients with a non-malignant haematological disease including sickle cell anaemia and thrombocytopenia.

4. Ensure appropriate and consistent advice is given to allow for the early recognition of potential emergencies, treatment complications and the provision of a follow-up structure.

5. Provide an area to assess and monitor patients prior to the decision of allocating an Oncology/Haematology bed.

6. Allow for the efficient use of beds in combination with patients being appropriately placed according to their clinical need. To ensure the Operational manager remains fully informed of any likely admissions, transfers and discharges to ensure good throughput and effective bed management.

7. Provide an auditable service that demonstrates and evaluates its impact on the efficiency and cost effectiveness of emergency care i.e. reduction in inappropriate admissions, improved times from admission
to assessment to treatment, reduction in length of stay and improved patient experience.

8. Aim to work on government emergency care targets in which patients will be seen, assessed and discharged home or admitted within 4 hours.

9. Improve communication, support and collaboration with other teams in the Oxford University Hospitals (OUH), DGHs, GPs and other community services to ensure the continuity of specialist and supportive care for patients, thus reducing the need to bring all oncology/haematology patients into acute hospital beds.

6 - Operation, Capacity and Pathway

Period of Operation:

| Monday to Sunday 8am to 8pm |

Capacity:

Located on Level One of the Cancer & Haematology Centre at the Churchill Hospital. The Oxford Cancer & Haematology Triage Assessment Area consists of 5 bed spaces (1 side room).

Pathway. Please refer to flowchart 1 overleaf:
THE OXFORD CANCER & HAEMATOLOGY TRIAGE ASSESSMENT PATHWAY
Monday to Sunday 8am to 8pm

Patient on or awaiting treatment unwell/needs advice at home/DTU/Clinic/with paramedic team

Advice and support required

Medical advice required

Specialist Registrar contacted

Patient needs physical assessment

Discuss with Triage Nurse to ensure suitability and capacity

Patient contacted by Triage team and asked to attend Oncology & Haematology Triage Assessment Area.

Patient arrival time logged
Patient assessed by Triage Nurse
Patient allocated to Triage Bed

Discharge with advice and telephone follow-up if required. Info collated on global email

Patient to be reviewed ASAP to ensure treatment given, if appropriate, within one hour of admission.
Case discussed and reviewed by a senior medic

If no capacity on site, escalate to matron who will review site capacity with the Ops manager & the site matrons. Matron will escalate to the Division to discuss the potential for opening beds or additional staffing.

Patient to be admitted.
Discuss with Onc/HaemWard team & allocate bed and aim to transfer to bed within 4 hours.

If Bed unavailable on Onc/Haem contact the operational manager to identify bed and aim to transfer to bed within 4 hours.

Triage team to give handover to accepting areas & provide appropriate advice and support.

Admission location must be recorded on Triage form for audit & follow-up.
Repatriation to appropriate ward ASAP. Triage Nurse follow up & support as appropriate

GP Queries
DGH referrals
JR and HGH calls
To contact registrar of the week directly

Registrar referral to DGH/GP or other community services

Telephone advice/support given. Patient’s GP contacted and updated if necessary

Triage assessment logged on ARIA if issues are complex or require follow-up. Patient contacted within the next 24hrs if required.

Telephone call logged on EPR

Patient Assessed by Triage Nurse

Telephone advice provided to patient by Triage Nurse or Registrar

Oxford University Hospitals NHS Foundation Trust
The Out of Hours Telephone Triage Pathway
Monday to Sunday 8pm to 8am

Patient on/awaiting treatment unwell/needs advice at home
Patient unwell with Paramedic team at home

Patient calls Oncology or Haematology ward. Triage Form completed

GP Queries & DGH referrals
John Radcliffe/Horton ED/Medical team calls

Specialist Registrar contacted

Follow up requested from Triage Nurse in the morning if required

Telephone advice provided to patient by ward nurse or Registrar

Patient needs physical assessment

If Bed unavailable on Onc/Haem contact the night nurse practitioner to identify bed.

Patient to be admitted.
Discuss with Onc/Haem Ward co-ordinator & allocate bed.

Night nurse practitioner to give handover to accepting areas. SpR provides appropriate advice and support to nursing staff and junior

Registrar referral to DGH/GP or other community services

Patient to be reviewed ASAP to ensure treatment given, if appropriate, within one hour of admission.
Patient reviewed by senior medics on morning ward round
7 - Referral Process

Referral source to the Oxford Triage Assessment Service:

- Telephone Triage with patients from home
- Referral of unwell patients from Day Treatment Unit, Radiotherapy Department & Outpatient Clinic areas
- Paramedic referrals
- SPR accepted referrals i.e. GP and Macmillan team referrals

Referral pathways:

All patients on treatment or awaiting treatment who are unwell or requiring advice and support are referred to the Oxford Cancer & Haematology Triage Assessment Service within working hours Bleep 4619 Telephone (01865 5) 72192.

The Oxford Cancer & Haematology Triage assessment service provide assessment, advice and support to Cancer & haematology patients treated at the Buckinghamshire Healthcare NHS Trust (including Stoke Mandeville Hospital and Wycombe general Hospital) during the out of hours period; Monday-Sunday 5pm-8pm.

All attendees to the Triage Assessment Area are discussed and assessed by the Triage team before admission to an inpatient bed. Appropriate clinical information and history to be provided to the Triage assessment team prior to the acceptance of any patient referral. This is particularly important for out of area patients. All Triage information and advice should be logged on a triage sheet to allow the monitoring and capture of activity.

Paramedics who attend our patients as emergencies within the community are invited to contact the Triage assessment team for discussion and consideration of the transfer of these patients to the Oxford Triage assessment area. All referrals must be discussed with the on-call SPR. There is no obligation for the on-call SPRs to accept unwell patients assessed by the Ambulance service during Triage assessment team operational hours or the Out of hours period.

If Triage Assessment Area Capacity Full: Beds within Oncology/Haematology must be identified and the Triage team and medic will be responsible for direction and timely assessment of patient. Current Triage patients must be considered for immediate transfer to an inpatient bed to allow for further capacity within the Triage assessment area. Matron or Operational Service Manager to be contacted in complex situations.

If there are No beds within Oncology/Haematology.

Appropriate beds within the Churchill site are identified and support given to accepting area. Current Triage patients must be considered for immediate transfer to an inpatient bed to allow for further capacity within the
Triage assessment area. Outlying capacity will be identified by the Operational Manager and suitable patients identified in conjunction with the Triage Nurse/Ward Coordinator.

Support provided to outlying wards may include guidance on issues such as neutropenic pathway, management of diarrhoea, indication of immune compromise other than due to chemotherapy or indicated by white cell count, sickle cell pain management pathway etc. The Triage team and Ward Co-ordinator will consider outlying a stable inpatient to allow bed space for an acutely unwell Triage patient.

If there are **No beds within the Churchill Site**.

If a patient is deemed suitable for triage and requires admission, triage must escalate to the operational management team and the matron. Matron will review the site capacity with the operational manager and the site matrons. If no capacity is forthcoming matron will escalate to the Division to discuss the potential for opening beds or additional staffing. A decision to either open capacity on oncology ward or surgical wards will be decided by the division.

All acutely unwell patients who live >60 mins from the Oxford Cancer and Haematology centre should be considered for referral to their local hospital for assessment and treatment. Unwell patients who receive anti-cancer treatment at other District General Hospital sites should be referred to the District General hospital for urgent assessment and treatment. Early and appropriate transfer to Oxford needs to be undertaken by the medical teams.

High risk patients who live > 60 minutes away from the Oxford Cancer and Haematology centre that require specialist input will be discussed and considered for assessment by the Triage assessment team. High risk patients include:

- Bone marrow transplant patients including those who are not in the immediate post BMT phase following discussion with the medical team( See Reference section re guidance)
- Head and Neck Chemo/Radiotherapy patients
- Clinical Trial patients following discussion with the medical team
- Haemophilia patients following discussion with the triage team

Following Telephone Triage Assessment and discussion with the SPR, if a patient has suspected cardiac problems, acute cerebral neurological problems or is deemed to require immediate resuscitation or theatre within 2 hours, they should be referred directly to the nearest Emergency Department (999). If the acutely unwell patient is on the Churchill Site, the CICU team should be contacted immediately.
Private patients undergoing treatment (chemo/radiotherapy) in OUH can access the Oxford Cancer & Haematology telephone triage helpline and be assessed in the triage area as for NHS patients.

Private patients treated by other providers should use the triage help line provided by those providers. In the event that the triage assessment determines that a patient requires hospital admission, the providers triage nurse should contact the treating/covering consultant who will arrange direct admission to a private bed in the Churchill Wytham ward or a bed on the inpatient oncology or haematology ward (via the bed manager and on call registrar, where the on-site appropriate junior medical team will admit and assess the patient), or the Manor hospital if requested by the Consultant who is treating the private patient. Attendance at A+E will be for acute emergencies (eg acute coronary syndrome / reduced conscious level) or in the case that no bed is available as outlined above.

**The use of the Triage assessment area:**

The Triage assessment area **is not used** as a point of treatment for any elective investigation or therapy such as blood product transfusions or antibiotic infusions unless there is an urgent clinical need.

No chemotherapy is delivered within the Triage assessment area.

Unwell patients already assessed and treated in other areas such as Day Treatment unit and the Outpatient Department may be considered for direct transfer to an inpatient bed unless there is an urgent clinical need and/or disruption to elective activity.

When there are no patients present or expected into the Triage Assessment area, the Triage team are responsible for:

- Follow-up of any identified high risk patients
- Continuing data collection for audit purpose
- Education and promotion of Triage knowledge and skill within the clinical areas.
- Provision of task orientated assistance to any of the clinical areas within Oncology and Haematology (inpatient and outpatient). The Triage Nurse does not take patient caseloads and is available to deal with a Triage referral at anytime.

Early Phase 1 & 2 trial patients are seen by the specific trial registrar and research nursing team. During the Out of hours period, the patient will contact the Inpatient Oncology or Haematology ward and all calls must be referred to the On-call SPR. All admissions should be directed straight to the Inpatient wards for assessment.
8 - Working Practice for the Nursing and Medical teams

The following applies to the Oxford Cancer & Haematology Triage Assessment Area:

- **Triage Nursing Team Cover:** Monday to Sunday 8am to 8pm service. All Triage patients are assessed using the Rapid Assessment and Access tool kit (UKONS) based on the World Health Organisation Toxicity Assessment Criteria and the National Chemotherpy Institute (NCI) common terminology criteria for adverse events. The tool is disseminated across the Oncology and Haematology teams with appropriate ongoing training.

- The Triage Nursing team are fully assessed as competent using the UKONS competency framework and able to function autonomously within the Triage assessment area. They will work alongside medical cover from both the Oncology and Haematology teams.

- The UKONS tool is intended to assist users with symptom grading and decision making guidance. Users must also apply professional judgment and experience with close liaison with other healthcare professionals to ensure safe and effective telephone advice is given to patients and carers with consideration to the following toxicity guidance:

**Green toxicity grading** - toxicity may be managed at home, instructions/advice given to patient and asked to re-contact helpline if issues worsen or persist.

**Amber toxicity grading** - toxicity may be managed at home, instructions/advice given to patient and asked to re-contact helpline if issues worsen or persist.

If there are **two or more Amber toxicities** reported during patient assessment and the patient does not require physical assessment, the following must occur:

- Triage nurse must discuss case with SPR/Consultant.
- Plan of care must be clearly documented on Triage sheet and ARIA.
- Patient must be followed up within 24 hours and invited to re-contact the helpline if issues worsen or persist.
- All follow-up calls must be discussed with SPR and documented on ARIA.
- Triage nurse may consider an earlier outpatient review.
- Patient may be encouraged to liaise with local GP or other community services.
**Red toxicity grading** - patients must be assessed by Cancer & Haematology Triage assessment service or referred to local hospital for assessment.

**Triage team Main Responsibilities:**

- Initial history taking and assessment
- Telephone advice and support
- Patient prioritisation based on clinical need with guidance from rapid assessment and access tool kit
- Liaising with the appropriate Medical support for patient
- Phlebotomy and intravenous access according to nurse’s competency
- Identifying appropriate medical information such as recent discharge letters or electronic clinic letters (EPR/Casenotes)
- Facilitating appropriate investigations for the patient
- Adhering and promoting policy of patient being reviewed and treatment commenced within **1 hour of presentation**
- Adhering and promoting policy of sickle cell patient being reviewed and analgesia commenced within **30 mins** of presentation
- The administration of prescribed medications
- Continuous monitoring of the patient
- Providing support and reassurance to patient and family
- Liaison and referral to other services such as GP’s, District Nurses and the Palliative care team
- Liaison with other Nurse Practitioners to ensure the identification and appropriate follow-up of any high risk or vulnerable patients
- Liaison with the Operational Manager and Ward co-ordinators regarding bed allocation, appropriate patient placement and staffing requirements across the inpatient areas
- Commencing an admission assessment pack for those patients being admitted to an inpatient area
- Providing a thorough patient handover and plan to the accepting ward area
- Completing the Daily Triage email to notify the relevant Oncology/Haematology team of any patient assessments, admissions and referrals to other hospitals
- Providing a link of support to other areas/outlying areas caring for the Oncology/Haematology patients
- Participating in the on-going data collection for the continual audit of the Triage Assessment team

**Out of Hours Nursing responsibilities:**

Please see out of hours SOP.
Triage Medical Cover

Once informed of a Triage patient arriving on site for assessment, there is an expectation of the patient being reviewed or at least treated within 1 hour by one of the following:

Oncology/Radiotherapy patients:

1. Oncology Registrar of the week- Bleep 5054
2. Oncology Consultant of the week - available to review patients in Triage Assessment area until 5pm. Thereafter they will review the following morning unless requested by the registrar.
3. Clinical Oncology (Radiotherapy issues only) SPR cover- Bleep 5120
4. On-call Oncology Registrar responsible 5pm to 8am (resident onsite from 5pm-9pm weekdays, 9am-9pm weekend days)
5. Oncology junior ward Doctor Cover- Bleep 5531 9am-5pm. On-call Onc/Haem Junior Doctors responsible 5pm-9am. Bleep 5531. All Junior Doctors are guided by Oncology SPRs.

Haematology patients:

1. Haematology SPR cover- Team specific Registrars, 8am-5pm:
2. Lymphoma team responsible for all lymphoma, CLL, Sickle cell anaemia, Auto immune haemolysis, ITP, TTP, Haairy cell leukaemia and Myeloma patients. Bleep 5515.
3. Leukaemia team responsible for all allograft patients, AML, ALL, CML, MDS, ET, Myelofibrosis and Polycythaemia patients. Bleep 5133
4. Haemophilia is managed by the Oxford Haemaphillia Thromobosis Centre (OHTC) team on Bleep 5529
5. On-call Haematology Registrar responsible 5pm to 8am
6. Haematology Junior ward Doctor cover- Team specific SHOs responsible. On-call Onc/Haem Junior Doctors responsible 5pm-9am. Bleep 5160. All Junior Doctors are guided by Haematology SPRs.

Acute Oncology cover for Triage patients referred to other OUH sites

Triage must inform the acute oncology nurses at the local hospitals of any admission during working hours. The teams at the horton and JR must be included in the distribution of the daily triage sheet.

Any Triage patient directed/admitted to other OUH hospital sites will be managed as follows:

John Radcliffe Hospital:

JR Acute Oncology Nurse (Bleep 4378) referral made by the Triage assessment team during working hours.
ED/MAU Co-ordinator informed by Triage assessment team. Further clinical information will be provided if appropriate. Patient details added to Daily Triage email.
JR ED/Acute Medical team referral made by Oncology/Haematology SPR.

Horton General hospital:

Horton (HGH) Acute Oncology Nurse (Bleep 909) referral made by the Triage assessment team during working hours.

ED/MAU Co-ordinator informed by Triage assessment team. Further clinical information will be provided if appropriate. Patient details added to Daily Triage email.

HGH ED/Acute Medical team referral made by Oncology/Haematology SPR.

Triage Referrals to other hospital sites

Any Triage patient directed/admitted to other hospital sites will be managed as follows:

✓ ED/Acute Medical team referral made by Oncology/Haematology SPR.
✓ ED/MAU Co-ordinator informed by Triage assessment team. Further clinical information will be provided if appropriate. Patient details added to Daily Triage email.
✓ Acute Oncology Nurse referral made by the Triage assessment team during working hours if available in accepting hospital.

9 - Training

Training required to fulfil this policy will be provided in accordance with the Trust’s Training Needs Analysis. Management and monitoring of training will be in accordance with the Trust’s Learning and Development Policy. This information can be accessed via the Learning and Development pages on the Trust intranet.

Ad hoc training sessions and educational programmes will be provided based on an individual’s training needs, which will be defined within their annual appraisal or job plan.

10 - Monitoring Compliance

Compliance with the document will be monitored in the following ways:

<table>
<thead>
<tr>
<th>Aspect of compliance or effectiveness being monitored</th>
<th>Monitoring method</th>
<th>Responsibility for monitoring (job title)</th>
<th>Frequency of monitoring</th>
<th>Group or Committee that will review the findings &amp; monitor completion of action plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management of neutropenic sepsis audit as per Acute Oncology peer measure</td>
<td>Continuous prospective time audit included in the Triage assessment evaluation sheet</td>
<td>Triage Advanced Nurse Practitioner</td>
<td>Monthly</td>
<td>Acute Oncology group</td>
</tr>
<tr>
<td>Volumes and documentation audit of the Out of hours telephone triage calls</td>
<td>Retrospective audit of all telephone triage sheets completed during the out of hours period</td>
<td>Triage Advanced Nurse Practitioner</td>
<td>Quarterly</td>
<td>Acute Oncology group</td>
</tr>
<tr>
<td>Aspect of compliance or effectiveness being monitored</td>
<td>Monitoring method</td>
<td>Responsibility for monitoring (job title)</td>
<td>Frequency of monitoring</td>
<td>Group or Committee that will review the findings &amp; monitor completion of action plan</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>-------------------</td>
<td>------------------------------------------</td>
<td>-------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Appropriateness and outcome audit of telephone triage calls taken by the Cancer and Haematology Triage assessment team | Retrospective audit of 10-15 telephone triage sheets and supporting documentation completed during operational hours | Triage Clinical Lead and Specialist Practitioner team. Other members of the MDT involved in this audit if appropriate. | Monthly | Acute Oncology group  
Clinical governance group  
Morbidity and Mortality group |
| Compliance with NICE CG 143: Sickle Cell disease: managing acute painful episodes in hospital. Also Peer review measure. | Continuous prospective time audit included in the Triage assessment evaluation sheet | Haemaglobanopathies ANP | Quarterly | Red cell quality group |
11 - Equality Analysis

As part of its development, this policy and its impact on equality, diversity and human rights has been reviewed, an equality analysis undertaken (see appendix attached) and in order to minimize the potential to discriminate, the following adjustments have been identified:

<table>
<thead>
<tr>
<th>Protected Characteristic:</th>
<th>Reasonable adjustments required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability (all disability including dementia and learning disability)</td>
<td>No adjustment required</td>
</tr>
<tr>
<td>Sex</td>
<td>No adjustment required</td>
</tr>
<tr>
<td>Age</td>
<td>No adjustment required</td>
</tr>
<tr>
<td>Race</td>
<td>No adjustment required</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>No adjustment required</td>
</tr>
<tr>
<td>Pregnancy and maternity</td>
<td>No adjustment required</td>
</tr>
<tr>
<td>Religion or belief</td>
<td>No adjustment required</td>
</tr>
<tr>
<td>Gender re-assignment</td>
<td>No adjustment required</td>
</tr>
<tr>
<td>Marriage or civil partnerships</td>
<td>No adjustment required</td>
</tr>
<tr>
<td>Carers</td>
<td>No adjustment required</td>
</tr>
<tr>
<td>Safeguarding people who are vulnerable</td>
<td>No adjustment required</td>
</tr>
</tbody>
</table>

12 - References

[Accessed October 2010]


Quality Standards for Health Services for people with Haemoglobin Disorders(2014)

NICE CG 143: Sickle cell disease, Managing acute painful episodes in hospital(2012), Standard 1.1.4


Standard B7.8 The clinical program shall refer planned discharges and pot transplant care to facilities and health care professionals adequate for post-transplant care.
13 - Review & Document History

This policy will be reviewed in 3 years, as set out in the Policy for the Development and Implementation of Procedural Documents.

<table>
<thead>
<tr>
<th>Date of revision</th>
<th>Version number</th>
<th>Reason for review or update</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2016</td>
<td>V.4.4</td>
<td>Tri Annual update</td>
</tr>
</tbody>
</table>

Author:

Alison Wilson, Advanced Nurse Practitioner
Joanne Thomas, Advanced Nurse Practitioner
Dr Robert Stuart, Clinical Lead for Acute Oncology Services
Hayley Smith, Matron, Oncology and Haematology Directorate

Any feedback or suggestions to the Cancer & Haematology Triage Assessment Service should be brought to the attention of the authors or via triage on 01865 235756 or Bleep 5099
Appendix 1: Equality Analysis

<table>
<thead>
<tr>
<th>Equality Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Policy / Plan / proposal name:</strong> Service Operational Procedure for the Oxford Cancer &amp; Haematology Triage Assessment Service</td>
</tr>
<tr>
<td><strong>Date of Policy:</strong> January 2015</td>
</tr>
<tr>
<td><strong>Review date:</strong> January 2017</td>
</tr>
<tr>
<td><strong>Lead person for policy and equality analysis:</strong> Cancer &amp; Haematology Triage Clinical Lead</td>
</tr>
<tr>
<td><strong>Does the policy /proposal relate to people?</strong> YES</td>
</tr>
</tbody>
</table>

1. **Identify the main aim and objectives and intended outcomes of the policy. Who will benefit from the policy?** 
   This policy promotes equality and minimizes any potential discrimination considering: age, disability, sex/gender, gender re-assignment, race, religion or belief, sexual orientation, pregnancy and maternity, marriage or civil partnerships or human rights.

2. **Involvement of stakeholders.**
   - Service Clinical Lead
   - Oncology & Haematology Matron
   - Clinical Director for Oncology & Haematology Directorate
   - Clinical Governance forum

3. **Evidence.**
   Population information on [www.healthprofiles.info](http://www.healthprofiles.info) search for Oxfordshire.

   - **Disability:** Have you consulted with people who has a physical or sensory impairment? How will this policy affect people who have a disability?
     All patient cases will be telephone assessed and may be offered physical assessment within the Cancer & Haematology Triage assessment area.

   - **Disability: learning disability**
     All patient cases will be telephone assessed and may be offered physical assessment within the Cancer & Haematology Triage assessment area.

   - **Sex:** How will the policy affect people of different gender?
     Policy and service inclusive

   - **Age:** How will the policy affect people of different ages – the young and very old?
     Policy and service inclusive of adult patients

   - **Race:** How will the policy affect people who have different racial heritage?
     Policy and service inclusive

   - **Sexual orientation:** How will the policy affect people of different sexual orientation- gay, straight, lesbian, bi-sexual?
     Policy and service inclusive

   - **Pregnancy and maternity:** How will the policy affect people who are pregnant or with maternity rights?
     Policy and service inclusive

   - **Religion or belief:** How will the policy affect people of different religions or belief – or no faith?
     Policy and service inclusive

   - **Gender re-assignment:** How will the policy affect people who are going through transition or have transitioned?
     Policy and service inclusive

   - **Marriage or civil partnerships:** How will the policy affect people of different marital or partnership status?
     Policy and service inclusive

   - **Carers?**
     Carers will be fully involved, informed, supported and they can express their concerns.

   - **Safeguarding people who are vulnerable?**
     All vulnerable patients will be assessed appropriately and managed in line with the trust safeguarding guidelines and procedures.

   - **Other potential impacts e.g. culture, human rights, socio economic e.g. homeless people?**
     Policy and service inclusive
<table>
<thead>
<tr>
<th>Section 4  Summary of Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Does the evidence show any potential to discriminate?</strong> No</td>
</tr>
<tr>
<td>The Cancer and Haematology Triage assessment team will holistically assess all patients needs and may discuss any diversity and equality issues with the wider multidisciplinary team.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How does the policy advance equality of opportunity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This policy ensures that all patients have the opportunity to have their case reviewed by a specialist team with access to support and access to hospital assessment and treatment.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>How does the policy promote good relations between groups?</th>
</tr>
</thead>
<tbody>
<tr>
<td>This policy ensures that all clinicians understand the pathway of referral to the Cancer and Haematology Triage assessment team and this should ensure a safe and appropriate referral process.</td>
</tr>
</tbody>
</table>