King's College Hospital
NHS Foundation Trust

# Review and Restructure of Acute Oncology Workforce Model to achieve Acute Oncology Quality Standards

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## Introduction

**The NHS Long Term Plan in 2019 placed cancer as one of the top priorities, focusing on prevention, early diagnosis, and innovative new treatment for better survival.**

**Our trust encompassed a Tertiary Specialist Hospital and a District General Hospital with an Emergency Department (ED) and Acute Oncologist Consultant cover from a neighboring cancer center. The trust diagnoses over 4000 cancer patients a year.**

**Gaps in the Acute Oncology roster, due to a national shortage of the oncology workforce meant the nursing team was responsible for advice, decision-making, and coordination of complex pathways.**

**Due to the complexity of work and lack of consistent oncology availability for daily reviews, it was appropriate to develop the existing staffing module to the Advanced Clinical Practitioner (ACP) level to offer clinical assessment and prescribing by the ACP.**

## Method

**The baseline data showed that only 40% of AOS key performance indicators (KPIs) have consistently been met with the workforce model of 3 B7 WTE and 10 PA's a week of the dedicated AO consultant support for ward rounds, including of AO Lead, per site. However only 7PA`s was covered.**

**The care hours of the overall nursing workload equaled to 74hrs per 1WTE a week. This data informed a business case for a project to test assumptions on the correlation between the distribution of the workload to the workforce, and if this will lead to better compliance with the KPI`s. The project also looked at the workforce model that would meet the local needs.**

**The project model tested variations in the grades and skills of staff to the tasks, and resulted the following financial commitment:**

| Staff | 2019-21 baseline (£000's) | 2021-22 Business case 1 (£000's) | 2022-24 Business case 2 (£000's) |
|---|---|---|---|
| Admin | £0.00 | £0.00 | £50.00 |
| Nursing | £156 | £366 | £700 |
| Oncology/Lead clinician | £120 | £120 | £156 |

**The project approach helped to monitor progress and set up a dashboard to monitor service KPI`s.**

## Results and Discussion

**It was essential that each hospital have a separate AO Clinical Lead to manage the differing hospital service provisions, and integration of AOS to achieve the KPIs and patient population needs. Clinical leads were appointed from oncology and acute medicine for the district general and tertiary care hospitals respectively. The scope of work, KPI-related project implementation methods and timelines were agreed and monitored.**

**The nursing workforce model reflected the service requirements, type of activities and complexity of pathways. A large proportion of time went into recruitment and training for the nursing staff. Different levels of staffing and trainee ACPs were able to deliver service standards with the support and presence of the B8a`s ACPs, the Nurse Lead. At any given time through 2022-23 there were 80% of staff in post and 80% of the service KPIs were met.**

| KPI | Baseline | Target | Implementation | Rag category |
|---|---|---|---|---|
| Reduction in bed days through admission avoidance | 100 patients per year | 900 bed days per year (from project 2019/20) | 288 | Fully compliant * |
| Volume of ambulatory assessments - per site per month | No data new service | 100 patients per year (from project work 2020-2021) | 85 | Close to compliance with target * |
| Volume of same day discharges from ED - per site per year | 320 | Established ambulatory pathway | 320 | Fully compliant with one site. Plan to start in September 29024 with the 2nd site |
| Reduction in length of stay per months | 8 days | 1,178 bed days per year (from project 2019/20) | 8 days LoS | Sustained |
| 30 day readmission rates - per site per month | 25 | Reduction from 25 patients per month | 20 | Fully Compliant |
| 7 days AOS nurse ward round - % compliance per site per month | 5 days service only | 100% | 5 days site 1<br>6 days site 2 | Plan to transit by December 2024 |
| % AOS inpatients reviewed within 24 hours of referral | 70% | 90% | 88.5% | On tack |
| Dataset collection for dashboard:<br>a) total number of AOS patients assessed<br>b) number of in-patients referred, split by subtype I to III | No data available | 100% data capture | a) 3103<br><br>b) Type 1: 326<br>Type2: 243<br>Type3: 145<br>Others: 377 | Fully compliant * |
| Maintain low sickness rates - quarterly report per site | 4% | 3% | 4.3% | Close to compliance with target * |
| Turnover of staff | 25% | 10% | 21% | Improving |

## Conclusion

**An appropriate governance for the nursing team, that set a structure to oversee the service and competency development in line with the ACCEND framework, was an essential part of driving the change. The workforce model that worked for our trust suggested a need for a significant investment, and careful consideration of the service model to meet the local service needs. The pilot phase helped in establishing the viability of a required service model, gaining intel on the best service set up to achieve service KPIs. In our case appointing an Acute Medical Consultant as the AO lead and establishing a nurse-led unit.**
**The recruitment took the longest time and retention of staff was the most important factor for the service success and sustainability.**

**Collaborative work between the two Clinical Leads and the Lead Nurse helps establish acute medical consultant-led MUO service, and SDEC pathways, six days of service and better AO visibility to hospital teams.**

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