

Team Clinical Communication Policy

1. Communication between the team members

Any clinical incidents will be reported to both the nurse team lead and to Consultant team lead within 24 hours of an incident occurring.

Where there are complaints related to team members this information should be fed back to the nurse lead or medical consultant as soon as possible.

Requests for nurse representation from the team for attendance at meetings or for teaching sessions should be directed to the nurse team lead.

Any audit or research developments should be discussed with the lead Consultant and Nurse before they are progressed.

CNS's should discuss any requests for study days or conferences with the nurse lead

2. Communication regarding patients

Any complex patients will be discussed with the Medical Consultant lead as soon as possible; this will include all those patients in 'Category Red'

All new patients will be discussed at the weekly SPCT MDM at the first available opportunity and the discussion recorded on Canisc

Information from therapists regarding a patient's condition will be exchanged at the team MDM and at other times where appropriate

Where there are complex issues for patients and families it may be appropriate to invite the patient's primary medical team member to the SPCT MDM

Where there are complex issues for patients returning home it may be appropriate to invite the Community Palliative Care Team member along to the SPCT MDM

3. Communication with hospital staff

No new patients will be seen without the agreement (explicit or tacit) of the hospital medical team involved in the patients care.

In the unlikely event that permission is not given, the reasons should be discussed with the medical team member and fed back to the SPCT Consultant lead.

4. Communication with Primary Care Teams and Community SPCT

Where possible contact should always be made with patients GP in order that information can be exchanged about the patient and that the GP can consent to SPCT involvement

Where there are complex issues for patients and families it may be necessary to communicate directly with the community nurse

Referrals regarding new patients should be emailed through to the community SPCT. This should include information about the patient's medical history, current problems, medications and urgency of referral

Where there are complex issues related to patients or families, telephone contact should be made with the primary care teams and the information should be followed up by an email

When discharging patients from the team – relevant summary information should be entered into CANISC, such as any complex symptom or emotional issues

5. Communication with patients & family or carers

Patients should be actively involved in decision making and planning of their care, unless they wish not to do so, or are deemed unable to do so

With the patients consent, contact should be made where possible with the patient's family or carer by the SPCT to inform them that the SPCT are involved in the patients care

Family and/or carers should be offered the opportunity to explore their own concerns or difficulties, and - with the patient's permission - the patient's condition.

Although the needs of family and carers should be given much emphasis, the duty of confidentiality to the patient will be respected at all times.

The patient's right to discuss their condition or treatment at any time will always be respected. So, also, will the right of a patient **not** to be told information. Staff will at no time seek to impose their religion, faith, or moral values on a patient or their family. Patients must always be given adequate time for them to consider treatment options, when this is required.

6. Communication skills training

All healthcare members of the team should:

- undergo communication skills training before, or soon after starting their post, if they have not undergone such training in the last 5 years,
- undergo a 'refresher' training course at least every 5 years
- Review their need for communication skills training in their annual appraisals.

All team members whose role gives them a primary responsibility of communication, and especially if involved in "breaking bad news", should undergo a more specialist level of training. This would include all doctors, and usually nurses working at or above band 6