

Guideline for Providing Core Cover for Clinical Nurse Specialist Services

Date Approved by Network Governance	August 2012
Date for Review	August 2015

Changes made

Sentence added to section 3.3

1. Scope of the Guideline

This guideline outlines the level of cover that should be provided by Trusts to patients in the absence of a Clinical Nurse Specialist (CNS).

2. Guideline Statements

- 2.1 CNS teams (where there are more than 1wte CNSs per hospital site) should work together to ensure a continuous service. As a minimum they should ensure that patients always have access to the cover stated below (points 3.1 – 3.3).
- 2.2 Where there is a single handed CNS covering a specialty (per hospital site) cover should be arranged for *parts of their role* in their absence. This should include all planned absences and long term sickness.
- 2.3 Local arrangements should be in place, notifying patients and staff who to contact in the event of unexpected short term leave (usually via the departmental answer phone).
- 2.4 As a minimum, for **urgent clinical** queries, patients should have access to a professional who is able to carry out an assessment of risk and urgency of need. This person should have considerable experience of the care, assessment and referral of patients with cancer. For non-clinical or non-urgent queries patients may also be directed to administration staff.
- 2.5 The person covering for the clinical aspects of the CNS role should be available for at least part of the day, each day (Monday to Friday) for the period of cover.

3. Areas of the Clinical Nurse Specialist role covered during absence

- 3.1 Patient initiated queries (e.g. telephone or email):
 - a. In the absence of the Team CNS all patients should have access to an experienced professional (for example experienced ward nurse or CNS from a different specialty) for assessment of their needs in the absence of the Team CNS. Assessment may take the form of a telephone conversation, and should take place within one working day* of the patient contacting the team –
(*patients should be reviewed urgently by a professional experienced in chemotherapy as per local guidance)
 - b. Assessment should have the purpose of considering their urgency of need and to ensure safe timely response to their query.
 - c. The person providing core cover should ensure that patients with an urgent need are either given that care directly or referred to another professional able to deliver the care or further assessment.
- 3.2 New patients:
 - a. The CNS or person responsible for their cover will ensure that patients receiving a new diagnosis are supported by a designated nurse. This nurse must have the appropriate knowledge, skills and patient information.
 - b. The information and care given to the new patient should be recorded in their notes and communicated to the CNS on his / her return.

3.3 Co-ordination of care:

Where possible the person providing the cover should attend the MDT and contribute to the discussions regarding the patients they have assessed. If they cannot attend they should hand over to another professional within the MDT the relevant information for discussion

3.4 Communication:

A record of the assessment of all enquiries that were deferred should be made for the CNS for attention on their return. All care given and assessments made should be documented.

Monitoring of the Guideline

Adherence to the Network guidelines may from time to time be formally monitored.

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Approval Date of Network Group:


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