Royal Cornwall Hospitals
NHS Trust

Planned Care Unit
Standard Operating Procedure

V1.0

January 2024

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The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

1.1. The Planned Care Unit (PCU) is a 16 bedded ward accommodating patients that are admitted for elective GI surgery. This includes a pre-operative admitting area.

1.2. The unit accepts inpatient and day case post-operative patients.

2. Purpose of this Standard Operating Procedure

2.1. The purpose of this Standard Operating Procedure (SOP) is to avoid inappropriate transfer or admissions of emergency patients onto PCU.

2.2. At no time should medical patients be transferred or admitted to the Unit.

2.3. The purpose of this SOP is to protect the bed capacity on PCU for elective operating and planned care recovery.

3. Ownership and Responsibilities

3.1. Role of the Managers

Clinical Matrons and the Nurse in Charge (NIC) are responsible for:

- It is the responsibility of the Clinical Matron or Nurse in Charge, and senior doctor to ensure that appropriate clinical decisions, actions and escalation of care are taken to ensure this policy is adhered to.
- It is the responsibility of the Nurse in Charge of PCU to ensure that all staff working within the unit understand and adhere to this policy and the relevant protocols.
- To challenge any inappropriate transfers to PCU that do not meet the stated criteria.

3.2. Role of Manager of The Day

The Manager of the Day is responsible for:

- Liaising with the surgical elective bed manager to ensure that sufficient capacity is available to accommodate all the gastrointestinal (GI) elective patients for that day.
- Reviewing/discussing with NIC any patients that do not fit the PCU criteria.
- To discuss with NIC of each surgical ward to identify patients and document on the night plan who are suitable for transfer to PCU.

3.3. Role of the Clinical Site Co-Ordinator and On Call Manager

The Clinical Site Co-Ordinator and On Call Manager are responsible for:

- To adhere to the policy.

- To liaise with the NIC of PCU if transferring a patient to the unit.

4. Standards and Practice

4.1. Planned Care unit will only accept patients that fit the following criteria.

- Are planned elective GI surgical admissions.
- If capacity allows, may accept elective urology admissions.
- Transfer of post-op elective GI surgical patients from Enhanced Peri-Operative Care (EPOC).
- From emergency take on ESU that fit the following conditions:
    - Minor surgery, for example appendicectomy, gallbladder, abscess and hernia repairs.
    - Conservatively managed patients with a maximum planned discharge date of 48 hours.
- Identification of suitable patients on the emergency inpatient wards (Pendennis and St Mawes) that are appropriate for transfer to PCU with a planned maximum discharged date of 48 hours.

4.2. Any breach of adherence to the SOP will be reported on the Datix incident reporting system to protect the safety of the patients and the staff. Any deviation from this policy should be made through the executive team.

5. Dissemination and Implementation

5.1. It will be published on the Trust's intranet site (document library). Access to this document is open to all.

5.2. This SOP is to be shared with PCU staff, General Surgery and Cancer Services (GCSC) care group and Clinical Site Coordination Team.

5.3. To be shared with the other four surgical wards: ESU, SDSA, St Mawes and Pendennis.

5.4. This SOP will be implemented and reviewed in 6 months initially.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	All elements of this policy will be monitored.
Lead	Sally Dale – Clinical Matron Sara Richards – Ward Leader PCU

Information Category	Detail of process and methodology for monitoring compliance
Tool	Datix to monitor incidents. PCU audit.
Frequency	Each element will be monitored monthly.
Reporting arrangements	Compliance will be discussed at the monthly Governance meetings in relation to incidents reported.
Acting on recommendations and Lead(s)	The Senior Management team will undertake subsequent recommendations and action planning for any deficiencies and recommendations within reasonable agreed timeframes.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within a month of being reported. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders via the Surgical Governance meetings and safety briefings.

7. Updating and Review

This policy is to be updated and reviewed every three years, or sooner where necessary.

8. Equality and Diversity

8.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the Equality Diversity And Inclusion Policy or the Equality and Diversity website.

8.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Planned Care Unit Standard Operating Procedure V1.0
This document replaces (exact title of previous version):	New Document
Date Issued / Approved:	16 January 2024
Date Valid From:	January 2024
Date Valid To:	January 2027
Author / Owner:	Sally Dale – Clinical Matron, General Surgery. Sara Richards – Ward Leader, PCU. Charlotte Chapman – Service Manager, General Surgery, UGI and Bariatric.
Contact details:	01872 253374
Brief summary of contents:	The purpose of this SOP is to provide guidance for the safe allocation of beds on the Elective Planned Care Unit.
Suggested Keywords:	Planned Care Unit, UGI, Surgery, Elective, Bed allocation, transfers.
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Operating Officer
Approval route for consultation and ratification:	Care Group Board
Manager confirming approval processes:	Ian McGowan
Name of Governance Lead confirming consultation and ratification:	Suzanne Atkinson
Links to key external standards:	None required
Related Documents:	None Required

Information Category	Detailed Information
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical / General Surgery

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
January 2024	V1.0	Initial issue	Sally Dale – Clinical Matron, General Surgery. Sara Richards – Ward Leader, PCU. Charlotte Chapman – Service Manager, General Surgery, UGI and Bariatric.

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust The Policy on Policies (Development and Management of Knowledge Procedural and Web Documents Policy). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Planned Care Unit Standard Operating Procedure V1.0
Department and Service Area:	General Surgery and Cancer Services
Is this a new or existing document?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Sally Dale – Clinical Matron, General Surgery
Contact details:	01872 253374

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	This SOP is aimed at the Site Coordination team, Surgical Bed Managers, Nursing Staff on Planned Care Unit, ESU, St Mawes and Pendennis.
2. Policy Objectives	As above
3. Policy Intended Outcomes	As Above
4. How will you measure each outcome?	Ongoing audit
5. Who is intended to benefit from the policy?	Staff and patients

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	• Workforce: Yes • Patients/ visitors: No • Local groups/ system partners: No • External organisations: No • Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	**Please record specific names of individuals/ groups:** Surgical and Cancer HoN Lorraine Sole. Service Manager Charlotte Chapman. Clinical Matron Sally Dale. Ward Sister Sara Richards.
6c. What was the outcome of the consultation?	Approved
6d. Have you used any of the following to assist your assessment?	**National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys:** No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	
Religion or belief	No	

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Sally Dale, Clinical Matron

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
Section 2. Full Equality Analysis