Royal Cornwall Hospitals NHS Trust

Policy Under Review

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

Information Category	Detailed Information
Document Title:	Standard Operating Procedure for the Use of Eden Ward V1.0
This document replaces (exact title of previous version):	New Document
Date Issued / Approved:	July 2022
Date Valid From:	July 2022
Date Valid To:	January 2026
Author / Owner:	Natasha Trewhela - Clinical Matron
Contact details:	01872 252685
Brief summary of contents:	To ensure that Gynaecological and Urology patient's undergoing elective and emergency procedures are nursed on Eden Ward so care is delivered by staff trained in the aspects required for their specialist care and allow the trust to maintain the safety and quality of care for gynaecological and urology patients, whilst recognising the need to support flow throughout the hospital.
Suggested Keywords:	Eden, flow
Target Audience:	**RCHT:** Yes **CFT:** No **CIOS ICB:** No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Care Group Board

Information Category	Detailed Information
Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming consultation and ratification:	Michael Cross
Links to key external standards:	None required
Related Documents:	None required
Training Need Identified:	Yes.
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Gynaecology

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

Standard Operating Procedure for the use of Eden Ward

V1.0

July 2022

Table of Contents

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and 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 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 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 purpose of this SoP is to ensure that Gynaecological and Urology patient's undergoing elective and emergency procedures are nursed on Eden Ward so care is delivered by staff trained in the aspects required for their specialist care and allow the trust to maintain the safety and quality of care for gynaecological and urology patients, whilst recognising the need to support flow throughout the hospital.

It will protect patient safety, privacy and dignity as well as reduce the risk of adverse events by ensuring right care principles are adhered to safely and consistently.

Eden ward is a mixed sex ward cohorted into bays of 4 bedded patients. There are 4 side rooms, the treatment room is a treatment room with no call bell and no window so patients are unobserved and can be used as a TES (Treatment Escalation Space) under extreme circumstances only with authority from the HoN or deputy in their absence.

The surgical admissions area at the entrance of the ward (SAL) can accommodate all the elective admissions for the Tower theatre lists through the 6 consultation rooms and 2 waiting rooms, allowing for efficiency and theatre utilisation, supporting the privacy and dignity of the patients with a minimal transfer to theatres

2. Purpose of this Standard Operating Procedure

The purpose of this SOP is to:

- Provide guidance for the management and flow of patients through Eden ward which is the surgical gynaecology ward.
- To ensure gynaecology and urology patients flow through Eden Ward as the appropriate specialty area staffed by health professionals with the specialist skills to safely care for the patient cohort.
- To safely support the admission of elective gynaecological and urology inpatients and day cases who are following a elective pathway of care through Eden Ward.
- Always maintain two empty side rooms to allow for gynae emergency admissions to come directly to the ward and stream flow away from the Emergency Department.
- Ensure that gynaecological and urology patients are nursed in an area of expertise with a dedicated medical/nursing team available.
- To ensure that the ward can safely support hospital flow for the organisation without compromising safety and quality for either specialty urology and gynaecology patients or outliers.

- To support outlier medical beds on Eden Ward with senior support and consistent medical clinical cover as the surgical workload allows, but the surgical workload must not be compromised due to outlying patients

3. Ownership and Responsibilities

3.1. The following responsibilities apply to this SoP:

- Nurse in charge of Eden
- Clinical Site Coordinators
- Surgical and medical bed managers
- Clinical Matron
- Service Manager
- Business and Operations Manager - Gynaecology and Obstetrics
- Care Group General Manager Women and Children and HIV
- Head of Nursing Women and Children and HIV
- Clinical Director(s) Women and Children and HIV

3.2. *Role of the Managers*

Line managers are responsible for:

Ensuring all staff are made aware of SOP

Measuring compliance of SOP

Review of SOP

3.3. *Role of Individual Staff*

All staff members are responsible for:

Reading and understanding the SOP

4. Standards and Practice

4.1. Outlying Patients Eden ward

Eden will provide inpatient care for outlying as priority 1 surgical and then as priority 2 medical patients who meet the following criteria:

- They have been assessed and have an on-going clinical treatment plan.
- Infection status must be confirmed as negative.

- It is anticipated that the patients will be discharged within the next 24 hours with a pathway expected discharge so as not to compromise surgical activity and flow.

- Patients requiring complex ongoing care needs with pathway 1, 2 and 3 will not be suitable.

- EOL patients will not be suitable for care in the open bay and therefore will not be deemed suitable for transfer to Eden.

- Patients will have been given a discharge leaflet and have a fire evacuation sheet in situ on the bed prior to transfer to Eden. Drugs will be up to date and nursing assessments complete prior to transfer (VTE, bed rails, falls risk assessment). All assessments must be appropriately recorded on nerve centre prior to transfer.

4.1.1. The short, anticipated LOS will enable the beds to be flexed quickly in times of elective surgical capacity pressure. Patients must be cohorted in single sex bays. A, B, C and D bay can take 4 bedded in patients.

4.1.2. Bay E allows for 6 patients who are day case elective patients in chairs. Patient must be assessed by AMU co –coordinator, site team and in hours the Senior Nurse in charge for the care group as suitable to out lie. The priority for beds must be elective surgical capacity.

4.1.3. The allocation of staff will also need reflect the acuity and dependency of the patients on Eden Ward.

4.2. **Clinical Exceptions**

4.2.1. The nurse in charge, when receiving handover, needs to consider the clinical requirements (acuity and dependency) of current patients and proposed patients to maintain a suitable level of safety and ability to provide care to all inpatients.

4.2.2. Patients for transfer must be identified at the 16:00 bed meeting and decisions must be made in agreement with the senior Nurse in Charge for the care group.

4.2.3. Patients must be safe to be cared for by nurses who do not necessarily have the specialist knowledge or skills.

4.2.4. Some patients will not be suitable to outlie on Eden.

These exceptions of unsuitable outliers include:

- High level of medical input required – high acuity and dependency

- High level of therapy input required – high level of OT/Physio needed

- Patients that are confused or have dementia

- Patients admitted with or at high risk of falls

- Patients that are clinically unstable
- Infection status unknown
- End of life
- MFFD day >24 hours in the future
- Anticipated discharge pathway 1, 2 or 3
- Patients without a reason to reside

To accept these outlying patients safely there should be limited out of hours transfers and avoidance of multiple transfer within a short space of time.

4.3. **Risks**

4.3.1. Staffing

- Staffing levels need to be regularly reviewed in light of the "Acuity and Dependency" of all patients.
- Increase in staffing if acuity dictates this is necessary through the SafeCare staffing analysis tool. Ensure that the establishment reflects the requirement of NCHPP.

4.3.2. Patient flow

Patient flow in the hospital will be compromised during escalation if the beds for outliers are not utilised appropriately. Gynaecology emergencies will be direct ward admissions or come via the EGU or EPU. Should Eden ward capacity for emergencies not be available then the admissions will default to the ED department.

4.3.3. RTT.

Extended waiting times may result in patients potentially exceeding a 52 week wait.

4.4. **Patient Group**

This SOP applies to all patients having access to Eden ward only.

Eden is the elective surgical ward for gynaecology and urology and the emergency ward for all gynaecology emergencies.

4.5. **Training requirements for nursing staff**

- All staff to be experienced and clinically competent to care for complex and simple gynaecology and urology patients as well as simple surgical emergency patients.
- Staff will be competent in epidural and rectus sheath skills as specialist

skills required for the care of the complex gynaecology and urology patients.

- All staff to be clinically competent in caring for and managing patients with simple medical conditions.
- NIV, tracheotomy will not be required for this area as patients should be accommodated elsewhere in line with Trust policy for such complexities.

4.6. **Documentation**

4.6.1. The Patient Clinical Record must be completed following Trust policies and procedures.

4.6.2. Information Governance must be adhered to in all areas, staff must log out of computer terminals in all cubicles and desk area documentation completed.

4.6.3. A DATIX incident must be completed for any adverse event in this area or any incident whereby the policy is not or cannot be followed.

5. Dissemination and Implementation

The document will be shared via Care Group Specialty meetings and Care Group Board and will be freely available on the Trust Intranet.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance of SOP
Lead	Natasha Trewhela, Clinical Matron
Tool	Datix
Frequency	Monthly
Reporting arrangements	Reported to Care Group Specialty meetings and Board, and will be further escalated as required.
Acting on recommendations and Lead(s)	Specialty Leads and Triumverate.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months, immediately if required. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant staff/ stakeholders

7. Updating and Review

This document will be reviewed every three years as a minimum and as above in section 6

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, Inclusion & Human Rights 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:	Standard Operating Procedure for the use of Eden Ward V1.0
This document replaces (exact title of previous version):	New Document
Date Issued/Approved:	July 2022
Date Valid From:	July 2022
Date Valid To:	July 2025
Directorate / Department responsible (author/owner):	Natasha Trewhela - Clinical Matron
Contact details:	01872 252685
Brief summary of contents:	To ensure that Gynaecological and Urology patient's undergoing elective and emergency procedures are nursed on Eden Ward so care is delivered by staff trained in the aspects required for their specialist care and allow the trust to maintain the safety and quality of care for gynaecological and urology patients, whilst recognising the need to support flow throughout the hospital
Suggested Keywords:	Eden, flow
Target Audience:	RCHT: Yes CFT: No KCCG: No
Executive Director responsible for Policy:	Chief Operating Officer
Approval route for consultation and ratification:	Care Group Board
General Manager confirming approval processes:	Caroline Chappell
Name of Governance Lead confirming approval by specialty and care group management meetings:	Caroline Amukusana
Links to key external standards:	none required

Information Category	Detailed Information
Related Documents:	None required
Training Need Identified?	None required
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet & Intranet
Document Library Folder/Sub Folder:	Clinical / Gynaecology

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
July 2022	V1.0	Initial issue	Caroline Chappell - General Manager; Natasha Trewhela - Clinical Matron; Sarah Jones - Service Manager for Gynaecology; Lisa Jeffery – Ward Sister Eden, Sarah Rattigan – Head of Nursing. Agreed with GSC Care Group.

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

This document is to be retained for 10 years from the date of expiry.
This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). 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 & Inclusion Team rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Standard Operating Procedure for the use of Eden Ward V1.0
Directorate and service area:	Gynaecology
Is this a new or existing Policy?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Natasha Trewhela, Clinical Matron
Contact details:	01872 252685

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)	Nurse in charge of Eden Clinical Site Coordinators Surgical and medical bed managers Clinical Matron Service Manager Business and Operations Manager - Gynaecology and Obstetrics Care Group General Manager Women and Children and HIV Head of Nursing Women and Children and HIV Clinical Director(s) Women and Children and HIV
2. Policy Objectives	Guidance for the management and flow of patients through Eden ward
3. Policy Intended Outcomes	To ensure gynaecology and urology patients flow through Eden Ward as the appropriate specialty area staffed by health professionals with the specialist skills to safely care for the patient cohort
4. How will you measure each outcome?	See section 6

Information Category	Detailed Information
5. Who is intended to benefit from the policy?	Patients and staff
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:** Care Group Board
6c. What was the outcome of the consultation?	SoP agreed
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	Any information provided to patients should be in an accessible format for the patient/carer's needs- i.e. available in different languages if required/access to an interpreter if required

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those with patient/carer's/staff with any identified additional needs will be referred for additional support as appropriate- i.e. to the Liaison team or for specialised equipment/Occupational Health/Staff support. Written information will be provided in a format to meet the patient/carer's needs e.g. easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on the decisions to treat and should respond accordingly
Marriage and civil partnership	No	All staff should be aware of any marital arrangements that may have an impact on care (for example: separated parents, domestic abuse).
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: Natasha Trewhela, 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