

Medical Day Unit Standard Operating Procedure

V2.0

April 2025

Table of Contents

1. Introduction	3
2. Purpose of this Standard Operating Procedure	3
3. Ownership and Responsibilities.....	4
3.1. Role of the Managers.....	5
Line managers are responsible for:	5
3.2. Role of Individual Staff	5
4. Standards and Practice	6
5. Dissemination and Implementation.....	8
6. Monitoring compliance and effectiveness	9
7. Updating and Review.....	9
8. Equality and Diversity	9
Appendix 1. Governance Information	10
Appendix 2. Equality Impact Assessment	12

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

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. This document will detail the service that the Medical Day Unit (MDU) can provide and reference to any other policies and protocols relevant to its function. The MDU is a day service to provide a range of clinical procedures for patients under multiple specialties. It has 3 cubicles with trolley beds and a clinical area with 8 reclining chairs.
- 1.2. MDU is located on the First Floor Trelawney Wing it is a Registered Nurse led unit. It does not have a unit-based Doctor.
- 1.3. Medical support will be provided by the specialty team responsible for the care of individual patients.
- 1.4. The MDU clinical environment is a closed unit with authorized swipe card access and a doorbell system. This alerts and signals the MDU staff that a patient is present.
- 1.5. This service is available for patients to have planned treatment Monday to Friday between 07.00hrs-18.00hrs.
- 1.6. MDU registered nursing team will assess day case patients on entry to MDU for suitability to undertake the prescribed treatment.
- 1.7. MDU patient clinical area does not support friends or relatives to attend and wait within the unit. There is a designated waiting area outside the unit.
- 1.8. MDU does not have wall piped oxygen and suction it therefore cannot receive patients post anesthesia.
- 1.9. MDU does not provide patients for treatment under the Age 18 years, however, may support patients undergoing a transition from paediatric services to adult services with support of the specialty team.
- 1.10. The MDU unit leader provides a telephone clinic each week for Haemochromatosis patients. Following the Haemochromatosis pathway, the unit leader monitors, assesses and plans the ongoing care of the haemochromatosis patients during their treatment on MDU, and at the West Cornwall Hospital Penlee Unit reporting concerns to the Hepatology Consultant.

2. Purpose of this Standard Operating Procedure

- 2.1. This document will explain the day to day running of MDU, the leadership team, the registered nursing team and the logistics of patient movement, prescriptions and pharmacy. This will also include escalation process when concerns raised about a patient's condition or treatment. Reference will be made to coding and producing discharge summaries.
- 2.2. This SOP's intention is to be able to inform its reader how to manage the MDU daily from general patient care to logistics of daily activity.
- 2.3. The purpose of this SOP is to maintain the safety of all patients attending MDU.

3. Ownership and Responsibilities

The following responsibilities apply to this SOP:

- The day-to-day management of the MDU is managed by the Unit Leader.
- The Unit Leader is supported with service needs by the Service Manager for Specialty Surgery and clinically by the Clinical Matron for Specialty Services and Surgery.
- Speciality Consultants are responsible for timely patient referral and any medical care the patient may need whilst on the unit.
- The Speciality Consultant is responsible for ensuring the Junior Doctor is supported with managing any medical issues that arise during the patient's treatment.
- The Registered Nurse in charge of the shift is responsible for escalating any medical concerns to the speciality teams.
- The MDU administrator is responsible for checking daily the MDU maxims referrals for patient treatment on MDU.
- The MDU administrator is responsible for notifying the Specialty Consultant and Pharmacy of the patient's treatment appointment date to allow time to prescribe and dispense medication.
- The MDU administrator will ensure that patients are booked in with at least 48 hours' notice to enable Specialty Consultants and Clinical Nurse Specialists (CNS) to prescribe therapy.
- The Specialty Consultant is responsible for making sure the patients' prescription is written and ready for the unit 24 hours before the patients' appointment. Electronic Prescribing of Medication (EPMA) is used on MDU. If the medication is unavailable the patient will be rebooked to attend on an alternative day.
- Registered Nursing staff will check the medication has been prescribed the day before the patient's attendance.
- Registered Nursing staff will collect the medications for planned patient appointments daily from pharmacy.
- Medications will be stored appropriately in the locked medication cupboard or locked fridge within the swipe access treatment room.
- EPMA will be completed by the Speciality Consultant responsible 24 hours prior to the patient attending for planned appointment on MDU.
- The Registered Nurse in charge of the shift will ensure adherence to this SOP and escalate in accordance with the management hierarchy.
- It is the responsibility of all staff to adhere to this policy and the relevant Trust IPAC policies and protocols.

- All staff will follow the policy for physiological observations and News in Adults: Policy on recognition of the deteriorating adult.
- Registered Nursing staff are responsible for completing timely daily patient discharge summaries on day of treatment.
- The unit lead will be responsible for the management of the Hemochromatosis clinic.
- The unit lead is responsible for ensuring registered nursing team have the appropriate knowledge and skills to deliver the prescribed treatment.
- MDU administrator assists with answering the telephone, and the meeting and greeting patients. They are responsible for ensuring that Patient administration system (PAS) and swift plus are accurate and up to date at all times.
- Specialist interventional treatments will be undertaken by the relevant speciality team within the unit, such as paracentesis and lumbar punctures.

3.1. Role of the Managers

Line managers are responsible for:

- The unit leader for MDU will ensure that all registered nursing and administration staff have read and understood this SOP.
- The unit leader will ensure there are open and functional routes for communication with pharmacy and other specialities/care groups
- The service manager is responsible the operational status of MDU.
- The service manager and unit leader are responsible for reporting any building and facilities concerns are escalated through the estates management process.
- The unit leader is responsible for day to day delivery of safe, quality care.
- The clinical matron has oversight responsibility for the delivery of safe, quality care.

3.2. Role of Individual Staff

All staff members are responsible for:

- Adhering to all trust policies and procedures.
- Escalating any patient safety concerns with the unit leader, registered nurse in charge or speciality consultant.
- Ensuring all patients prescription and medication is available on day of treatment.
- Ensure patients undertake initial assessment for fitness to undergo treatment that day.
- Gain consent from patients to undergo treatment.

- Liaise with family, friends and relatives as required.
- Ensuring patients are treated with dignity and respect.
- Ensuring a discharge summary is completed for the patients General Practitioner (GP) on maxims on the same day the patient is discharged.
- Completing and incident reporting using the Datix system for any near miss, potential or actual incidents.

4. Standards and Practice

4.1. MDU has a predictable daily level of activity. It provides day case treatments, biologic infusion/transfusions, dynamic blood tests and drop in investigations delivered by a team of skilled registered nurses. MDU is a Registered Nurse led unit with planned daily patient activity. This is a Monday to Friday service with support from Specialty Medical staff. MDU staffing levels are 4 registered nurses and 1 MDU administrator.

4.1.1. Objectives and benefits of this dedicated clinical space are to:

- Provide an area for rapid treatments and investigation of patients referred from GPs, Consultants and CNS that otherwise would have needed an admission.
- Provide care and rapid access to treatments and investigations.
- Improve patient safety and outcomes by reducing delays to treatment.
- Provide a positive patient experience.
- Prevent unnecessary admission of patients.

4.2. Day Attenders

- Patients will be booked to MDU through a MDU administrator after reviewing MAXIMS referral requests from GPs, Consultants and Nurse Specialist and adhoc emergency treatment if capacity allows.
- MDU administrator will provide time and date to the patient, request referrer prescribes medication and relevant prescriptions and all the above will be available 24 hours before the patient arrives.
- Patient receives appointment and confirms plan to attend.
- Registered Nursing team check planned patients' details and treatment details are correct 24 hours before planned attendance date, using consultant treatment specific protocol guidance.
- Patient attends MDU and treatment is delivered.

- Specialty Consultant ensures Bluteq (high-cost drug registration system) is completed, a medication order on EPMA or prescription chart is raised and forwarded to MDU with at least 24 hours before patient arrival.
- Registered Nurse led discharge with relevant aftercare advice as required.
- Specialty Consultant is responsible for the planned care and treatment of patient attending MDU.

4.3. Procedures provided:

MDU offers the following treatments and interventions:

4.3.1. Rheumatology procedures:

- Rituximab, rapid and standard infusions.
- Tocilizumab, Infliximab, Zoledronate Abatacept infusions.
- Cyclophosphamide Infusion.
- Illoprost infusion.

4.3.2. Gastroenterology procedures:

- Infliximab Vedolizumab Adalimumab.
- Venesections.
- Paracentesis.
- Port A Cath Access/ patency treatment.
- Ammonia blood sampling.
- Blood cultures sampling.
- Ustekinamab.
- Infliximab Infusion.
- Lanreotide /Ocreotide.
- Magnesium.
- Pleural Tap.
- Aranesp injection.
- Hydrogen Breath Test

4.3.3. Renal procedures:

- Rituximab.
- Pre-hydration.

4.3.4. Neurology procedures:

- Lumbar Punctures.
- Natalizumab Sub Cut.
- Ocrelizumab Alemtuzumab.
- Tyruko Infusion.
- Gilenya medication.
- POMPE treatment.
- Lemtrada Medication.

4.3.5. Endocrine procedures:

- Glucagon, Insulin Stress Test, Synacthen Test, Dexamethasone Test, Hypercalcaemia, Renin Aldosterone. Calcitonin, Genetic Testing.

4.3.6. Clinical Chemistry Tests:

- Glucose Breathe Test.
- Lactose Breathe Test.
- Pre specific treatment blood sampling.
- Mannitol and lactose small Intestinal Permeability Test (adults).

4.3.7. Haematology:

- Blood Hound and Transfusion.

5. Dissemination and Implementation

All staff within MDU will be given a copy of this document and any revisions that take place.

6. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	All existing systems are still in place and monitoring will be business as usual business as usual (BAU).
Lead	Service Manager.
Tool	PAS. EPMA. Maxims. RADAR. DATIX. Patient Experience. IPAC.
Frequency	Normal activity for review of performance and activity.
Reporting arrangements	Normal internal processes.
Acting on recommendations and Lead(s)	N/A.
Change in practice and lessons to be shared	There will be a thorough de-brief with staff to assess any ongoing changes within the working area, and lessons learnt to support Business Continuity plans.

7. Updating and Review

This SOP will be reviewed and updated regularly to reflect any changes to practice or operation as a result in changes

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:	Medical Day Unit Standard Operating Procedure V2.0
This document replaces (exact title of previous version):	Medical Day Unit Standard Operating Procedure V1.0
Date Issued/Approved:	April 2024
Date Valid From:	April 2025
Date Valid To:	April 2028
Author/Owner:	Kim Hicks, Sister, Day Unit.
Contact details:	01872 253836.
Brief summary of contents:	Day to day standard operating procedure of the medical day unit.
Suggested Keywords:	MDU. Registered Nurse. Discharge summary. Speciality consultant.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Medical Officer.
Approval route for consultation and ratification:	Care Group Governance Meeting. Endocrine Governance Group.
Manager confirming approval processes:	Roz Davies, General Manager, Specialist Services and Surgery (SSS).
Name of Governance Lead confirming consultation and ratification:	Michele Reed, Deputy Manager.
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 / Endocrine and Diabetes

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
May 2021	V1.0	Initial issue	Kim Hicks, Sister
April 2025	V2.0	Reviewed and transferred onto new template. MDU administrator role. Discharge summary standard.	Kim Hicks, Sister

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:	Medical Day Unit Standard Operating Procedure V2.0
Department and Service Area:	Specialist Services and Surgery
Is this a new or existing document?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Kim Hicks, Sister
Contact details:	01872 252836

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)	All RCHT staff and those specifically who either work in MDU or have contact with them as part of their daily operation.
2. Policy Objectives	To maintain standards and observe all policies and procedures whilst working off site.
3. Policy Intended Outcomes	Zero incidents which are recorded via complaint or DATIX system.
4. How will you measure each outcome?	Feedback from staff and other RCHT stakeholders including patients.
5. Who is intended to benefit from the policy?	Staff working on MDU and those supporting their activity.

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: Care Group Governance Meeting. Endocrine Governance Group.
6c. What was the outcome of the consultation?	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: Complaints Activity Reports.

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	
Marriage and civil partnership	No	

Protected Characteristic	(Yes or No)	Rationale
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: Clair Stansfield: Clinical Matron Renal and Endocrine

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](#)