

Review of Theatre and Anaesthetic Services

Birmingham Women's NHS Foundation Trust

Visit Date: 20th September 2016

Report Date: December 2016

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INTRODUCTION

This report presents the findings of the Theatre and Anaesthetics Review, Birmingham Women's NHS Foundation Trust that took place on 20th September 2016. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Theatres and Anaesthetic Services, Version 1.4

The aim of the standards and the review programme is to help providers and commissioners of services to improve clinical outcomes and service users' and carers' experiences by improving the quality of services. The report also gives external assurance of the care, which can be used as part of organisations' Quality Accounts. For commissioners, the report gives assurance of the quality of services commissioned and identifies areas where developments may be needed.

The report reflects the situation at the time of the visit. The text of this report identifies the main issues raised during the course of the visit. Appendix 1 lists the visiting team that reviewed the Theatre and Anaesthetic Services at Birmingham Women's NHS Foundation Trust, South and Central Birmingham health economy. Appendix 2 contains the details of compliance with each of the standards, and the percentage of standards met.

This report describes services provided or commissioned by the following organisations:

- Birmingham Women's NHS Foundation Trust
- NHS Birmingham South Central Clinical Commissioning Group

Most of the issues identified by quality reviews can be resolved by providers' and commissioners' own governance arrangements. Many can be tackled by the use of appropriate service improvement approaches; some require commissioner input. Individual organisations are responsible for taking action and monitoring this through their usual governance mechanisms. The lead commissioner for the service concerned is responsible for ensuring action plans are in place and monitoring their implementation, liaising, as appropriate, with other commissioners, including commissioners of primary care. The lead commissioner in relation to this report is NHS Birmingham South Central Clinical Commissioning Group.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS is a collaborative venture between NHS organisations in the West Midlands to help improve the quality of health services by developing evidence-based Quality Standards, carrying out developmental and supportive quality reviews (often through peer review visits), producing comparative information on the quality of services and providing development and learning for all involved.

Expected outcomes are better quality, safety and clinical outcomes, better patient and carer experience, organisations with better information about the quality of clinical services, and organisations with more confidence and competence in reviewing the quality of clinical services. More detail about the work of WMQRS is available on www.wmqrs.nhs.uk

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of Birmingham Women's NHS Foundation Trust for their hard work in preparing for the review and for their kindness and helpfulness during the course of the visit. Thanks are also due to the visiting team and their employing organisations for the time and expertise they contributed to this review.

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BIRMINGHAM WOMEN'S NHS FOUNDATION TRUST

THEATRE & ANAESTHETIC SERVICES

General Comments and Achievements

At the time of the review visit, Birmingham Women's NHS Foundation Trust had two gynaecology theatres and two obstetric theatres. Staff were generally positive and said that they felt well-supported, especially after recent changes in the leadership team. Reviewers commented particularly on the positive atmosphere in the obstetric theatres, where there were plans to recruit more Band 6 theatre staff so that the second obstetric theatre could be open 24/7. The gynaecology theatres were also welcoming, with particularly good art work. Good advance planning of equipment needs was evident. Work was taking place to separate medical staffing for emergency and elective theatre lists. The theatre management team was actively working to improve standards in theatres, but recognised that further work was needed and had plans for this.

Good Practice

- 1 Pre-operative processes were working well and staff told reviewers that cancellation on the day of surgery had reduced significantly. The team had support from all departments to ensure that queries were dealt with quickly.
- 2 The team leader in theatre was identified by a different coloured hat.
- 3 A good range of patient information was available. The patient information was clear, and was available in different languages and as CDs.

Immediate Risks¹

1 **WHO Safer Surgery Checklist**

Arrangements for implementation of the WHO *Safer Surgery* checklist were not fully embedded. Reviewers observed two patients for whom the checklist was not followed as expected by the Trust's procedures. In one case the patient was anaesthetised and draped ready for surgery before the patient's identity was checked, and a problem with the consent form was then identified. In another patient the same problem with the signature of the 'on the day' consent slip was observed. In both cases the surgeon retrospectively signed the form.

2 **Recovery staff competences**

The obstetric recovery area was staffed by midwives, and reviewers did not see evidence that all staff had competences in recovering patients and providing high-dependency care. Some differences in clinical practice were also observed.

¹ Trust response:

WHO safer surgery checklist: WHO policy reiterated with all staff and observational audits undertaken and audit results feedback to staff. Plan to redesign and re-launch WHO checklist in line with national guidance.

Obstetric Recovery Staff Competences: increased staffing to the areas to enable all emergency procedures to be recovered with staff with appropriate competences. In the medium term develop new staffing model for recovery in theatres and include recovery care in PROMPT training.

Medicines management: Emergency Theatre Feedback provided to individuals regarding unsafe practice, and reflection taken place. Develop theatre specific medicines management/ controlled drugs training. Ensure fluid storage facilities are locked. And review all storage practices. Reinstate emergency drug box in theatre one. Medicines management audits undertaken and no non-compliance's identified.

WMQRS response: Immediate actions taken address the Immediate Risks identified at the time of the visit. It was also noted that the action plan includes some medium term actions to ensure that the changes in processes that were implemented continue.

3 Medicines management

Several issues relating to medicines management were observed:

- a. Reviewers witnessed several occasions on which controlled drug (CD) documentation was signed as 'supplied' before the drugs were given to the patient. On one occasion the CD documentation was signed for the next patient while the previous patient was still on the operating table. One signature was sometimes placed across the 'supply', 'administration' and 'disposal' sections of the CD register rather than separate signatures being obtained for each stage. The anaesthetist then signed where a signature was already present.
- b. Storage of drugs was not appropriately secure.
 - i. Morphine and Fentanyl were left out on a work surface.
 - ii. Diclofenac suppositories were left out on the top of the vapouriser in the obstetric theatre.
 - iii. The pharmacy cupboards and intravenous fluids cupboards in the main theatres corridor were supposed to be locked (and bore a notice saying 'please ensure doors are locked') but, on the day of the visit, they were not locked.
- c. In the emergency Caesarean theatre, intravenous fluids with phenylephedrine added were labelled only with the patient's name and not with details of the amount of drug added or a signature. Management was by drip control only. (The elective theatre had an appropriately completed label and pump control of administration.)
- d. In one theatre drugs were prepared for more than one patient. Intravenous fluids were prepared for the whole morning list and not just for the patient who was in theatre at the time.
- e. There was no emergency drug box in theatre 1. Reviewers were told that it was in a cupboard, but it was not present when this was checked.

Reviewers were surprised that these issues had not been identified during pharmacy audits.

Concerns

1 Infection control

Reviewers observed several examples that did not conform to best practice in infection control. These included a) staff positioning patients when not wearing gloves and aprons, b) staff decontaminating their hands by touching their face and other parts of their gown and c) the patient's partner and midwives in the emergency Caesarean theatre (during a category 2 Caesarean section) wearing patient gowns and outdoor shoes.

2 Moving and handling patients

Specialist equipment was reported as available but did not appear to be used for moving patients, including bariatric patients. Reviewers were told that theatre staff did not routinely use a hover mattress or slide sheets and that additional staff were called if help was needed for moving a patient. Staff said that they used a draw sheet which would be appropriate if a PAT slide was used, but these slides were not available. Reviewers were concerned about the methods used to lift patients up the bed. Some staff were not up to date with manual handling training. Reviewers were told that manual handling training was provided by University Hospitals Birmingham NHS Foundation Trust and so staff had to go off site for the training.

3 Governance arrangements

Reviewers identified a number of issues relating to governance of the theatres:

- a. Reviewers were told that the Trust WHO *Safer Surgery* checklist audit results showed 100% compliance. On one day reviewers observed several examples where this was not the case (see

above) plus a further instance where the order of the list and theatre was changed at the morning briefing without being clearly identified early in process. This suggested that audits may be being undertaken retrospectively rather than the actual process being observed.

- b. Daily checks of anaesthetic machines were not routinely recorded. This may have been an issue of recording rather than checking but this was not clear. Some staff did not consider that checking anaesthetic machines (recommended by the Royal College of Anaesthetists) was necessary.
- c. In the elective obstetric theatre a battery maintenance alert had not been actioned, one of the three laryngoscopes in the obstetric theatres was not working on the day of the visit, and the difficult airway trolley was not clearly labelled.
- d. An operational policy was in draft form and further work on this and other procedures may help in strengthening processes and governance within theatres. For example, first, the local infection control policy was derived from the wider Trust policy and did not reflect the specific infection control arrangements for the theatre environment. Secondly, the uniform policy within theatres and when going outside the theatre environment was inconsistently implemented. There was a poster about this but this advice was not being followed by all staff on the day of the visit.
- e. In general, governance arrangements were being improved and the theatre service had plans to address governance issues. These action plans did not always include arrangements for assuring changes had been made. For example, the action plan stated the problem and the action was to “make sure the policy is followed”. It may be helpful to include monitoring arrangements so there is some assurance that the change has taken place.
- f. It was not clear how often audits, including hand hygiene audits, were conducted and where these were reported.

Further Consideration

- 1 In addition to the issues with manual handling training, staff reported that it was difficult to arrange time to access training facilities or ‘e’ learning. The expected level of resuscitation training had not been achieved (48% had Hospital Life Support Training and 75% Intermediate Life Support Training compared with a target of 95%) and it was not clear whether staff had had training in drug administration. Reviewers observed one student nurse who escorted a patient to the anaesthetic room and was then expected to set up monitoring equipment without having had training in this. Reviewers were told that ward staff undertook this role in order to help theatre staff. Reviewers also suggested that it may be helpful to have staff ‘champions’ for particular aspects, for example, Control of Substances Hazardous to Health, infection control or manual handling.
- 2 Reviewers suggested that further work encouraging staff to challenge others may be helpful. The issues of compliance with the WHO *Safer Surgery* checklist and infection control highlighted above were observed by other staff and could have been challenged. Further work on multi-disciplinary review and learning may also help to build a culture of improvement and compliance with expected standards. Feedback to staff about action taken following incidents could also be through this mechanism.
- 3 Reviewers were surprised by the separate systems for the obstetric and gynaecology theatres. These appeared to work as ‘silos’ despite each having only two theatres. Risk registers were kept separately and were not shared between theatres or with staff. Some staff who spoke to reviewers did not appear to be aware of the ‘top risks’ or the process to develop a risk assessment. Staff also commented that they did not get feedback about incidents in the other theatres.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Amanda Cope	Senior Operating Department Practitioner and Quality Lead	University Hospitals of North Midlands NHS Trust
Katy McErlain	Theatre Manager	Burton Hospitals NHS Foundation Trust
Steph Mansell	Head of Midwifery	The Dudley Group NHS Foundation Trust
Dr Sally Millett	Consultant Anaesthetist and Deputy Divisional Medical Director	Worcestershire Acute Hospitals NHS Trust
Katy Moynihan	Matron Theatres	The Shrewsbury and Telford NHS Trust
Jennifer Sherratt	Practice Development Senior Operating Department Practitioner, Theatres & Recovery	University Hospitals of North Midlands NHS Trust
Mr Adrian Warwick	Consultant Obstetrician and Gynaecologist/ Clinical Director, Women and Children's Services	The Dudley Group NHS Foundation Trust

WMQRS Team

Sarah Broomhead	Assistant Director	West Midlands Quality Review Service
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APPENDIX 2 COMPLIANCE WITH THE QUALITY STANDARDS

Analyses of percentage compliance with the Quality Standards should be viewed with caution as they give the same weight to each of the Quality Standards. Also, the number of Quality Standards applicable to each service varies depending on the nature of the service provided. Percentage compliance also takes no account of 'working towards' a particular Quality Standard. Reviewers often comment that it is better to have a 'No, but', where there is real commitment to achieving a particular standard, than a 'Yes, but' where a 'box has been ticked' but the commitment to implementation is lacking. With these caveats, table 1 summarises the percentage compliance for each of the services reviewed.

Table 1 – Percentage of Quality Standards met

Service	Number of Applicable QS	Number of QS Met	% met
Gynaecology and Obstetric Theatres and Anaesthetics	47	23	49

Pathway and Service Letters

XG-	Theatre and Anaesthetic Services
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Topic Sections

Each section covers the following topics:

-100	Information and Support for Patients and Carers
-200	Staffing
-300	Support Services
-400	Facilities and Equipment
-500	Guidelines and Protocols
-600	Service Organisation and Liaison with Other Services
-700	Governance

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GYNAECOLOGY AND OBSTETRIC THEATRES AND ANAESTHETICS

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-101	<p>Service Information</p> <p>Patients should be offered written information about:</p> <ol style="list-style-type: none"> a. Services provided, location and hours of opening b. Visiting hours and visiting arrangements c. How to contact the service d. Staff they are likely to meet 	Y	Comprehensive service information was available for patients attending the pre-operative gynaecology service and for those attending elective Caesarean section clinics.
XG-102	<p>Procedure Information</p> <p>For each procedure, patients should be offered written information, and the opportunity to discuss this, covering:</p> <ol style="list-style-type: none"> a. Preparation for the procedure b. Types of anaesthesia available c. Staff who will be present at or who will perform the procedure d. Any side effects 	Y	
XG-103	<p>Privacy, Dignity and Security</p> <p>Patients' privacy, dignity and security should be maintained at all times, including security of clothes, dentures, hearing aids and personal belongings during examinations and procedures.</p>	Y	
XG-104	<p>Communication Aids</p> <p>Communication aids should be available to help patients with communication difficulties to participate in decisions about their care.</p>	Y	
XG-196	<p>General Support for Service Users and Carers</p> <p>Patients and carers should have easy access to the following services. Information about these services should be easily available:</p> <ol style="list-style-type: none"> a. Interpreter services, including access to British Sign Language b. 'Compliments and complaints' procedures 	Y	
XG-199	<p>Involving Patients and Carers</p> <p>The service should have:</p> <ol style="list-style-type: none"> a. Mechanisms for receiving feedback from patients and carers about their treatment and care b. Mechanisms for involving patients and carers in decisions about the organisation of the service c. Examples of changes made as a result of feedback and involvement of patients and carers 	N	Mechanisms for receiving feedback from patients and carers about their treatment and care were in place, but not mechanisms for involving patients and carers in decisions about the organisation of the service. Reviewers did not see any evidence of changes made as a result of feedback although the environment in the gynaecology theatres had been improved and there were now pictorial wall friezes.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-201	<p>Leadership</p> <p>Theatre and Anaesthetic Services should have a Clinical Director, Lead Nurse, Lead Operating Department Practitioner and Lead Manager with responsibility for staffing, training, guidelines and protocols, service organisation, governance and for liaison with other services.</p>	Y	
XG-202	<p>Service Leads</p> <p>Leads for, at least, the following areas should be identified:</p> <ul style="list-style-type: none"> a. Critical care, including high dependency care and outreach b. Acute and non-acute pain services c. Obstetric anaesthesia d. Care of children e. Major incidents f. Admissions and day care g. Pre-operative assessment h. Recovery i. Equipment management 	Y	
XG-203	<p>Staffing Levels</p> <p>The service should have sufficient staff with appropriate competences to deliver the expected number of assessments and procedures for the usual case mix of patients within expected timescales (QS XG-602). An escalation policy should be in place which ensures flexibility of staffing in response to fluctuations in demand and availability of staff. Staffing levels should be based on a competence framework covering staffing levels and competences expected (QS XG-206), and should ensure an appropriate skill mix of consultant anaesthetists, other anaesthetic medical staff, physicians assistants, operating department practitioners, theatre assistants, theatre nurses and porters. In Major Trauma Centres the trauma anaesthetic team should be separate from other emergency and elective teams. In hospitals with obstetric units the obstetric anaesthetic team should be separate to enable elective work to continue uninterrupted by emergency work and a named consultant should be responsible for each elective caesarean section list.</p>	N	<p>Staffing in the obstetric theatres did not meet The Association for Perioperative Practice (AFPP) guidelines. Only one scrub nurse was in circulation on days when the theatres were only operating for half a day. See also main report in relation to staffing in the recovery area. This Quality Standard was met for staffing of the gynaecology theatres.</p>

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-204	<p>Obstetric Anaesthesia Duty Anaesthetist</p> <p>A duty anaesthetist competent to undertake duties on the delivery suite should be:</p> <ol style="list-style-type: none"> Immediately available for emergency work on the delivery suite 24/7 Resident on-site in units offering a 24 hour epidural service Able to delay other responsibilities should obstetric work arise <p>All duty anaesthetists should have completed an initial assessment of competence in obstetric anaesthesia (IACOA) or have equivalent competences before undertaking unsupervised obstetric work.</p>	Y	
XG-205	<p>Acute Pain Team</p> <p>An acute pain team should be available including:</p> <ol style="list-style-type: none"> Consultant anaesthetist with sessional commitments to the team Specialist nurse with specific competences in the management of acute pain Other medical, nursing and operating department practitioner staff as required for the number of patients and the complexity of their needs Pharmacist with sessional commitments to the team Physiotherapist with sessional commitments to the team 	N	An acute pain team was not in place although some sessional consultant time was available from University Hospitals Birmingham NHS Foundation Trust (UHB).

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-206	<p>Competence Framework and Training Plan</p> <p>A competence framework should cover expected competences for roles within the service. A training and development programme should ensure that all staff have, and are maintaining, these competences. The competence framework and training plan should cover all staff identified in QS XG-203, including at least:</p> <ul style="list-style-type: none"> a. Moving and handling in the theatre environment b. Drug administration c. Plastering d. Resuscitation e. Use of equipment f. Care of children and young people 	N	<p>A competence framework and a training and development plan were not yet in place.</p> <p>‘a’. Some staff who met the reviewing team did not have up to date training in moving and handling. Reviewers were told that an agreement was in place with UHB to provide this training.</p> <p>‘b’. It was not clear that all staff had training in drug administration.</p> <p>‘c’ and ‘f’ were not applicable.</p> <p>‘d’. Only 48% of staff had Hospital Life Support training that was equivalent to BLS. 75% of staff had Intermediate Life Support training. The Trust target was 95%. Reviewers were told that the data on training completed were not always accurate.</p> <p>‘e’. Reviewers saw examples of appropriate equipment not being used and equipment being used inappropriately.</p>
XG-207	<p>New Starters, Agency, Bank and Locum Staff</p> <p>Before starting work in the service, local induction and a review of competence for the expected role in assessments and procedures should be completed for all new starters, agency, bank and locum staff.</p>	N	<p>The induction programme covered locum anaesthetists and scrub staff but not locum operating department practitioners.</p>
XG-208	<p>Emergency Service</p> <p>Staff with appropriate competences should be available outside planned sessions including:</p> <ul style="list-style-type: none"> a. On call consultant anaesthetist b. On-site anaesthetist of grade CT3 or above (or equivalent) c. Emergency theatre service <p>Competences for emergency work should be maintained through appropriate Continuing Professional Development and / or daytime job-planned work.</p>	Y	
XG-209	<p>Staff monitoring</p> <p>Arrangements should be in place for monitoring and reviewing staff sickness, vacancy and turnover levels.</p>	Y	
XG-210	<p>Team building</p> <p>The service should encourage a range of activities to develop team building and multi-professional working.</p>	N	<p>Work on team building was being considered. Practical Obstetric Multi-Professional Training (PROMPT) included all except theatre staff.</p>

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-299	<p>Administrative, Clerical and Data Collection Support</p> <p>Administrative, clerical and data collection support should be available during working hours to support all aspects of theatre and anaesthetic services, including the acute pain team.</p>	Y	
XG-301	<p>Support Services</p> <p>Timely access to the following services should be available:</p> <ul style="list-style-type: none"> a. IT support b. Hospital porters c. Patient transport d. Security e. Cleaning f. Linen supplies g. Logistics and sterile services h. Pharmacy, covering advice and supply of drugs and medical gas testing i. Infection control advice j. Medical records k. Pathology l. Imaging m. Plastering (if not part of theatre and anaesthetic service) n. Electronic and Bio-Medical Engineering 	Y	
XG-302	<p>Blood and Transplant</p> <p>Appropriate arrangements should be in place for:</p> <ul style="list-style-type: none"> a. Supply and storage of blood products b. Other NHS Blood and Transplant storage requirements (if applicable) 	Y	A biochemistry and blood laboratory was available on site with good haematologist support.
XG-401	<p>Facilities and Equipment</p> <p>The service should have appropriate facilities and equipment to deliver the expected number of assessments and procedures for the usual case mix of patients within expected timescales (QS XG-602). Facilities and equipment should comply with all relevant Standards and should ensure:</p> <ul style="list-style-type: none"> a. Appropriate privacy, dignity and security for patients (QS XG-103) b. Appropriate separation of children and adults c. Immediate availability of resuscitation equipment for children and adults which is checked in accordance with Trust policy d. Availability of specialist equipment when required e. In-theatre imaging when required 	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-402	<p>Equipment Management</p> <p>The service should have arrangements for equipment management covering:</p> <ul style="list-style-type: none"> a. Procurement and management of equipment and consumables b. Installation assurance c. Calibration, operation and performance of equipment d. Equipment maintenance (service contracts and maintenance schedules) covering planned maintenance and 24/7 breakdown or unscheduled maintenance e. Contingency plans in the event of equipment breakdown f. Monitoring and management of equipment failures and faults g. Ensuring safety warnings, alerts and recalls are circulated and acted upon within specified timescales h. Programme of equipment replacement and risk management of equipment used beyond its replacement date 	Y	However, a safety warning battery alert (g) had not been dealt with in one of the theatres visited by the reviewers.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-403	<p>Delivery Suite Equipment</p> <p>The following facilities and equipment should be available within the Delivery Suite:</p> <ul style="list-style-type: none"> a. At least one fully equipped obstetric theatre b. Blood gas analysis and the facility for rapid estimation of haemoglobin and blood sugar c. Monitoring equipment for the measurement of non-invasive blood pressure and invasive haemodynamic monitoring d. Equipment for measuring ECG, oxygen saturation and temperature e. Rooms should have oxygen, suction equipment and resuscitation equipment, including a defibrillator. All equipment must be checked in accordance with Trust policy. f. Rooms should have active scavenging of waste anaesthetic gas to comply with COSHH guidelines on anaesthetic gas pollution. g. Supply of O rhesus negative blood available 24/7 for emergency use h. Blood warmer allowing the rapid transfusion of blood and fluids. i. Access to cell salvage equipment. j. Patient controlled analgesia equipment and infusion devices for post-operative pain relief k. Ultrasound imaging equipment for central vascular access, transversus abdominis plane (TAP) blocks and epidural cannulation of patients as well as high risk and bariatric women l. Intralipid, Sugammadex and dantrolene with their location clearly identified. 	Y	
XG-404	<p>IT system</p> <p>IT systems for storage, retrieval and transmission of patient information should be in use. Theatre and anaesthetic staff should have access to:</p> <ul style="list-style-type: none"> a. Pre-assessment information b. Theatre management system c. Trust Patient Administration System d. Emails and the Trust intranet and policies e. On-line medical and other relevant information <p>System connectivity should be sufficient to ensure that patient details are entered once only.</p>	Y	
XG-405	<p>Moving and Handling Aids</p> <p>Moving and handling aids should be available and appropriately maintained.</p>	N	See main report.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-406	<p>Specialist Equipment</p> <p>The service should have access to appropriate equipment, moving and handling aids and patient gowns to meet the needs of:</p> <ol style="list-style-type: none"> Bariatric patients Adults and children with physical disabilities 	N	<p>A hoist was available but staff had not been trained on its use. PAT slides were not available and reviewers observed staff moving patients without slide sheets. Reviewers heard conflicting accounts from staff and Trust leads about whether slide sheets were easily accessible. See also main report about use of equipment.</p>
XG-501	<p>Referral Information</p> <p>Guidelines on information to be sent with each referral should have been agreed and circulated to all referring GPs and referring hospital clinicians.</p>	N/A	<p>Direct referrals did not occur.</p>
XG-502	<p>Patient Pathway Guidelines</p> <p>Guidelines should be in use covering:</p> <ol style="list-style-type: none"> Pre-assessment, including antenatal referrals Pre-operative care Assessment prior to anaesthesia and procedure Range of anaesthetic techniques normally offered for each procedure Use of WHO Safer Surgery Checklist Anaesthetic assistance throughout the procedure. Monitoring during anaesthesia and recovery Post-operative care Post-surgery review Recognition and treatment of complications, including involving other services as required Anaesthesia in the CT and MRI environment Use of ultrasound during anaesthesia Anaesthesia in the plaster room Wrong site block tool kit Handover to post-anaesthetic care <p>These protocols should be explicit about responsibilities at each stage of the assessment and procedure and about handover between stages of the patient pathway. Protocols should be specific about indications and arrangements for day case and short-stay surgery and enhanced recovery.</p>	N	<p>Anaesthetic guidelines were not yet in place. See main report in relation to 'e' (WHO Safer Surgery checklist). 'a' and 'c' were in place.</p>
XG-503	<p>Consent</p> <p>The Trust consent procedure should be in use.</p>	N	<p>See main report in relation to implementation of the consent process and completion of the consent confirmation section on the day of surgery.</p>

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-504	<p>Clinical Guidelines</p> <p>Clinical guidelines should be in use covering at least:</p> <ul style="list-style-type: none"> a. Management of patients with allergies b. Post-operative management of epidural anaesthesia and peripheral nerve catheters c. Blood transfusion including blood component therapy, intra-operative cell salvage and management of massive haemorrhage d. Management of suspected anaphylaxis during anaesthesia e. Peri-operative management of bariatric patients f. Management of patients with diabetes g. Management of malignant hypothermia h. Management of post-operative nausea and vomiting i. Management of patients with trauma j. Management of sepsis k. Management of acute unplanned surgical care l. Conditions requiring antenatal referral to an anaesthetist (available to both obstetricians and midwives) m. High risk surgical care for patients with a predicted hospital mortality of $\geq 10\%$ 	N	<p>Some guidance was out of date and still included 'draft' watermarks. Other guidelines were under review. The blood transfusion guidance may benefit from review as reviewers considered it was quite complex and not easy to follow. For example, it included the policy on 'massive bleeding'. This may not be an intuitive place for new, locum or agency staff to locate this policy in an emergency.</p>
XG-505	<p>Transfer</p> <p>Guidelines on transfer of patients should be in use covering, at least:</p> <ul style="list-style-type: none"> a. Transfer to and from critical care services within the hospital b. Transfer for critical care or other specialist care outside the hospital <p>Guidelines should be specific about communication, staffing, equipment and transport during the transfer and governance responsibility.</p>	Y	
XG-506	<p>Pain Management</p> <p>Guidelines should be in use covering management of:</p> <ul style="list-style-type: none"> a. Peri - and post-operative acute pain b. Chronic pain 	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-507	<p>Infection Control</p> <p>Guidelines on infection control should be in use, including:</p> <ul style="list-style-type: none"> a. Care of patients with suspected or confirmed contagious and communicable diseases and/or suppressed immune systems, including patient care before, during and after their procedure b. Decontamination of equipment and environment, including before and after use by patients with suspected or confirmed contagious or communicable diseases c. Use of single-use, disposable equipment 	Y	
XG-508	<p>Resuscitation Policy</p> <p>The Trust resuscitation policy should be in use.</p>	Y	
XG-509	<p>Network and More Specialist Services</p> <p>Guidelines should be in use covering arrangements and agreed timescales for:</p> <ul style="list-style-type: none"> a. Access to procedures available at other hospitals b. Access to specialist advice or procedures not available within the hospital c. Arrangements for theatre and anaesthetic staff and equipment to transfer to carry out procedures at another hospital (if required), including governance responsibility. 	N	Guidelines covering arrangements for accessing network and more specialist services were not yet in place. In practice, good arrangements were in place.
XG-510	<p>Management of Drugs and Anaesthetic Agents</p> <p>Guidelines on the management of drugs and anaesthetic agents should be in use covering at least:</p> <ul style="list-style-type: none"> a. Roles and responsibilities b. Security and storage c. Prescription, including prescription of unlicensed medicines and controlled drugs d. Preparation and administration e. Identification and management of extravasation f. Identification and management of patients at risk of adverse reactions g. Management of continual infusion and patient-controlled analgesia h. Prescribing of drugs to take home for day case patients i. Control of waste anaesthetic gases 	N	See main report.
XG-511	<p>Hazardous Substances</p> <p>The service should have an up to date report showing compliance with Control of Substances Hazardous to Health (COSHH) Regulations.</p>	Y	Risk assessments were in place covering, for example, volatile gases and formalin. Reviewers considered that risk assessments covering other products such as Virusolve and Hibiscub should also be undertaken.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-512	<p>Health and Safety</p> <p>The Trust Health and Safety Policy should be in use, including specific reference to the response to clinical incidents.</p>	Y	Some staff who met the reviewing team had not received timely feedback on critical incidents.
XG-601	<p>Operational Policy</p> <p>A Theatre and Anaesthetics Service Operational Policy should be in use covering at least:</p> <ul style="list-style-type: none"> a. Availability of services, including 24/7 availability b. Visitors and visiting by relatives and others c. Staff clothing d. Professional behaviour in the theatre environment e. Management of staff who are new or expectant mothers f. Safe handling and positioning of patients g. Communication and liaison with Trust bed management, surgical teams, obstetrics, imaging and pathology services h. IT security i. Management of clinical waste j. Safeguarding children and vulnerable adults in the operating theatre k. Death of patients in the theatre environment and organ donation l. Arrangements for obtaining feedback from hospital clinicians and for involving referring GPs and hospital clinicians in decisions about the organisation of the service m. Response to a Major Incident 	N	The operational policy was in draft form.
XG-602	<p>Capacity Management</p> <p>The service should have a capacity management plan covering:</p> <ul style="list-style-type: none"> a. Expected timescales for response to emergency, urgent and planned demand b. Response to unexpected fluctuations in demand c. Response to delays in surgery and recovery d. Medical arbitration on priority of theatre cases (Major Trauma Centres only) e. Daily access to theatres for reconstructive microsurgery (Major Trauma Centres only) 	N	A plan was being developed, recognising that the number of births at the Trust was increasing. In practice, escalation arrangements between anaesthetists were in place. 'd' and 'c' were not applicable.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-603	<p>Risk Assessment and Management</p> <p>A system risk assessment and risk management should be in use covering risk assessment, risk management and review of risks. Risks and actions should be recorded in an up to date Divisional Risk Register. The risk management system should include feedback to staff about risks identified and action taken.</p>	N	Processes were in place but, based on discussions with staff, reviewers considered that oversight across the theatre areas was not effective. Several staff commented that they did not receive feedback on actions taken.
XG-604	<p>Service Improvement</p> <p>The service should have systems for ongoing review and improvement of quality, safety and efficiency, including at least:</p> <ol style="list-style-type: none"> Theatre utilisation Staff utilisation Review of clinical pathways with referring GPs and hospital clinicians 	N	The Quality Standard was met for the gynaecology theatres. Service improvement work was planned for the obstetric theatres.
XG-605	<p>Service Development Plan</p> <p>The service should have a development plan or strategy which brings together the staffing, training, equipment and facilities plans for the next five years in support of the Trust's business plans.</p>	N	A number of business cases had been submitted for aspects of the services, but there was no overall service development plan or strategy.
XG-701	<p>Data Collection</p> <p>Regular data collection and monitoring should cover:</p> <ol style="list-style-type: none"> Theatre utilisation, theatre session over-runs and under-runs Activity levels Timed clinical events along the patient pathway <p>Achievement of agreed timescales for responding to emergency, urgent and planned demands. Operations on 'high risk' surgical patients carried out under the direct supervision of a consultant surgeon and consultant anaesthetist</p> <ol style="list-style-type: none"> Operations on patients with a predicted mortality of >5% where the consultant surgeon and consultant anaesthetist are present for the operation 	N	Data as expected by the Quality Standard were not available at the time of the visit. Rates of elective and emergency Caesarean sections were recorded, and reviewers were told that theatre utilisation reports were reviewed by the directorate.
XG-702	<p>Audit</p> <p>The service should have a rolling programme of audit of compliance with guidelines and protocols [Qs XG-500s] and related outcomes.</p>	N	The audit programme did not yet include audits of compliance with guidelines and protocols (Qs XG-500s) and related outcomes. Some specific theatre audits were in place e.g. WHO Checklist quantitative audits, and pharmacy and record keeping audits.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-703	<p>Quality Assurance System</p> <p>The service should have a system to ensure analysis and feedback on the quality of:</p> <ol style="list-style-type: none"> Equipment management (QS XG-402) Cleanliness of theatres Preparation of clinical areas Implementation of WHO Checklist <p>Feedback to individual members of staff should be linked with appraisal and re-validation arrangements.</p>	N	<p>'d' WHO Checklist: quantitative audits were undertaken but not qualitative audits (see main report). See also main report in relation to infection control.</p>
XG-704	<p>Monitoring of Key Performance Indicators</p> <p>Key performance indicators (QS XG-701) should be reviewed regularly with Trust management and with commissioners.</p>	N	<p>No documentary evidence was available for reviewers to ascertain compliance with this Quality Standard.</p>
XG-798	<p>Multi-Disciplinary Review and Learning</p> <p>The service should have appropriate multi-disciplinary arrangements for review of, and implementing learning from:</p> <ol style="list-style-type: none"> Positive feedback, complaints, outcomes, incidents and 'near misses' Published scientific research and guidance relating to theatre and anaesthetic services 	N	<p>Multidisciplinary review and learning as defined by the Quality Standard was not yet in place.</p>
XG-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust document control procedures.</p>	N	<p>Some documentation had exceeded the review date.</p>

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