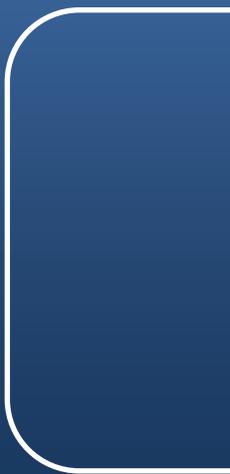


Review of Day Theatres

The Dudley Group NHS Foundation Trust

Visit Date: 13th February 2015

Report Date: May 2015



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INTRODUCTION

This report presents the findings of the review of Day Theatres that took place on 13th February 2015. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Theatre and Anaesthetic Services, Version 1, November 2013

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 which reviewed the services at The Dudley Group NHS Foundation Trust. 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:

- The Dudley Group NHS Foundation Trust
- NHS Dudley 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 Dudley Clinical Commissioning Group.

ABOUT WEST MIDLANDS QUALITY REVIEW SERVICE

WMQRS was set up as a collaborative venture by 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 The Dudley Group 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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DAY THEATRES

The day case theatres complex at The Dudley Group NHS Foundation Trust comprised a four theatre suite at Russell's Hall Hospital and one theatre at the Corbett Hospital, Stourbridge. The Russell's Hall day case ward had 18 trolleys in two bays with a dedicated seated area for ophthalmology patients and another seated area to facilitate admissions and discharges to the Unit. The Corbett day case ward had nine trolleys in one bay and also ran a seated ophthalmology clinic.

ACUTE TRUST-WIDE

General Comments

Reviewers commented that, throughout their visit, staff were welcoming, kind and open.

Concerns

- 1 The visiting team was seriously concerned about the number of out of date or 'under review' guidelines and the apparent lack of a system for centrally managing the updating of guidelines. Many of the guidelines seen by reviewers were out of date and / or 'under review', for example, 'Safe handling and disposal of sharps' which was due for review in 2011 and 'Radiation protection' which was due for review in 2013. The Trust was aware of this issue and it was documented in the Trust 'risk register'. A programme of guidelines review and updating, and implementation of a new system of guidelines management, were in progress.

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DAY SURGERY THEATRES AND WARDS

General Comments and Achievements

The management team for day surgery had all been in post for less than a year. The team was enthusiastic and had already achieved several improvements, including a significant increase in throughput through day theatres. The team was aware of issues which still needed to be addressed and had started to tackle many of them. Reviewers also commented on the multi-skilling of the day surgery staff at the Corbett Hospital.

Good Practice

- 1 Several aspects of the anaesthetic services were impressive:
 - a. Anaesthetic guidelines were clear, comprehensive and up to date.
 - b. Two Physicians Assistants were working in the department, undertaking pre-assessments, eye lists, 'block' lists and general anaesthetics under consultant supervision. Two further Physicians Assistants were being trained.
 - c. Good anaesthetic education programmes were available, including evening educational meetings every six weeks.
 - d. The paediatric equipment trolley was checked after use, sealed with a signature 'sticker' and fully checked once a week.
- 2 Patient and carer feedback mechanisms were well embedded. 'Friends and Family' cards were available and completed cards posted in a box. Comments made were collated by staff. If appropriate, responses detailing action taken were sent to individual patients. A 'roll of honour' identified staff members who had been specifically commended by patients.

- 3 The very clear handover sheet was used for handovers from theatre to recovery staff, and for handovers from recovery to ward staff.
- 4 All Operating Department Practitioners and nurses working in recovery had completed Paediatric Intermediate Life Support training.

Immediate Risks: No immediate risks were identified.

Concerns

1 Infection Control

Reviewers were seriously concerned that at least five policies covered infection control, all of which were out of date and some reflected out of date practice. Reviewers observed rusty trolleys and bins on both sites. At Corbett Hospital the trolley wheels were particularly rusty and patient tables were very old and shabby, especially the one near the sink in theatre. There was no sanitary provision in the patient's toilet on the day unit at Russell's Hall Hospital. At Russell's Hall clean equipment was stored in the sluice alongside rubbish bags. Reviewers also commented that relatively little hand gel and signs reminding staff and patients to gel or wash their hands were evident. At Corbett Hospital, a hand gel sign 'press twice' had been erected but with no hand gel beneath it. [See also 'Medicines Management' (below) in relation to storage of fluids.] At Russell's Hall Hospital, personal belongings and operating table attachments were left in the scrub room.

2 Staffing levels at Corbett Hospital

Staffing levels at Corbett Hospital were low and it was not clear from the rotas available to the visiting team that the Association for Perioperative Practice (AFPP) minimum staffing level recommendations were always achieved, although reviewers were assured that these recommendations were always met. Lists and shifts both finished at 5pm and so staff were regularly staying late in order to recover patients. Rosters showed extensive use of overtime and bank staff, with Thursdays having particularly high rates of bank staff usage. Vacancy levels were higher at the Corbett Hospital than at Russell's Hall Hospital. The Corbett Hospital was supported by Russell's Hall Hospital staff if there were particular problems, with main theatres then supporting Russell's Hall Hospital day theatres. Sickness and absence levels were high at Corbett Hospital, although this may be explained by the small number of staff based at Corbett Hospital. The problem of low staffing levels had been recognised by the management team but a way forward had not yet been agreed by senior management of the Trust.

3 Competences

Reviewers were concerned about two aspects of the recording of staff competences:

- a. Two versions of the mandatory training matrix were presented which gave different data. It appeared that the maximum levels of mandatory training were 70 to 80% (for example, information governance 74%; drug calculations 72%; manual handling 79%). Nine staff were recorded as needing training in safeguarding children of which only one was up to date. Reviewers were not certain that the data as presented were correct as staff with long-term sickness were included.
- b. At the time of the review visit it was not possible to see whether day theatre staff had appropriate competences for their work in theatres. A competence framework booklet had been developed but was not yet fully implemented. A medical devices 'passport' was also under development. Competence assessments were recorded on individual members of staff's files but there was no overview for the department. It was therefore not possible for reviewers (or the management team) easily to see whether staff had achieved all the expected competences. Also, because many of the policies were out of date, it was not clear against what criteria competences were being assessed.

4 WHO 'Safer Surgery' Time Out

A policy on implementation of the WHO 'Safer Surgery' implementation was not available. Reviewers observed the checklist being completed but 'time out' in theatre was inconsistently implemented. One theatre did this very well but in two others it was either rushed, staff did not stop other tasks and pay attention or 'closed questions' were used. One 'time out' was led by a clinical support worker and it was not clear that this individual was the recognised 'team leader'.

5 Medicines Management

Reviewers observed several issues in relation to management of medicines:

- a. Controlled drugs keys were bunched together with other keys in some areas at Russell's Hall Hospital. Wastage of controlled drugs was not recorded in the controlled drugs register and the way in which entries were written was not in accordance with latest guidance. Reviewers also noted at Russell's Hall that the same ampoule had been used for multiple patients.
- b. At Russells Hall Hospital, drug check books were loose-leaf rather than in bound books.
- c. The Trust policy shown to reviewers was that clinical support workers were authorised to administer medicines under the supervision of a 'first line registered nurse' (Medicines Management Policy, October 2012). Clinical support workers' signatures were recorded on the same list as the signatures for controlled drugs.
- d. Flammables were not stored in yellow cupboards as recommended by latest pharmacy regulations.
- e. The Trust policy on storage of fluids was not being followed. Trust policy was that fluids should not be decanted from their original boxes but, in practice, fluids were laid out in many areas of the theatre complex (clinical room, work surfaces, on trolleys and in drawers). This must have made cleaning theatres much more difficult. Pharmacy staff restocked fluids in main theatres and it was not clear why this arrangement did not also apply in day theatres.

6 Radiation Protection and Lasers

Both the radiation protection policy and the laser radiation safety policy were 'under review', having been due for review in 2013 and 2012 respectively. Laser signs did not comply with latest guidance in that they did not specify the type of laser being used.

7 Multi-disciplinary Review and Learning

The management team had good plans to introduce multi-disciplinary review and learning arrangements but at the time of the review visit these were not yet implemented. Anaesthetists had good arrangements for review and learning but multi-disciplinary arrangements involving (or cascading to) all day theatres staff were not yet in place. As a result, for example, some staff who met reviewers were not aware of changes made in response to 'never events'. This would also provide a forum for ongoing discussion of improving theatre efficiency.

Further Consideration

- 1 Day theatres were reviewed at this visit but several of the issues identified in this report may also apply to main theatres.
- 2 The Operational Policy was being revised at the time of the review, bringing together many of the previously separate policies on safe surgical operating and theatre etiquette. Reviewers considered that this work needed finalising soon so that there was a clear policy basis against which competences and implementation could be assessed.
- 3 Staff at the Corbett Hospital appeared isolated from the main team at Russell's Hall Hospital. Reviewers suggested that regular rotation of staff from Corbett Hospital onto the Russell's Hall site would prevent clinical isolation.

- 4 Good training was available for staff but some staff were not aware of this. Making staff aware of the opportunities available may help the programme of updating competences (see above). Blood transfusion training was not considered necessary for staff trained for 'scrub only'. Reviewers suggested that this policy is re-considered as these competences may be required, for example staff were sometimes required to support major operations when laparoscopic procedures had to be converted to open surgery. If this suggestion is adopted arrangements for maintaining competences will also be needed.
- 5 In general, the day theatre complex at Russell's Hall Hospital appeared over-stocked with fluids and with consumables. Reviewers suggested that reducing stock levels would reduce clutter and make cleaning easier.
- 6 The difficult airway trolley outside Theatre 4 at Russell's Hall Hospital was sealed but laryngoscopes were laid on top and so could be 'borrowed'. It may be helpful for laryngoscopes to be included within the sealed drawers to ensure availability if needed for a difficult airway.
- 7 The department may wish to consider aggregating 'Friends and Family' results and trends, and making these available to staff and patients through displays.
- 8 At Corbett Hospital there were no arrangements for safe storage of patients' valuables. Patients were advised not to bring valuables (including handbags) with them, or to give them to a relative. The nurse 'kept an eye' on valuables that were brought in but could be called away. Reviewers suggested that implementation of the same arrangements as at Russell's Hall Hospital would be easier for patients.
- 9 Support workers were responsible for entering operative times onto the theatre management system. Reviewers did not observe support workers writing down any operative times. All of the start and finish times recorded were rounded. Reviewers suggested that 'real time' recording (at least on occasions) may provide a more accurate picture of theatre activity.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Dr Abigail Akita	Consultant Anaesthetist	The Royal Wolverhampton NHS Trust
Phyllis Dunn	Lead Nurse Ambulatory Theatres	University Hospital of North Staffordshire NHS Trust
Liz Fitzhugh	Theatre Manager	University Hospitals Coventry and Warwickshire NHS Trust
Amardeep Johal	Group Manager (Theatres)	University Hospitals Coventry and Warwickshire NHS Trust

WMQRS Team

Jane Eminson	Acting Director	West Midlands Quality Review Service
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
Day Theatres			
Corbett Hospital	44	30	68
Russells Hall Hospital	44	32	73
Total	88	62	70

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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

DAY THEATRES

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
XG-101	<p>Service Information</p> <p>Patients should be offered written information about:</p> <ul 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		Y	
XG-102	<p>Procedure Information</p> <p>For each procedure, patients should be offered written information, and the opportunity to discuss this, covering:</p> <ul 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		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>	N	See main report 'further consideration' section.	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		Y	Good flipcharts were in use.

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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> <ul style="list-style-type: none"> a. Interpreter services, including access to British Sign Language b. 'Compliments and complaints' procedures 	Y		Y	
XG-199	<p>Involving Patients and Carers</p> <p>The service should have:</p> <ul 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 services c. Examples of changes made as a result of feedback and involvement of patients and carers 	Y		Y	Good arrangements were in place in pre-assessment and on the day case ward. See main report.
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		Y	

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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		Y	

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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.</p> <p>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	See main report.	Y	Bank staff were regularly used to ensure minimum AFPP guidelines were met.

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	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>	N/A		N/A	
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	This was not usually required for patients at Corbett Hospital.	N	Access to the acute pain team was not often required for day surgery patients. The acute pain team could be bleeped but did not meet the Quality Standard because it did not have physiotherapy or pharmacy staff with sessional commitments to the team.

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	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> <ol style="list-style-type: none"> Moving and handling in the theatre environment Drug administration Plastering Resuscitation Use of equipment Care of children and young people 	N	See main report	N	See main report
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>	Y	As Russell's Hall Hospital	Y	An orientation pack was used and each area had a list of what competences were required before starting work. Assessments were undertaken by the manager on duty.
XG-208	<p>Emergency Service</p> <p>Staff with appropriate competences should be available outside planned sessions including:</p> <ol style="list-style-type: none"> On call consultant anaesthetist On-site anaesthetist of grade CT3 or above (or equivalent) Emergency theatre service <p>Competences for emergency work should be maintained through appropriate Continuing Professional Development and / or daytime job-planned work.</p>	N/A		N/A	

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
XG-209	<p>Staff monitoring</p> <p>Arrangements should be in place for monitoring and reviewing staff sickness, vacancy and turnover levels.</p>	Y	Monitoring had identified problems.	Y	Sickness levels may have been affected by the relatively high number of re-deployed staff.
XG-210	<p>Team building</p> <p>The service should encourage a range of activities to develop team building and multi-professional working.</p>	Y		Y	Good arrangements were in place with lots of 'human factors' training, simulation training, a simulation laboratory, and risk and governance training. Some staff were not aware of these opportunities.
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		Y	

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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	Reviewers were told that there were sometimes problems with availability of medical records.	Y	Reviewers observed that pre-operative assessment records were not available for one patient.
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		Y	See main report 'further consideration' section.

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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> <ol style="list-style-type: none"> Appropriate privacy, dignity and security for patients (QS XG-103) Appropriate separation of children and adults Immediate availability of resuscitation equipment for children and adults which is checked in accordance with Trust policy Availability of specialist equipment when required In-theatre imaging when required 	N	See above in relation to security of patients' belongings. A metal screen separated male and female patients on the ward.	N	<p>A metal screen separated male and female patients on the ward. Children were wheeled past adult patients.</p> <p>Only one machine and radiographer was available for radiological procedures, although surgeon-operated mini C arms were also in use. Cases were therefore 'swapped around' as only one radiological procedure could take place at any one time. Reviewers suggested that the frequency with which this occurred be reviewed in order to determine whether a second machine (and radiographer) would be helpful.</p>

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	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 	N	See main report (infection control)	N	See main report (infection control)

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	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. 	N/A		N/A	

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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> <ol style="list-style-type: none"> Pre-assessment information Theatre management system Trust Patient Administration System Emails and the Trust intranet and policies On-line medical and other relevant information <p>System connectivity should be sufficient to ensure that patient details are entered once only.</p>	Y		Y	Computer screens were positioned so that they could be seen easily by anyone passing by (staff and patients). Reviewers suggested that re-positioning screens may be helpful.
XG-405	<p>Moving and Handling Aids</p> <p>Moving and handling aids should be available and appropriately maintained.</p>	Y		Y	
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 	Y	'a' was not applicable.	Y	'a' was not applicable.
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	No direct referrals were received.	N/A	No direct referrals were received.

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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 <i>Safer Surgery</i> 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>	Y		Y	
XG-503	<p>Consent</p> <p>The Trust consent procedure should be in use.</p>	Y		Y	

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	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 $\geq 10\%$ 	Y	Several guidelines were out of date.	Y	Several guidelines were out of date.

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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		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		Y	
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 	N	See main report	N	See main report
XG-508	<p>Resuscitation Policy</p> <p>The Trust resuscitation policy should be in use.</p>	Y		Y	

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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. 	Y		Y	
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.	N	See main report. Reviewers did not see any Patient Group Directives relating to drugs to take out. Reviewers were assured that these were in place.

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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	Compliance based on self-assessment as information was not available to reviewers.	Y	Compliance based on self-assessment as information was not available to reviewers.
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	The policy was 'under review'.	Y	The policy was 'under review'.

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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	Some aspects were in place but these did not cover all requirements of the Quality Standard.	N	Some aspects were in place but these did not cover all requirements of the Quality Standard.

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
XG-602	<p>Capacity Management</p> <p>The service should have a capacity management plan covering:</p> <ol style="list-style-type: none"> Expected timescales for response to emergency, urgent and planned demand Response to unexpected fluctuations in demand Response to delays in surgery and recovery Medical arbitration on priority of theatre cases (Major Trauma Centres only) Daily access to theatres for reconstructive microsurgery (Major Trauma Centres only) 	N	The policy was not clear. Some prompts were in the evidence folder. Reviewers considered this Quality Standard was applicable.	N	The policy was not clear. Some prompts were in the evidence folder. Reviewers considered this Quality Standard was applicable.
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>	Y		Y	
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	As Russell's Hall Hospital.	N	Work was starting to take place on implementation of this Quality Standard. See main report ('further consideration' section) in relation to recording of theatre utilisation.

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	Reviewer Comments
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>	Y		Y	
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 Achievement of agreed timescales for responding to emergency, urgent and planned demand Operations on 'high risk' surgical patients carried out under the direct supervision of a consultant surgeon and consultant anaesthetist Operations on patients with a predicted mortality of >5% where the consultant surgeon and consultant anaesthetist are present for the operation 	Y		Y	A good board was in use. Reviewers suggested that 'real time' recording be tried in order to improve the accuracy of data.
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>	Y	As Russell's Hall Hospital.	Y	Monthly governance meetings were in place. World Health Organisation (WHO) checklist audits had been conducted. Cleaning and environmental audits had also taken place. Pharmacy audits were also evident although the expected frequency was not clear. Many guidelines were not in place in order to be audited.

			Corbett Hospital		Russells Hall Hospital
Ref	Quality Standard	Met?	Reviewer Comments	Met?	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 <i>WHO Checklist</i> <p>Feedback to individual members of staff should be linked with appraisal and re-validation arrangements.</p>	N	As Russell's Hall Hospital.	N	Problems were being identified but it was not clear that this was part of an ongoing system, including feedback to staff.
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>	Y	As Russell's Hall Hospital.	Y	Monitoring of key performance indicators had started shortly before the review visit.
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	See main report.	N	See main report.
XG-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust document control procedures.</p>	N	See main report (Trust-wide section)	N	See main report (Trust-wide section)

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