

Review of Theatres and Anaesthetics

Burton Hospitals NHS Foundation Trust

Visit Date: 18th November 2015

Report Date: February 2016

Images courtesy of NHS Photo Library



INDEX

Introduction.....	3
Theatres And Anaesthetics	4
Appendix 1 Membership of Visiting Team	8
Appendix 2 Compliance with the Quality Standards	9

INTRODUCTION

This report presents the findings of the review of Theatres and Anaesthetics that took place on 18th November 2015. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- WMQRS Theatre and Anaesthetic Services, Version 1.1, 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 that reviewed the services in Burton Hospitals 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:

- Burton Hospitals NHS Foundation Trust
- NHS East Staffordshire 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 East Staffordshire 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.wmqrns.nhs.uk

ACKNOWLEDGMENTS

West Midlands Quality Review Service would like to thank the staff and service users and carers of Burton Hospitals 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.

Return to [Index](#)

THEATRES AND ANAESTHETICS

General Comments and Achievements

Reviewers were impressed by the positive approach of staff who they met during the visit. Staff were generally proud of their community-focused hospital and were aiming to improve the quality of services even in the face of some difficult problems. Staff who met reviewers were committed, hard-working and loyal to the work of the Trust. The Trust had a good programme of senior leadership development. The theatre management team was relatively new in post but was working hard to improve the services provided. The team was visible and approachable, and their pragmatic approach was welcomed by staff. Equipment within theatres was good and the environment was clean and uncluttered.

Theatre staff had worked hard to establish a culture of compliance with the WHO *Safer Surgery* checklist, and staff at all levels were engaged with this work. Audit of compliance was ongoing (see 'good practice' below), and the theatre management team was aware of the need for further work (see 'further consideration' below).

Specific achievements noted by reviewers were a good 'care of bariatric patients in theatre' policy and good management of fluids in the Treatment Centre, including a good policy that was being fully implemented.

Good teamwork between obstetricians, anaesthetists and midwives was evident. The Delivery Suite had a good system of mobile invasive monitoring equipment and staff training in managing arterial lines, which had reduced the number of admissions to critical care. Work to improve care for patients with needle phobias was taking place, including staff training on different types of needle phobias and the best approach to the care of these patients.

A three-monthly multi-disciplinary meeting of surgeons, anaesthetists and theatre staff was planned in order to improve review and learning within the service further.

Good Practice

- 1 A morning 'team brief' took place on the Delivery Suite and was attended by all relevant staff, including the theatre team. This enabled good communication about patients and helped with planning the use of theatres.
- 2 Two-monthly quality assurance processes for the WHO *Safer Surgery* checklist were running, one of which was undertaken by theatre staff. The other audit was run by FY2 doctors, which helped to engage surgical staff and provided good training for surgical trainees.
- 3 A good range of mechanisms for review and learning was in place. The Theatre Matron met weekly with staff, Operating Department Practitioners also had weekly meetings, and so did staff on the Delivery Suite. A notice board was used to give daily information on incidents and anything that had gone particularly well the previous day, and a pink governance folder in the theatre tea room provided information on relevant topics; its contents were updated regularly. Theatres were part of Trust-wide feedback mechanisms, and a system for the recognition of the work of individual staff members was in place.
- 4 Obstetric anaesthetists ran two pre-assessment clinics, one for elective patients, which included information about the enhanced recovery programme, and the other for high-risk patients.
- 5 An enhanced recovery programme following Caesarean Section was running, which included pre-admission information and self-administered medication. Appropriate patients were therefore able to go home the day after their Caesarean Section.
- 6 Pre-admission units in both the Treatment Centre and the Elective Admissions Lounge were very well organised. Facilities were good, flow of patients had been very well thought out and operational details, including the organisation of patient notes for each anaesthetist, helped to improve 'flow'. Facilities were good and a wide range of high quality patient information was available. Nurses specialising in the care of people with dementia and those with learning disabilities were present in the pre-admission areas.

Immediate Risks: No immediate risks were identified.

Concerns

1 Staffing levels

Staffing levels (nurses and Operating Department staff) were insufficient for the work being undertaken, as a result of recruitment, retention and sickness problems. Theatres had 15.3 vacancies among an establishment of 116. Some nurses had been recruited to the hospital, but it was not clear if they would choose to work in theatres. Twenty-one staff were not at work at the time of the review, because of sickness or maternity leave. Sickness levels were an average of 7.5% compared with a national target of 3.2%. Use of agency staff was therefore high, and some lists had to be closed when staffing levels were insufficient. Theatres regularly ran with only one 'scrub' nurse (rather than the expected two). The number of nursing vacancies had increased over the months preceding the review. Operating Department Practitioners had managed to recruit additional staff and hoped to be staffed to their establishment by March 2016.

The theatre management team had worked hard to try and recruit additional staff, and their concerns about staffing were identified on the Trust risk register.

2 Management of Controlled Drugs

Reviewers were concerned about several aspects of the management of Controlled Drugs (CDs). Reviewers considered that, in combination, these issues meant that it could be very difficult to track the location of CDs, and to identify which staff had keys, in the event of an incident. In the time available reviewers were not able fully to triangulate practice, Trust policy and national guidance for all aspects of the management of CDs. Reviewers suggested therefore that the Trust should check that its policy complies with latest national guidance.

- a. A 'reservoir' of CDs was held in recovery, from which CDs were distributed to individual theatres. The recovery area CD stock book was used to record stock issued to theatres and to individual patients. This arrangement was covered by an out of date Trust policy but was not mentioned in the latest (November 2014) policy on the management of drugs. Reviewers were told that the previous policy was an appendix to the new policy and so was covered by the update of the general policy. Whether or not the arrangement was allowed by the Trust policy, reviewers considered that it did not constitute good practice and that a more usual arrangement was for each theatre to hold, order and manage its own CDs.
- b. Signatures in the CD books were generally legible, but on some occasions only initials were recorded. Also, there was no list against which signatures could be checked. Reviewers were told that pharmacy had a list of signatures.
- c. Keys to the CD cupboard in the admissions lounge were kept in an unlocked drawer because staff were required to leave the department frequently on clinical duties.
- d. CD checking books were spiral bound rather than fully bound. This had the potential for pages to be removed without any evidence being left.

3 Theatre Etiquette and Infection Control

Reviewers observed several staff in 'scrubs' but wearing jewellery. Staff appeared to go to lunch in 'scrubs', which was contrary to the Trust policy. Reviewers also observed someone in outdoor clothes in the central section of the orthopaedic theatres. Reviewers also commented that it was not very clear when visitors were entering the theatre environment, where hand gelling was expected and from what point only staff in 'scrubs' were allowed. Clearer delineation of theatre areas may be helpful in addressing theatre etiquette.

4 Fasting times for non-elective (emergency) patients

All patients needing emergency operations the next day were fasted from midnight. Patients were not given water overnight and there was no variation in the fasting policy for patients who were particularly frail, who were awake during the night or for whom the likely theatre time was later in the day. A meeting took place at 8am to plan the day's theatre lists. Patients for afternoon lists continued to fast until they went to theatre. Reviewers were told of extreme cases, especially for trauma lists, when patients had been fasted for up to 18 hours before their operation.

5 Document control

Several of the policies and guidelines were out of date, including the policies on controlled drugs and management of acute pain, and some, such as the complaints policy, were old versions. The policy on arterial sampling was undated.

Further Consideration

- 1 Some patients could stay in the recovery area for at least six hours after coming out of theatre because a bed was not available and the recovery area was used for ITU 'overflow' when ITU was full. Some patients were discharged home from recovery. Reviewers were told that this was not a major problem. Reviewers recommended that the Trust should monitor this situation on an ongoing basis to ensure inappropriate use is not being made of the recovery area.
- 2 Improved forward planning of lists may help to improve staff morale (and therefore retention of staff). Reviewers were told that consultants gave six weeks' notice of any theatre cancellations, and rotas were given out four weeks in advance. Theatre lists were then changed up to two weeks beforehand and changes could involve both increased and decreased staffing. This could cause particular problems for nursing staff because of the high level of vacancies. The theatre management team was aware of this problem and had made some changes before the review visit. Reviewers suggested that further work to try and minimise the number of changes made at two weeks in advance may be helpful.
- 3 Reviewers made some suggestions for improving implementation of the WHO *Safer Surgery* checklist:
 - a. Reviewers witnessed two patients being brought into theatre before the first 'sign in'. The consent form was not incorporated into the WHO checklist, and allergies for these patients were not recorded on the board. Reviewers were told that this was because the patients were awake. Reviewers considered that the same process should be followed whether or not the patient is awake, especially as some patients may be confused or may not hear clearly what is being said.
 - b. In some theatres the consent form was not checked prior to starting the operation.
 - c. Reviewers were told (but did not witness) that sometimes patients were brought into theatre, patient identity was checked and the patient was prepared before the 'time out'. Reviewers suggested that the 'time out' should always take place before patients were prepared.
 - d. Reviewers were also told that 'de-briefs' were incomplete in approximately 50% of cases. This had been identified through audits, and work was taking place to address this issue.
- 4 Theatre utilisation had improved from 54% to 73%. The theatre utilisation boards still showed several gaps. This may be because the Trust does not plan to use its theatre capacity. Reviewers considered that a careful balance was needed between improving theatre utilisation and increasing pressure, especially on nursing staff.
- 5 Reviewers were told of regular theatre over-runs of up to 90 minutes by a few surgeons. The theatre management team was aware of this problem and had met with individual departments and surgeons. Senior management support may be needed to ensure progress is maintained, especially because of the impact of over-runs on staff morale and staff retention. Reviewers also suggested that the start time for afternoon lists should be clarified. Reviewers were told by some staff that afternoon lists started at 1.30pm

and by others that the time was 2pm. 'Knife to skin' on two of the lists observed did not take place until 2.15pm.

- 6 In the Treatment Centre keys for the Controlled Drugs cupboard and for other areas were kept together and were held by the Theatre Coordinator. When patients in the Day Unit required analgesia, the person in charge of the Day Unit had to ask or bleep staff in the theatres for the CD keys to access the Day Unit drug cupboard. Previously, ward staff had held the controlled drug key but, as theatre staff required access to the drugs more often, the process had been changed. Reviewers suggested that the Trust may wish to monitor whether this change in practice was increasing the time patients on the Day Unit were waiting for analgesia.
- 7 Advice given at pre-assessment on medication which could and could not be taken appeared to be inconsistent between some surgeons and some anaesthetists. Reviewers suggested that further work is undertaken to ensure consistency of advice.

Return to [Index](#)

APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team

Dr Nike Akinwale	Clinical Director Theatres, Anaesthetics & Critical Care	Walsall Healthcare NHS Trust
Dr Abigail Akita	Consultant Anaesthetist	The Royal Wolverhampton NHS Trust
Linda Comyns	Principal ODP Lead Clinical Facilitator	University Hospitals Coventry & Warwickshire NHS Trust
Phyllis Dunn	Lead Nurse Ambulatory Theatres	University Hospitals of North Midlands NHS Trust
Liz Fitzhugh	Theatre Manager	University Hospitals Coventry & Warwickshire NHS Trust
Cheryl Gilbert	Head of Nursing	Walsall Healthcare NHS Trust
Debra Jones	Matron Theatres and Day Surgery	Heart of England NHS Foundation Trust
Mr Martin Sintler	Consultant Breast and General Surgeon	Sandwell & West Birmingham Hospitals NHS Trust

WMQRS Team

Sarah Broomhead	Assistant Director	West Midlands Quality Review Service
Jane Eminson	Director	West Midlands Quality Review Service

Return to [Index](#)

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 QS Applicable	Number of QS Met	% Met
Theatre & Anaesthetic Services			
Burton Hospitals NHS Foundation Trust	47	39	83

Pathway and Service Letters

XG-	Theatre and Anaesthetic Services
-----	----------------------------------

Topic Sections

The sections cover 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

Return to [Index](#)

Ref	Quality Standards	Met? Y/N	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	Good pre-admission information was available.
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	
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	Privacy and dignity for patients was good throughout the service.
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> <ul style="list-style-type: none"> a. Interpreter services, including access to British Sign Language b. 'Compliments and complaints' procedures 	Y	Nurses specialising in the care of people with dementia and those with learning disabilities were present in the pre-admission area.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	Trust-wide feedback mechanisms included four questions specific to theatres. Staff were well aware of the feedback process and made good use of the results.
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	

Ref	Quality Standards	Met? Y/N	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.
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	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-205	<p>Acute Pain Team</p> <p>An acute pain team should be available including:</p> <ul style="list-style-type: none"> a. Consultant anaesthetist with sessional commitments to the team b. Specialist nurse with specific competences in the management of acute pain c. Other medical, nursing and operating department practitioner staff as required for the number of patients and the complexity of their needs d. Pharmacist with sessional commitments to the team e. Physiotherapist with sessional commitments to the team 	N	The acute pain team did not have a pharmacist or physiotherapist with time allocated to the team, but each ward had a pharmacist or physiotherapist with time allocated.
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 	Y	Records of individual training and compliance by topic were available, but there was no overview of the achievement of theatre-specific staff competences. The theatre management team was working with the human resources department about the presentation of the information.
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	Induction was in place for new starters, agency, bank and locum staff. Reviewers were told that agency staff had to show competences. The scrub competences document was 40 pages long and was mostly generic. It was not clear that new starters would always have relevant competences before starting work. The information available to reviewers was not specific about anaesthetic staff or health care assistants.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	The on-site anaesthetist was sometimes a senior CT2 rather than CT3.
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>	Y	Simulation was used extensively in main theatres and in obstetric theatres.
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> <ol style="list-style-type: none"> IT support Hospital porters Patient transport Security Cleaning Linen supplies Logistics and sterile services Pharmacy, covering advice and supply of drugs and medical gas testing Infection control advice Medical records Pathology Imaging Plastering (if not part of Theatre and anaesthetic service) Electronic and Bio-Medical Engineering 	Y	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	One of the policies was out of date.
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	Good facilities were available. There was also a good tracking system for equipment.
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	

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	It had been agreed by the Trust Transfusion Group that cell salvage would not be available because of the low demand and therefore difficulty in staff being able to maintain their competence.
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	An update of the IT system was planned.

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-405	<p>Moving and Handling Aids</p> <p>Moving and handling aids should be available and appropriately maintained.</p>	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	
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	
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>	Y	Guidelines were generally in place. 'k' required finalisation.
XG-503	<p>Consent</p> <p>The Trust consent procedure should be in use.</p>	Y	

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 $\geq 10\%$ 	Y	Significant progress had been made over the previous six months.
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	The chronic pain service was provided in primary care.

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	A good Trust newsletter on infection control was available. All equipment and theatres seen by reviewers were clean.
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. 	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.

Ref	Quality Standards	Met? Y/N	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	Histopathology services had been linked to Derby; this had implications for the management of Formalin that needed to be considered.
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	
XG-601	<p>Operational Policy</p> <p>A Theatre and Anaesthetics Service Operational Policy should be in use covering at least:</p> <ol 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	<p>See main report in relation to professional behaviour in the theatre environment.</p> <p>‘b’: Guidelines covering visiting in the operating department were in draft form.</p> <p>‘k’: The policy on releasing a body from the ward environment did not cover the death of patients in the theatre environment. Staff would access the policies and information about organ donation kept on the Intensive Care Unit.</p> <p>‘j’: Reviewers did not see a policy covering safeguarding children and vulnerable adults in the Operating Theatre (although reviewers did see an A4 sheet on the corridor).</p>

Ref	Quality Standards	Met? Y/N	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	A generic Trust policy was available but this did not include anything specific to theatres. See main report ('further consideration' section) in relation to the use of recovery.
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	Staff were aware of the risk register, and the risk register was up to date.
XG-604	<p>Service Improvement</p> <p>The service should have systems for on-going 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 	Y	See main report ('further consideration' section).
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	

Ref	Quality Standards	Met? Y/N	Reviewer Comments
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	Data collection was improving, and data sets were starting to be developed. Data on 'd', 'e' and 'f', although available, could not be collated and were therefore not easily available. The service was collecting information on utilisation, and utilisation was improving.
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	Evidence of actions following audits was not available.
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>	Y	Audit of 'd' was ongoing.
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	Key Performance Indicators were monitored but not discussed with commissioners.
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 	Y	See main report ('good practice' section).

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XG-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with Trust document control procedures.</p>	N	<p>Several of the policies and guidelines were out of date, including the policies on controlled drugs and management of acute pain, or old versions, such as the complaints policy. The policy on arterial sampling was undated.</p>

Return to [Index](#)