WM QRS West Midlands Quality Review Service

NHS

Review of Theatre and Anaesthetic Services

Walsall Healthcare NHS Trust

Visit Date: 25th February 2016 Report Date: June 2016

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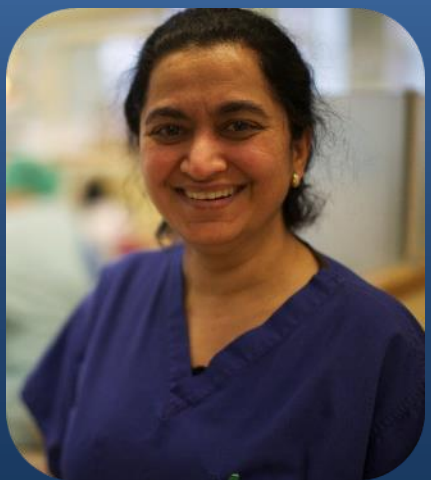

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INTRODUCTION

This report presents the findings of the review of theatre and anaesthetic services that took place on 25th February 2016. 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 1.1, 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 in the Walsall Healthcare NHS 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:

- Walsall Healthcare NHS Trust
- NHS Walsall 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 Walsall 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 the Walsall Healthcare NHS 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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THEATRE AND ANAESTHETIC SERVICES

The Care Group for Theatres, Anaesthetics and Critical Care Services at Walsall Manor Hospital were part of the Division of Surgery. Twelve operating theatres were in use at the time of the visit. The West Wing (in-patient) suite consisted of five theatres (theatres 1, 2, 3, 5 and 6) and a recovery area with six bays. Two of the bays were used by the intensive care unit when required. The Out-Patient Day Case Centre suite consisted of four theatres (theatres 7, 8, 9 and 10) and a recovery area with eight bays. The Family Health and Diagnostic suite had three theatres (theatres 11, 12 and 14) and a recovery area with five bays.

General Comments and Achievements

Staff who met the visiting team were friendly, welcoming and open. Good team-work within theatre and anaesthetic services was evident. Good support for staff who were new to the theatre environment or new to the Trust was also evident. Reviewers commented on the positive culture of hard work, caring and learning. Some of the band 7 nurses were newly appointed and were starting to develop the service and drive improvements. Good support for staff training, students and trainees was available from a practice facilitator, although the practice facilitator was also required to help in the recovery area. The risk register was comprehensive and up to date, and clearly identified when actions had been completed.

Children went into theatre through a separate entrance, which ensured good separation from adult patients. Arrangements for access to interpreters and support for patients who were deaf were in place.

Pre-admission arrangements were well organised, including time 'slots' for patients who had been seen in clinic that day, which saved patients making a second journey. All staff in theatre, including surgeons, engaged well with the team briefs and de-briefs. Multi-disciplinary airway workshops had been held with ENT and Emergency Department staff. As part of the major haemorrhage policy a consultant haematologist would come to theatres, and reviewers were told that this happened in practice.

The new theatre suite had a good, well-organised storage room. Obstetric theatres had a 'quality board' display, which it may be helpful to replicate in other theatres.

Good Practice

1 Smart Boards clearly identified roles and responsibilities in the event of problems arising in theatres. Implementation of the Smart Boards had been supported by multi-disciplinary training, and the 'smart' roles were identified at each team brief.

2 Many of the Operating Department Practitioners (ODPs) and theatre nurses were dual-trained or could undertake dual roles. This resulted in theatre staff being able to be used very flexibly.

Immediate Risks

1 Resuscitation trolleys were not checked regularly and some equipment was missing from the trolleys seen by reviewers. Checks were recorded in a diary that did not clearly identify whether or not the theatre was working, which made it difficult to know if a check was required. Different formats for recording checks were used in different theatres[1].

Concerns

[1] **Trust Response:** We have made it the Team Leader for Anaesthetics responsibility for ensuring that this daily check is carried out to the required standard. We have notified the Team Leader that if the Theatre is 'not in use', then that is to be clearly recorded against that day. A tool-kit has been introduced to be completed by our Lead Nurses every 7 days and results included in the monthly audits by the Matron which are to be fedback at the monthly meetings. We do have different books for the resuscitation trolley and difficult intubation trolley, however, we have agreed to standardise these accordingly. We have already had a meeting with the Team Leader and Lead Nurse regarding this and a SOP has been agreed and implemented.
WMQRS response: The actions address the immediate risk identified.

1 **WHO *'Safer Surgery'* Checklist**

Reviewers observed several theatres, especially those in the Family Health and Diagnostic suite, where staff were not paying attention during the 'time out' session.

2 **Staffing Levels**

Reviewers were concerned about several aspects of the staffing of theatres and anaesthetic services:

a. Association for Perioperative Practice guidelines on staffing were not always met and sometimes only three theatre staff were in a theatre (rather than four as recommended).

b. The Arrivals Area had only two registered nurses on duty. This level of staffing may have been appropriate when this area was used only for day cases, but at the time of the review the area was used for the majority of elective admissions. There were also insufficient chaperones for the number of patients.

c. Some staff who met reviewers commented that they were allowed to access only mandatory training in work time and that other training had to be done in their own time, even when the training, for example ECG training, was relevant to their role.

d. Only two ODPs were on duty for the obstetric theatres, one for emergencies and one for electives. When the elective Caesarean Section list was running, the ODP who was on duty for emergencies would help in recovery if not busy with an emergency. If an emergency Caesarean Section was then needed a member of staff from theatre 2 (the emergency theatre) would come and help in recovery and the ODP would return to the emergency theatre, leaving one ODP between recovery and the elective theatre. This process was not, however, documented and this issue was not included on the risk register. Funding for a second ODP for the elective lists was available but recruitment to this role had not been successful.

e. The consultant obstetrician on call for the delivery suite undertook the elective Caesarean Section lists while notionally available for deliveries and emergency Sections. If two consultant obstetricians were needed at the same time then support was called from the clinic but this could result in a delayed response.

3 **Flow of Patients through Theatres**

Several aspects of the flow of patients through theatres were of concern to reviewers:

a. The Arrivals Area / Admissions Ward was too small for the number of patients coming through the facility. Patients were seen in individual rooms but there were not enough rooms, and so nursing staff, anaesthetists and surgeons had to wait for a room to become available. The recovery area was being used for seeing patients pre-operatively. Privacy and dignity in this area was not good, although patients were still dressed. Patients had to go back to the Arrivals Area if they needed the toilet. Flow through this area was also hindered by the shortage of registered nursing staff (see above), a shortage of chaperones and, at the time of the review, the sickness of the member of staff providing administrative support. There were also problems with medical records not being available and ready.

   These problems resulted in a poor experience for patients, poor use of surgeons' and anaesthetists' time, frustration for staff and theatre sessions not starting on time. They also had an impact on the teaching that could be provided to staff in training. Plans for a larger area were in place but these relied on the completion of a new intensive care unit which was scheduled to open in approximately 18 months' time.

b. Theatre over-runs were common. This may be related to the planning of theatre sessions. Team briefs were scheduled for 8.45am, and patients were then in the anaesthetic room by 9am. 'Knife to

skin' was therefore always going to be significantly after 9am. Earlier starting times were, however, difficult to achieve because of delays in the Arrivals Area / Admissions Ward.

c. Use of recovery areas (see below).

d. The day case ward was regularly used for in-patients from surgical wards who were expected to be discharged that day. The ward was also used for medical day patients. As a result, day case patients were often not able to be admitted to the ward in the morning.

4 **Recovery Areas**

The use of recovery areas did not represent the best use of the facilities available:

a. The fire door out of the main recovery area, designed to be used in an emergency, was being used regularly to bring patients into and out of recovery. This was an inappropriate use of a fire door and other patients in recovery were visible from the corridor when the door was open, which compromised their privacy and dignity. The door was heavy, which made manoeuvring patients more difficult for staff. Reviewers were aware that the alternative route was much longer but considered that, if the shorter route was to be used, an appropriate door and arrangements for ensuring other patients' privacy and dignity should be in place.

b. In the time available, reviewers were not able fully to determine whether capacity in the main recovery area was sufficient for the mix of patients but were told that limits to capacity contributed to delays in emergency surgery.

c. The main recovery area was used for recovery of day cases and major cases. This mixture made it more difficult for staff to manage patients and achieve an effective flow of patients through the area. The experience for day patients was also sub-optimal.

d. The main recovery area was also used for seeing patients pre-operatively. Although understandable, given the very limited facilities in the Admissions Area, this did not provide good privacy for patients and was not an appropriate use of this area.

e. The recovery area adjacent to the intensive care unit appeared also to be used for storage of equipment and trolleys. This may be because it was used for over-flow of patients needing intensive care. The area did not appear to be fully set up for either purpose.

5 **Infection Control**

Several issues relating to infection control were of concern to reviewers:

a. The theatre 2 anaesthetic room, and in particular the anaesthetic machine drawer and cupboard doors, was not clean. The suction machine in the theatre 2 anaesthetic room had not been changed since the previous day. Reviewers also noted tape on the walls.

b. The cleaning checklist displayed on a cupboard door in one theatre recorded that the last cleaning was in January. Another cleaning checklist was on a dry-wipe board and did not provide a permanent record. The cleaning checklists did not identify days when the theatre was not used and so it was not clear whether 'non-checked' days were due to non-use or to the theatre not being cleaned.

c. The timescales for emptying and cleaning suction machines in recovery were not clear.

d. Expected theatre etiquette did not appear to be being implemented robustly. A 'red line' was in place, but reviewers observed one member of staff in theatre in outdoor clothes, one member of staff with a hooded top in theatre and one anaesthetist in shoes that were not appropriate for the theatre environment. Some lanyards with multiple badges were worn in theatres and some staff were wearing necklaces in theatre. One surgeon had a mobile phone on while in theatre.

e. Reviewers observed laryngoscopes that were left out without their packets. This meant that the decontamination route could not be checked. (NB. This issue was relevant because single use equipment had not been implemented.)

6 **Storage of Drugs**

Storage of drugs in theatres was inconsistent. Some drugs were in their original packaging while others were stored in a drawer without their packaging. Saline and lignocaine were stored out of their boxes and adjacent to each other.

7 **Equipment**

Anaesthetic machines were checked and this was recorded on the WHO '*Safer Surgery*' checklist. No check was recorded, however, and kept with the actual anaesthetic machine. This meant that there would be no record with the machine if it had been moved or to show that a 'first user check' had been recorded after servicing. Some equipment was missing.

Further Consideration

1 Reviewers considered that the space available may be able to be used more effectively. For example, some anaesthetists commented on the need for extended recovery and the difficulties of providing this in the current facilities. The area adjacent to the intensive care unit appeared to be appropriate for this. Two theatres were closed at the time of the review. Reviewers also wondered about the potential for greater daytime use of the West Wing recovery area and whether another area could be found for medical day patients, rather than them being on the day case ward. None of these suggestions would resolve the problem of the shortage of space in the Arrivals Area / Admissions Ward, but reviewers considered that a fundamental re-look at the usage of the space available in relation to capacity, demand and patient flow may be helpful.

2 The recovery area appeared to reviewers to be relatively well staffed, with six staff on duty daily for eight theatres. Staff working in recovery commented, however, that they were short-staffed and reviewers were told that the practice facilitator was often called to help in the recovery area. It may be helpful to review staffing levels at the same time as looking at utilisation of theatre space (see 'Further Consideration 1')

3 Staff were going into and out of theatre through the main doors even when packs were open and patients were awake. Reviewers understood that this was happening because of the lack of an alternative access route. Reviewers suggested that the expectations about entering and leaving theatre through the main doors should be reviewed, and implementation of the agreed arrangements monitored.

4 Staffing rotas did not identify roles and were not displayed. It was therefore not easy to see where there were problems with staffing. Reviewers suggested that making rotas visible may help communication about staffing levels and make collaborative responses to staffing problems easier.

5 Approaches to two-way communication with theatre staff may benefit from review. A communication book was available but additional mechanisms for communication may be helpful. Senior staff attended monthly meetings but other staff found it difficult to go to these because of list over-runs. Attendance at audit meetings was also difficult because theatre staff were either in theatre or not on duty. Reviewers considered two-way communication to be particularly important because of the potential for pressure on staff (for example, through list over-runs and limited time for training) to have an adverse impact on staff morale and staff retention.

6 The elective Caesarean Section list took place in the afternoon. This resulted in babies being born later in the day, and reviewers were told that the start of the list could be delayed due to the morning list over-running. As well as the impact on mothers who were waiting, especially when the list was delayed, any problems with the mother or baby happened later in the day when less support may be available. It may be helpful to consider whether elective Caesarean sections could take place earlier in the day.

7 Reviewers were told that only one or two people were trained to use the cell saver. Reviewers suggested that a clear decision should be taken on the use of the cell saver and, if used, sufficient staff should be trained to ensure a member of staff was always available. If so, reviewers suggested that training theatre 2 staff for this may be helpful.

8 Ultrasound imaging equipment for central venous access was not available in the obstetric theatres. Reviewers were told, however, that there were never problems in accessing appropriate ultrasound equipment. Reviewers suggested that this should be audited. If the arrangements in place at the time of the review continue, these should be clearly documented, especially to help staff who may be unfamiliar with the theatre, so that there is no delay in accessing appropriate equipment.

9 Arrangements for ensuring controlled drugs registers and order books were locked when theatres were not in use were not clear to reviewers. It may be helpful to audit this to ensure these arrangements are robust.

10 The theatre operational policy required two weeks' notice of patients with latex allergy or needing laser surgery or cell salvage. This timescale did not appear realistic for many patients and the policy may benefit from review.

11 Overshoes were being given to parents accompanying their child into the anaesthetic room. Reviewers believed that this was not necessary and was generally considered to be an infection control risk because of contact with the soles of shoes and the particles gathered up from the floor spreading onto hands and in turn to door handles.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Linda Comyns	Principal Operating Department Practitioner; Lead Clinical Facilitator	University Hospitals Coventry & Warwickshire NHS Trust
Dr Dori Ann McCulloch	Consultant Anaesthetist	University Hospitals of North Midlands NHS Trust
Sally Payne	Senior Matron – Theatres & Anaesthetics Directorate	University Hospitals of North Midlands NHS Trust
Claire Saunders	Operating Department Practitioner, Senior Team Leader	Burton Hospitals NHS Foundation Trust
Paula Seery	Modern Matron, Day Surgery Unit / Main Theatres	University Hospitals Coventry & Warwickshire NHS Trust
Dr Sue Smith	Consultant Anaesthetist and Divisional Medical Director	The Royal Wolverhampton NHS Trust
Susan Smith	Theatre Manager	George Eliot Hospital NHS Trust

WMQRS Team

Jane Eminson	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
Theatre and Anaesthetic Services	48	33	69

Pathway and Service Letters

XG-	Theatre and Anaesthetic Services

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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THEATRE AND ANAESTHETIC SERVICES

Ref	Quality Standard	Met? Y/N	Reviewer Comments
XG-101	**Service Information** Patients should be offered written information about: 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	
XG-102	**Procedure Information** For each procedure, patients should be offered written information, and the opportunity to discuss this, covering: 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	Some good information was available through EIDO Healthcare Ltd. Other information was relatively basic, with no Trust logo. Some of the wording may benefit from review; for example, abbreviations were used without explanations.
XG-103	**Privacy, Dignity and Security** 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.	Y	Arrangements for pre-assessment in the recovery area had limited privacy and dignity. Privacy and dignity were preserved as patients were still dressed, but the use of the recovery area for pre-assessment was not a good environment for patients (see main report).
XG-104	**Communication Aids** Communication aids should be available to help patients with communication difficulties to participate in decisions about their care.	Y	
XG-196	**General Support for Service Users and Carers** Patients and carers should have easy access to the following services. Information about these services should be easily available: a. Interpreter services, including access to British Sign Language b. 'Compliments and complaints' procedures	Y	Access to interpreters was well-organised and good information about interpreters was available.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
XG-199	**Involving Patients and Carers** The service should have: 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	N	Feedback forms were used but there were no examples of changes made to theatre and anaesthetic services as a result of feedback from patients and carers. Feedback forms did not explicitly ask about patients' experience of theatres. Mechanisms for involving patients and carers in decisions about the organisation of the service were not clear.
XG-201	**Leadership** 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.	Y	
XG-202	**Service Leads** Leads for, at least, the following areas should be identified: 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 Standard	Met? Y/N	Reviewer Comments
XG-203	**Staffing Levels** 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.	N	See main report.
XG-204	**Obstetric Anaesthesia Duty Anaesthetist** A duty anaesthetist competent to undertake duties on the delivery suite should be: a. Immediately available for emergency work on the delivery suite 24/7 b. Resident on-site in units offering a 24 hour epidural service c. Able to delay other responsibilities should obstetric work arise All duty anaesthetists should have completed an initial assessment of competence in obstetric anaesthesia (IACOA) or have equivalent competences before undertaking unsupervised obstetric work.	Y	
XG-205	**Acute Pain Team** An acute pain team should be available including: 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	Y	A lead consultant was available with 1PA per week allocated for this work. An acute pain nurse was available Monday - Friday.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
XG-206	**Competence Framework and Training Plan** 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: 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	Reviewers were told that a competence framework and training plan were in place but did not see any evidence at the time of the visit.
XG-207	**New Starters, Agency, Bank and Locum Staff** 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.	Y	
XG-208	**Emergency Service** Staff with appropriate competences should be available outside planned sessions including: a. On call consultant anaesthetist b. On-site anaesthetist of grade CT3 or above (or equivalent) c. Emergency theatre service Competences for emergency work should be maintained through appropriate Continuing Professional Development and / or daytime job-planned work.	Y	
XG-209	**Staff monitoring** Arrangements should be in place for monitoring and reviewing staff sickness, vacancy and turnover levels.	Y	This was undertaken by band 7 nurses. It was not clear that these nurses all monitored and managed staffing levels in the same way. Sharing and agreement of a consistent approach may be helpful.
XG-210	**Team building** The service should encourage a range of activities to develop team building and multi-professional working.	Y	Reviewers saw evidence of lots of Trust-wide activities, and the theatre staff had a Christmas lunch. Reviewers suggested that further theatre-specific team building may be helpful.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
XG-299	**Administrative, Clerical and Data Collection Support** 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.	Y	The sickness of Arrivals Area staff at the time of the review was leading to additional pressure on this part of the patient pathway (see main report).
XG-301	**Support Services** Timely access to the following services should be available: 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	N	Medical records support was available but was not effective. Reviewers were told of several delays or difficulties with availability of records, and observed the problems that this caused.
XG-302	**Blood and Transplant** Appropriate arrangements should be in place for: a. Supply and storage of blood products b. Other NHS Blood and Transplant storage requirements (if applicable)	Y	
XG-401	**Facilities and Equipment** 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: 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	N	See main report in relation to resuscitation equipment ('c'). See Quality Standard XG-103 in relation to privacy and dignity for patients receiving pre-assessment in the recovery area.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
XG-402	**Equipment Management** The service should have arrangements for equipment management covering: 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 Standard	Met? Y/N	Reviewer Comments
XG-403	**Delivery Suite Equipment** The following facilities and equipment should be available within the Delivery Suite: 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	Dantrolene was held in the main recovery area and not in the delivery suite. All other aspects of the Quality Standard were met.
XG-404	**IT system** IT systems for storage, retrieval and transmission of patient information should be in use. Theatre and anaesthetic staff should have access to: 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 System connectivity should be sufficient to ensure that patient details are entered once only.	Y	The Operating Room Management Information System (ORMIS) was in use.
XG-405	**Moving and Handling Aids** Moving and handling aids should be available and appropriately maintained.	Y	A good policy on positioning patients was in use.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
XG-406	**Specialist Equipment** The service should have access to appropriate equipment, moving and handling aids and patient gowns to meet the needs of: a. Bariatric patients b. Adults and children with physical disabilities	Y	The sling used for bariatric patients went with them to the ward.
XG-501	**Referral Information** Guidelines on information to be sent with each referral should have been agreed and circulated to all referring GPs and referring hospital clinicians.	N	No documentation was seen. This Quality Standard was applicable as direct referral to anaesthetists for people with chronic pain was available.
XG-502	**Patient Pathway Guidelines** Guidelines should be in use covering: a. Pre-assessment, including antenatal referrals b. Pre-operative care c. Assessment prior to anaesthesia and procedure d. Range of anaesthetic techniques normally offered for each procedure e. Use of WHO *Safer Surgery* Checklist f. Anaesthetic assistance throughout the procedure. g. Monitoring during anaesthesia and recovery h. Post-operative care i. Post-surgery review j. Recognition and treatment of complications, including involving other services as required k. Anaesthesia in the CT and MRI environment l. Use of ultrasound during anaesthesia m. Anaesthesia in the plaster room n. Wrong site block tool kit o. Handover to post-anaesthetic care 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.	N	A range of documents covered the requirements of this Quality Standard. Reviewers were not able to identify documentation for 'l'. 'j' was available for vascular complications but not for others. 'm' was not applicable. 'n' was available but the poster was not widely displayed. Reviewers suggested that it may be helpful for 'd' to be more clearly defined.
XG-503	**Consent** The Trust consent procedure should be in use.	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
XG-504	**Clinical Guidelines** Clinical guidelines should be in use covering at least: 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 ≥10%	N	Emergency guidelines were in place. Guidelines for 'a', 'h', 'i' and 'k' were not seen by reviewers.
XG-505	**Transfer** Guidelines on transfer of patients should be in use covering, at least: a. Transfer to and from critical care services within the hospital b. Transfer for critical care or other specialist care outside the hospital Guidelines should be specific about communication, staffing, equipment and transport during the transfer and governance responsibility.	N	An out of date network transfer policy was available but this did not cover transfer within the hospital.
XG-506	**Pain Management** Guidelines should be in use covering management of: a. Peri- and post-operative acute pain b. Chronic pain	Y	Procedure-specific guidelines were available.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
XG-507	**Infection Control** Guidelines on infection control should be in use, including: 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.
XG-508	**Resuscitation Policy** The Trust resuscitation policy should be in use.	Y	
XG-509	**Network and More Specialist Services** Guidelines should be in use covering arrangements and agreed timescales for: 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	**Management of Drugs and Anaesthetic Agents** Guidelines on the management of drugs and anaesthetic agents should be in use covering at least: 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	Reviewers did not see a policy covering 'i'. See main report in relation to storage of drugs.
XG-511	**Hazardous Substances** The service should have an up to date report showing compliance with Control of Substances Hazardous to Health (COSHH) Regulations.	N	A policy was available but not an up to date report showing compliance with COSHH Regulations. Some staff were not aware where personal protective equipment, the respirator and the skill kit were stored.

Ref	Quality Standard	Met? Y/N	Reviewer Comments
XG-512	**Health and Safety** The Trust Health and Safety Policy should be in use, including specific reference to the response to clinical incidents.	Y	
XG-601	**Operational Policy** A Theatre and Anaesthetics Service Operational Policy should be in use covering at least: 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	Y	An operational policy was available but was brief in places and would benefit from being more detailed.
XG-602	**Capacity Management** The service should have a capacity management plan covering: 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)	Y	
XG-603	**Risk Assessment and Management** 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.	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
XG-604	**Service Improvement** The service should have systems for ongoing review and improvement of quality, safety and efficiency, including at least: a. Theatre utilisation b. Staff utilisation c. Review of clinical pathways with referring GPs and hospital clinicians	N	'a' and 'b' were in place but not 'c'.
XG-605	**Service Development Plan** 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.	Y	
XG-701	**Data Collection** Regular data collection and monitoring should cover: a. Theatre utilisation, theatre session over-runs and under-runs b. Activity levels c. Timed clinical events along the patient pathway d. Achievement of agreed timescales for responding to emergency, urgent and planned demand e. Operations on 'high risk' surgical patients carried out under the direct supervision of a consultant surgeon and consultant anaesthetist f. Operations on patients with a predicted mortality of >5% where the consultant surgeon and consultant anaesthetist are present for the operation	Y	Good data on theatre utilisation were available. A generic report was available covering 'e' and 'f'. Reviewers considered that Trust-specific data collection must therefore be in place. Reviewers suggested that the service compare the local results with the national data.
XG-702	**Audit** The service should have a rolling programme of audit of compliance with guidelines and protocols [QSs XG-500s] and related outcomes.	Y	Good evidence of audits was available.
XG-703	**Quality Assurance System** The service should have a system to ensure analysis and feedback on the quality of: a. Equipment management (QS XG-402) b. Cleanliness of theatres c. Preparation of clinical areas d. Implementation of *WHO Checklist* Feedback to individual members of staff should be linked with appraisal and re-validation arrangements.	N	'a' was met. Arrangements for analysis and feedback on the cleanliness of theatres were not evident (see main report). In relation to 'c', clinical areas were prepared but the system for monitoring whether this took place as expected was not robust. See main report in relation to the WHO Checklist.
XG-704	**Monitoring of Key Performance Indicators** Key performance indicators (QS XG-701) should be reviewed regularly with Trust management and with commissioners.	Y	

Ref	Quality Standard	Met? Y/N	Reviewer Comments
XG-798	**Multi-Disciplinary Review and Learning** The service should have appropriate multi-disciplinary arrangements for review of, and implementing learning from: a. Positive feedback, complaints, outcomes, incidents and 'near misses' b. Published scientific research and guidance relating to theatre and anaesthetic services	Y	A monthly meeting of the Care Group took place to discuss complaints, incidents and near misses. It may be helpful to look at whether staff were fully engaged with the work of this group. A Journal Club supported the dissemination of scientific research and guidance.
XG-799	**Document Control** All policies, procedures and guidelines should comply with Trust document control procedures.	N	A document control policy was in place but several of the documents seen by reviewers were out of date, not in the Trust format or did not have a review date. Obstetric policies were particularly poorly document-controlled. The transfer policy was also out of date.

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