

Review of Theatre and Anaesthetic Services

Worcestershire Health Economy

Visit Date: 24th and 25th April 2018

Report Date: July 2018

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INTRODUCTION

This report presents the findings of the review of Theatre and Anaesthetics Services at Worcestershire Acute Hospitals NHS Trust which took place on the 24th and 25th April 2018. The purpose of the visit was to review compliance with the following West Midlands Quality Review Service (WMQRS) Quality Standards:

- Theatres and Anaesthetics Quality Standards (Version 2).

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 a Trust's Annual Governance Statement. 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. Any immediate risks identified will include the Trust and WMQRS response to any actions taken to mitigate against the risk. Appendix 1 lists the visiting team that reviewed the services. 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:

- Worcestershire Acute Hospitals NHS Trust
- NHS Redditch and Bromsgrove Clinical Commissioning Group
- NHS South Worcestershire Clinical Commissioning Group
- NHS Wyre Forest 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 South Worcestershire 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 at Worcestershire Acute Hospitals NHS Trust for their 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 ANAESTHETICS SERVICES

This review looked at theatres and anaesthetic services at Worcestershire Acute Hospitals NHS Trust (Evesham Community Hospital, Kidderminster Hospital and Treatment Centre, The Alexandra Hospital, Redditch and Worcestershire Royal Hospital). Reviewers reviewed relevant documentation and theatre records, visited the theatre facilities, observed the theatre set-up in several theatres at each site and talked to staff and some patients.

General Comments and Achievements

Staff who met the visiting team were open and welcoming. Team-working was good, especially between theatre and recovery staff. Reviewers were impressed by the positive attitude of staff. The Clinical Director, Matron and Practice Development team had a county-wide remit, with Band 7 leads based at each theatre unit. A Band 8A covered Alexandra Hospital and Kidderminster Hospital and Treatment Centre.

The 'Bluespier' theatre management system was being used across all the sites. Medical devices support was very good with machines repaired very quickly.

Criteria for surgery, suitable to be undertaken at both Kidderminster Hospital and Treatment Centre and Evesham Community Hospital, had been agreed.

Reviewers were shown a good competency-based training package for Band 3 healthcare assistants to progress to Band 4 roles when they became available.

Emergency drug boxes, 'difficult airway' and resuscitation trolley equipment had been standardised across all sites which meant that visiting clinicians could always locate equipment in an emergency.

Obstetric theatres were well organised with a bespoke WHO checklist for both planned and category 1 caesarean sections, good provision of equipment including cell salvage and difficult airway equipment; two operating theatres were available and there was anaesthetic consultant provision during weekday daytimes. Good communication was witnessed between the multidisciplinary team prior to an elective caesarean section.

There was limited evidence provided to reviewers at the time of the visit, although they were directed to the Trust's theatre and anaesthetic sections on the intranet. Therefore, some conclusions are based on the information that could be located within the time constraints of the visit and from discussions with staff.

Good Practice

1. Reviewers were particularly impressed with the dedicated paediatric theatre day sessions held at Kidderminster Hospital and Treatment Centre. The dedicated 'paediatric day' had been implemented following issues with recovering children following their surgery who were not well enough to be discharged from the recovery area before afternoon theatre sessions began. The change to scheduling ensured that paediatric staff were available all day. Reviewers considered this to be an excellent example of improving patient safety and patient experience, it also ensured privacy and dignity for this group of patients.
2. At Worcestershire Royal Hospital, reviewers were impressed with the implementation of the 'stop before block' process¹. The process was very comprehensive and a good example of improving safety in practice.
3. Development of Band 2, 3 and 4 staff to undertake additional roles (including to transfer patients) had helped to improve team effectiveness and efficiency.
4. County-wide, staffing levels in theatres were good and there was low usage of bank and agency staff. This provided the services with a good foundation for further development. In addition, reviewers felt that the agency staff induction process was good (although this was only seen on paper and not evidenced in practice).

¹ National 'stop before you block' campaign is aimed at reducing the incidence of inadvertent wrong-sided nerve block during regional anaesthesia.

5. Evesham Community Hospital theatre team had implemented a range of processes to ensure compliance with daily equipment checks and the checks were well documented.
6. At Evesham Community Hospital, team work was very good:
 - a. Reviewers saw that anaesthetists were providing good training and education for the theatres team. There were examples of training that included the whole team, including Immediate Life Support (ILS) training so that in an emergency all staff would be aware of their roles and responsibilities.
 - b. The end of day team brief was thorough, took place with all staff and included learning from incidents and any issues during the day.
7. Reviewers heard of two good examples of learning from incidents. The first had led to changes to county-wide practices following a Major Haemorrhage alert exercise, improving timely access to blood at both Kidderminster and Evesham Community Hospitals. At Kidderminster Hospital and Treatment Centre, changes to practice had been implemented following an incident involving a sick child who had not recovered well in a side room (see also good practice 1).
8. The equipment cleaning checklist and policy implemented at the Alexandra Hospital was an example of good practice in terms of its structure and content.
9. At the Alexandra Hospital and Kidderminster Hospital and Treatment Centre, there was good evidence of forward planning for 'difficult' lists, ensuring appropriate staff and equipment etc were available.
10. Reviewers were impressed with the competency package for staff that had been developed in Ophthalmology. It was in a matrix format and was well-structured and easy to follow. Reviewers suggested that the Trust may wish to share and implement this type of competency package with other theatre teams.
11. The 8am team brief meeting held in theatres at the Kidderminster Hospital and Treatment Centre was used to inform staff of any issues from the previous day, messages to be shared with staff, and to identify any issues that the teams needed to be aware of before the start of the day's operating lists. A subsequent meeting was held at 9.30 with theatre team leaders to share any relevant information.
12. The Personal Development Review (PDR) policy was well-structured (with flowcharts), easy to follow and clear on the roles and responsibilities of all staff.
13. Reviewers commented that staff at Kidderminster Hospital and Treatment Centre felt positive about moving towards a county-wide service in theatres. Staff engagement is key to the implementation of any service change and development and this should therefore provide the senior team with a good basis for future change.

Immediate Risks

1. Patient safety checking processes

a. WHO Safer Surgery Checklist²

Reviewers observed that implementation of the *WHO Safer Surgery Checklist* was not consistent across all the theatres observed (at all sites). Reviewers observed cases where the process was not followed in line with Trust policy or accepted clinical best practice. Although some of the principles of the *WHO Safer Surgery* process were being followed, issues identified included:

- i. Completion of the WHO checklist without discipline or rigour, and the checklist was not being a key focus of safety;
- ii. Inconsistency about when the sign in was undertaken, some patients were already prepared and draped so the operation site mark could not be easily checked.
- iii. A lack of engagement of the whole theatre team with sign in, time out and sign out;
- iv. Poor compliance with debriefs.
- v. A lack of a clearly identified team leader to lead the discussion; and
- vi. Elements of the actual checklist being missed out completely.

The recording of the checklist retrospectively on the computer appears to have led to a culture in which the checklist was not followed in sequence and with reference to each individual item. The reviewers witnessed Operating Department Practitioners (ODPs) completing the check in isolation, without involvement of the anaesthetic team.

One example included an ophthalmology patient, at Worcestershire Royal Hospital, where there was a limited check in the anaesthetic room and no final identification check of the patient was completed.

Another example observed by reviewers at Kidderminster hospital and Treatment Centre was a young female patient being prepared for surgery where no checks had been completed in relation to pre-operative assessments including pregnancy test results.

² **Trust response:** Computer based WHO check lists are brief in detail and disengage the operator from the theatre team. Introduction of paper based WHO check lists which offer greater instruction and enable the person leading the process to place themselves in a central location (June 2018); Walk around observations of the WHO in action. Challenge poor compliance with safety checks, intervene and or escalate where safety may be compromised (Immediate); WHO audit action plan focusing on each of the five elements in turn. Monitor progress at the theatre and divisional clinical governance meetings (June 2018); Surgical and Anaesthetic colleagues can have a positive influence on the discipline and rigor if they give the process their fullest attention. Clinical leads to ensure that they are aware of their roles and responsibilities (May 2018); Provide feedback of the expectation for improvement to all theatre teams at the morning safety briefs (completed); Promote and support the de-brief process in the theatres where it is not routine practice (July 2018); Recognise and celebrate the theatre and medical teams that are running a robust WHO process (Immediate).
WMQRS response: The actions once implemented will mitigate against the risk identified.

b. Consent process ³

Reviewers were concerned about the lack of consistency in implementing the Trusts consent policy. Compliance was poor at the Worcestershire Royal and Kidderminster Hospital sites, although practice was generally good at the Alexandra Hospital. Reviewers observed that the double-checking aspect of the consent process was not consistent. For two patients, consent appeared to be completed and signed for 'on the day' in the anaesthetic room. This included consent for a general anaesthetic meaning that the patient had not been given time for adequate consideration of the risks / benefits to this option. In theatre, appropriate confirmation of consent was not always seen, as the theatre team did not always have full sight of the entire set of patient notes, or any previous contact with the patient. Reviewers considered that there was a risk that patients were therefore making decisions in theatre with the potential that they were not fully informed.

2. Medicines management ⁴

A number of issues were identified in relation to Medicines Management during the visit.

- a. Reviewers observed drugs being prepared and laid out for more than one patient in advance of procedures, syringes lined up in cardboard trays and intravenous fluids being prepared in advance for a whole theatre list.

Reviewers considered that this was inappropriate practice and were further concerned that this practice was not being challenged by colleagues in the theatre team. The Trust should investigate whether this was an isolated incident or whether this practice has been 'normalised' and is therefore creating an unnecessary safety risk for patients.

- b. Standards for administering and disposing of controlled drugs at Evesham Community Hospital were not robust. Reviewers observed that staff had left the theatre area after the operating list and the Controlled Drugs Register had not been completed for each patient with signatures to confirm that the controlled drug had been supplied and, administered and that disposal of the remaining controlled drug had taken place. Reviewers were told that this was not unusual practice and that the Controlled Drugs Register would be signed before staff completed the operating list which might not be until the end of the day.
- c. Reviewers observed that the Controlled Drug registers in use at Kidderminster Hospital and Treatment Centre also had signatures missing.

³ **Trust Response:** Provide feedback of the expectation for improvement to all theatre teams at the morning safety briefs (completed); Review theatre escort procedure in light of the review findings. Revise and recirculate as required ensuring that theatre support workers are clear on expectations for checking patient documentation prior to leaving the ward or department (June 2018); Surgical division to review consent policy and to ensure that patient are consented in clinics regardless of the complexity of the procedure; Incidences of reoccurrence to be escalated to the management team and documented on Datix for investigation (Immediate); Recognise and celebrate the theatre and medical teams that are running a robust consent checking process (Immediate).

WMQRS response: The actions once implemented will mitigate against the risk identified.

⁴ **Trust Response:** Provide feedback of the expectation for improvement to all theatre teams at the morning safety briefs (completed); Review trust medicines management policy in light of the review findings. Revise and recirculate as required ensuring that Anaesthetic teams are clear on expectations for preparation of anaesthetic agents and IV fluids (June 2018); Medicines management audit action plan in collaboration with lead pharmacist. Monitor progress at the theatre and divisional clinical governance meetings (June 2018); Recognise and celebrate the theatre and medical teams that are running a robust medicines management process (Immediate).

WMQRS response: The actions once implemented will mitigate against the risk identified.

Concerns

1. Process for returning patients to ward areas

At the Alexandra Hospital Redditch, reviewers observed that patients were taken back to the wards by theatre staff rather than being collected from recovery by ward staff. The process had been implemented because there were often delays in ward staff arriving in recovery to collect patients which delayed the admission of other patients to the recovery areas from theatres. Reviewers were concerned that this could mean that handover was not safe, on a busy ward where there would be other distractions. If patient handover was completed in the recovery area, on a 'one to one' basis, there would be fewer distractions and interruptions, which should ensure the quality and safety of the handover. Reviewers did not see any risk assessment of this process or any handover documentation using a recognised process such as SBAR⁵ to ensure that the transfer could be completed safely and effectively.

2. Patient transfer policy

There was no evidence of a transfer policy in place for transfers between hospitals within the Trust or for transfers to other Trusts. An agreed policy should be in place to ensure that all staff are clear regarding their roles and responsibilities for transferring, and receiving patients, to and, from other hospitals. This was a particular issue for the Trust, as the emergency transfer of patients to Worcestershire Royal Hospital and the Alexandra Hospital from the other Trust sites did happen, albeit infrequently.

3. Infection control

Implementation of the policy and Standard Operating Procedure (SOP) for Infection Prevention and Control (IPC) did not appear to be robust across all sites visited by the reviewers:

- a. At Evesham Community Hospital, staff were observed not following policy in relation to a Methicillin-resistant Staphylococcus Aureus (MRSA) patient. Staff did not clear the theatre of any excess equipment. Staff were not wearing additional personal protection equipment such as aprons. The patient was recovered in the recovery area whereas the policy advises that those patients with MRSA in multiple areas should be recovered in theatres.
- b. Reviewers noted that there was a lack of hand hygiene audits (except at the Alexandra Hospital), and at Worcestershire Royal Hospital reviewers saw poor compliance with hand hygiene in the recovery area.
- c. Access to infection control advice was not timely at either Evesham Community Hospital or Worcestershire Royal Hospital. This had on occasions resulted in staff at Evesham Community Hospital contacting the CCG infection control lead for advice.
- d. Theatre etiquette was not in place in all areas: staff were seen wearing jewellery and there was one example of food and drink being 'stored' on a blood gas analyser at Worcestershire Royal Hospital.

4. Change and capacity management

Reviewers observed that there did not appear to be sufficient management capacity to make change happen and for changes to be embedded and sustained. Senior clinical staff appeared to be undertaking detailed operational and clinical duties which was not allowing them the space to develop and implement plans for service development.

Reviewers also heard from staff that there was a lack of clarity regarding the leadership and management structure in the theatres and anaesthetics team and how this was implemented across each of the four sites.

⁵ The SBAR process (situation, background, assessment, recommendation) is a recognised tool consisting of four standardised stages or 'prompts' that help staff to anticipate the information needed by colleagues and formulate important communications with the right level of detail

5. VTE assessments

At the Worcestershire Royal Hospital, reviewers saw Venous Thromboembolism (VTE) assessments being performed and Thromboembolism Deterrent (TED) stockings being measured for and fitted in the anaesthetic room. Reviewers were told that this was not an isolated occurrence and were concerned that these procedures were not being completed in advance in the ward environment.

6. Local Safety Standards for Invasive Procedures (LocSSIPs)

Reviewers were concerned that LocSSIPs were not yet embedded in practice. A number of staff who spoke to the reviewers were not aware of their existence or what they would mean to their practice.

Some sequential LocSSIPs, which define the logical sequence of steps that should be performed for every procedure, operating list or patient, had been developed and were accessible to staff on the intranet. However, they had not been fully 'localised' as some appeared to be the National Safety Standards for Invasive Procedures (NatSSIPs) with the Trust logo.

LocSSIPs had not yet been developed covering the required organisation standards that would underpin the safe delivery of care, covering for example, governance and audit, documentation of invasive procedures, workforce, scheduling and list management, handovers and information transfer.

7. Guidelines and policies

Several issues relating to guidelines and policies were of concern to reviewers:

- a. A range of policies were provided, as evidenced by the Trust. Reviewers were concerned that a number of these policies were out of date and a number had the same extension dates (three months to March or June 2018) without an apparent process for review.
- b. The Trust intranet document finder did not always identify the relevant policy unless the exact name was entered, and on occasions the policy, for example the Trust Resuscitation Policy, would still not appear. This issue has been identified during other WMQRS visits in previous years. Therefore, at the Worcestershire Royal and Alexandra Hospitals, folders of policies were made available in theatre unit staff rooms. The folder versions seen at Worcestershire Royal Hospital and Alexandra Hospital, were out of date, and reviewers were not clear about the governance process was for ensuring that, if hard copies of policies were stored in these areas, the policies were maintained and kept up to date.
- c. A central repository for theatre documents was in the process of being developed but the theatre pathway section of the intranet included final and draft documents which could cause confusion for staff.
- d. There was no evidence of any network guidelines for access to services not provided directly at each hospital. Guidelines should be developed or implemented (if already agreed) to ensure that these additional services are available for patients in a timely manner and that there is clarity of expectations by all parties.

8. Management of specimens

Specimen books did not include pre-printed areas stating the information to be documented and the system was reliant on staff entering any relevant details, usually following the entry above. The lack of structure meant that information might not always be complete, causing difficulties in tracing specimens if queries should be raised later.

Further Consideration

1. Reviewers noted that there had been a large input from external advisors in terms of theatre utilisation to maximise efficiency. However, the advice provided did not appear to have been translated into demonstrable long-term change and improvement. Utilisation and efficiency at Worcestershire Royal Hospital appeared to be difficult to manage because of the wider bed capacity issues in the Hospital, whereas the Alexandra and Kidderminster Hospitals appeared to be coping better. At Evesham Community Hospital, theatre lists were often underutilised. Reviewers suggested that there was a need to look across all hospital sites to review theatre utilisation and efficiency, and that there was opportunity to make some key strategic changes. This

would include needing to be more 'aggressive' in deciding which sites would do specific procedures, shifting elective activity and increasing the number of procedures done as day cases. The Trust would benefit from the development of a county-wide delivery model.

2. The hip fracture coordinator at the Worcestershire Royal Hospital appeared to be getting involved in too much operational detail and it may be helpful to review this role to enable this individual to focus on the coordination role.
3. Reviewers were unable to locate the most recent COSHH (Control of Substances Hazardous to Health) report, and staff were not clear where the report could be found. Staff at Evesham Community Hospital were unclear about when the last audit was undertaken on site. The Trust should ensure that there is appropriate governance and dissemination of findings to staff.
4. The MRSA policy for theatres was in place and laminated sheets detailing the process for caring for patients were displayed in the theatre areas, however, this policy would benefit from review to include environmental responsibilities (see also concern 3a).
5. Reviewers commented that the Band 7's did not appear to have lead roles for specific areas. They appeared to be undertaking very clinical and operational roles rather than being developed and empowered to provide management and leadership to the teams. Reviewers felt that by taking more of a managerial role, these members of staff could take responsibility for implementing some of the issues below about compliance with the Quality Standards.
6. Reviewers who attended the morning theatre safety huddles at Worcestershire Royal and Alexandra Hospitals commented that there would be benefit in these being used increasingly as forums for sharing learning and providing feedback on incidents etc. This would provide a good opportunity whilst the whole team was together in one place.
7. The team at Evesham Community Hospital often felt 'left out' and not part of the overall theatre & anaesthetics services model of care. Reviewers were told that there were three separate Matrons in terms of line management for the three areas provided by Worcestershire Acute Hospital NHS Trust on the site (Clinical Investigations Unit, Theatres and Ward) which may not be the best model for providing care at the site. Theatre staff could not always be released to attend meetings at other sites. Consideration could be given to the use of Information Technology (video conferencing / Skype) to include the staff at Evesham Community Hospital in team meetings, training etc.
8. There was evidence of a huge amount of data being stored in the office at Kidderminster Hospital and Treatment Centre. However, reviewers were unclear whether this was being analysed and therefore turned into useful management information which could be shared more widely and used to develop services. Additional administrative support to undertake data collection would release the more senior staff to analyse the data, and this analysis could in turn be used to develop the service and improve efficiency.
9. At the time of the visit reviewers were told that there were different rotas (covering 4 and 5 weeks) in place for medical staff. Reviewers considered that this was having an impact on the scheduling of theatre sessions and the ability to integrate services. Reviewers were told that work was in progress to standardise medical staff job plans by August 2018.
10. At the time of the visit, there appeared to be a lack of standardisation of orthopaedic prostheses and implants, particularly at Kidderminster Hospital and Treatment Centre where surgeons appeared to be able to procure whichever prosthesis they preferred. The service would benefit from consolidation and standardisation of the range of prostheses and implants available. Reviewers were told at feedback that the Trust had plans in place to standardise within the next few months.
11. At Worcestershire Royal and Evesham mechanisms for receiving feedback from patients and carers about their treatment and care, and actions taken as a result were not well established.
12. Reviewers saw one Patient Controlled Analgesia (PCA) machine with no service sticker. It was therefore unclear whether this particular piece of equipment had been serviced and consequently whether it was in date.

Reviewers suggested that further work should be completed to check whether this was a 'one off' or whether it was a wider issue.

13. The theatre pathways overview section of the website was in the process of being developed and reviewers were concerned that there may not be sufficient capacity within the Professional Development team to complete this section of the website in a timely fashion and provide the ongoing governance for maintaining the site. Once finished the overview section would provide an easy click button function to locate theatre guidance quickly for staff reference. Reviewers suggested that including links to Trust policies on the Trust document library may also be helpful in view of the difficulties in locating documents in the existing Trust system.

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APPENDIX 1 MEMBERSHIP OF VISITING TEAM

Visiting Team		
Dr Neil Ashwood	Consultant Orthopaedic Surgeon	Burton Hospitals NHS Foundation Trust
Sally Fisher	Anaesthetic and Recovery Team Leader	Spire Healthcare
Sue Goodman	Team Leader, Theatre Services	South Warwickshire NHS Foundation Trust
Dr Adrian Jennings	Consultant Anaesthetist	The Dudley Group NHS Foundation Trust
Debra Jones	Matron Theatres and Day Surgery	Heart of England NHS Foundation Trust
Dr Simran Minhas	Clinical Service Lead Anaesthesia	The Royal Orthopaedic Hospital NHS Foundation Trust
Katy Moynihan	Matron Theatres	The Shrewsbury & Telford Hospital NHS Trust
Sally Rushby	Head Nurse Surgery	Burton Hospitals NHS Foundation Trust
Claire Saunders	Principal ODP and Quality and Safety Theatre Lead	Burton Hospitals NHS Foundation Trust
Lisa Walker	Theatre Operational Manager	The Royal Wolverhampton NHS Trust
Roxcine Ward	Team leader, Theatre Services	South Warwickshire NHS Foundation Trust
Dr Tony Whitehouse	Consultant Critical Care and Anaesthesia	University Hospitals Birmingham NHS Foundation Trust
Mr Nigel Williams	Consultant Colorectal Surgeon	University Hospitals Coventry & Warwickshire NHS Trust

UK Accreditation Service (assessing WMQRS – 25 th April only)		
Samantha Boobier	Technical Expert	UK Accreditation Service
Louise Sanders	Assessment Manager	UK Accreditation Service
Rebecca Gibbons	Observer	UK Accreditation Service

WMQRS Team		
Tim Cooper	Director	West Midlands Quality Review Service
Rachael Blackburn	Assistant 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

Details of compliance with individual Quality Standards can be found in a separate document.

Service	Number of Applicable QS	Number of QS Met	% met
Acute Trust Wide	6	1	17
Worcestershire Royal Hospital	46	17	37
Alexandra Hospital -Redditch	44	22	50
Evesham Community Hospital	42	14	33
Kidderminster Hospital and Treatment Centre	42	14	33
Worcestershire Acute Hospitals NHS Trust	180	68	38

Pathway and Service Letters

XG-	Theatre and Anaesthetic Services
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Topic Sections

Each section covers the following topics:

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

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ACUTE TRUST-WIDE

Ref	Quality Standards	Met? Y/N	Reviewer Comments
XC-101	<p>Patient Support after ‘Never Events’</p> <p>The Trust should ensure that support is offered to patients who have experienced a ‘Never Event’, and to their carers.</p>	Y	
XC-201	<p>Executive Lead for Safety of Invasive Procedures</p> <p>The Trust should identify an Executive Lead with responsibility for implementation of Local Standards for Safety of Invasive Procedures.</p>	N	Executive Lead with responsibility for implementation of Local Standards for Safety of Invasive Procedures was not yet in place
XC-202	<p>Staff Support after ‘Never Events’</p> <p>The Trust should ensure that support is offered to staff who have been involved in a ‘Never Event’.</p>	N	Staff at Worcester commented that they were supported by their peers but not always from a senior level.
XC-601	<p>Areas where Invasive Procedures are Performed</p> <p>The Trust should identify all areas in the organisation in which invasive procedures are performed.</p>	N	Evidence to show that the Trust had identified all areas where invasive procedures were performed was not available at the time of the visit.
XC-701	<p>Development of Local Safety Standards for Invasive Procedures</p> <p>The Trust should ensure that Local Safety Standards for Invasive Procedures (QS XG-203 & XG-501) are developed and implemented in all areas in which invasive procedures are performed.</p>	N	A working group was in the process of developing LocSSIPs. Some LocSSIPs had been agreed and were on the intranet however, most staff who spoke to the Reviewers were unaware of their existence.
XC-702	<p>Reporting of Local Safety Standards for Invasive Procedures Audits</p> <p>The Trust Board or Quality Committee should receive regular reports on the results of audits of the implementation of Local Safety Standards for Invasive Procedures (QS XG-702).</p>	N	Examples of audit reports covering the requirements of the QS were not made available to Reviewers at the time of the visit.

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THEATRES AND ANAESTHETICS – WORCESTERSHIRE ROYAL HOSPITAL & ALEXANDRA HOSPITAL REDDITCH

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
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. Any side effects 	Y	Reviewers did not see any evidence of compliance with this QS although they were assured by staff that patient information was given out pre-operatively.	Y	Reviewers did not see any evidence of compliance with this QS although they were assured by staff that patient information was given out pre-operatively.
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	Reviewers observed patient bags and belongings (with labels) on the corridor in TAU (and therefore away from the patient). In addition, reviewers did not feel that appropriate privacy and dignity was being maintained for the patient who had been in recovery overnight.	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>	N	Reviewers noted that there were no additional communication aids for ophthalmology patients (including large print). There were no obvious additional provisions for patients with other needs including dementia.	N	Reviewers noted that there were no additional communication aids for ophthalmology patients (including large print). There were no obvious additional provisions for patients with other needs including dementia.

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	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, and 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, including the development and review of Local Safety Standards for Invasive Procedures c. Examples of changes made as a result of the feedback and involvement of patients and carers 	N	Reviewers did not see any evidence of compliance with this QS.	Y	
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 liaison with other services.</p>	N	Leadership posts were a mixture of split site and Trust-wide. There were separate Band 7 leads on each theatre site. The clinical Director and Matron were Trust-wide appointments.	Y	Leadership posts were a mixture of split site and Trust-wide. There were separate Band 7 leads on each theatre site. The Clinical Director, Directorate Manager and Matron were Trust-wide appointments.

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	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 pain c. Obstetric anaesthesia d. Care of children e. Chronic pain f. Safety g. Major incidents h. Admissions and day care i. Pre-operative assessment j. Recovery k. Equipment 	N	<p>No lead in place for Admissions and Day-care</p> <p>A working party was in place developing LocSSIPs.</p> <p>There was a lead for practice development, the practice development team (PDT) had a county-wide remit and were based at Kidderminster Hospital</p>	N	<p>No lead in place for Admissions and Day-care. Kidderminster had leads for IPC, equipment or education.</p> <p>A working party was in place developing LocSSIPs.</p> <p>There was a lead for practice development, the practice development team had a county-wide remit and were based at Kidderminster Hospital.</p>

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	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), including:</p> <ol style="list-style-type: none"> Local Safety Standard for Invasive Procedures for the workforce needed to deliver safe patient care in each operating theatre and invasive procedure area An escalation policy that ensures flexibility of staffing in response to fluctuations in demand and availability of staff <p>Staffing levels should be based on a competence framework covering staffing levels and expected competences (QS XG-208) 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.</p>	Y	However, there was no LocSSIP covering workforce needed to deliver safe patient care for each area. Staffing of the theatres was based on the recommendations of the Association for Peri-operative Practice. Bank and agency staff were utilised to cover shortfalls when required.	Y	However, there was no LocSSIP covering workforce needed to deliver safe patient care for each area. Staffing of the theatres was based on the recommendations of the Association for Peri-operative Practice. Bank and agency staff were utilised to cover shortfalls when required.
XG-204	<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>	Y		Y	

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-205	<p>Trauma Services</p> <p>The following should be in place:</p> <ul style="list-style-type: none"> a. Major Trauma Centres: a trauma anaesthetic team separate from other emergency and elective teams (24/7) b. Trauma Units: a daily dedicated trauma theatre session (7/7) 	Y	Two dedicated trauma sessions were in operation Monday - Friday with one session on each day at weekends. An on-call provision was available outside of these sessions.	Y	There was no dedicated theatre session at weekends, however a combined CEPOD and trauma emergency theatre was available out of hours and at weekends. On weekdays there was a dedicated trauma session.
XG-206	<p>Obstetric Anaesthesia Team</p> <p>Hospitals with obstetric units should have:</p> <ul style="list-style-type: none"> a. An obstetric anaesthesia team separate from other emergency work b. A duty anaesthetist, competent to undertake duties on the delivery suite, immediately available for emergency work on the delivery suite 24/7 (see notes to QS) c. A resident on-site duty anaesthetist in units offering a 24 hour neuraxial analgesia service d. A named consultant responsible for each elective caesarean section list e. An immediately available adult resuscitation team with competences in resuscitation of the pregnant patient <p>All duty anaesthetists should have completed an initial assessment of competence in obstetric anaesthesia (IACOA) before undertaking unsupervised obstetric work.</p>	Y		N/A	

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-207	<p>Acute Pain Team</p> <p>An acute pain team should be available, which should include:</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	No evidence seen by reviewers of dedicated physio or pharmacist sessions for the acute pain team.	Y	
XG-208	<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 at least:</p> <ol style="list-style-type: none"> Local Safety Standards for Invasive Procedures Human (non-technical) factors Moving and handling in the theatre environment Drug administration Plastering Resuscitation Use of equipment Care of children and young people 	N	Competency booklets were seen however none were completed. Reviewers were told of good plans that have been developed for training and development (by the PD team) however they were not in place at the time of the visit. In addition, the Ophthalmology competency package was identified as particularly good practice by reviewers, but this has not been shared across other teams. Human factors training programme was in place. Mandatory training for c, f and h were in place.	N	Although there were good examples at Redditch - preceptorship schemes etc. and some plans to roll out human factor training, it was not consistent and did not meet all the aspects of the QS. Human factors training programme was in place. Mandatory training for c, f and h were in place.

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-209	<p>Multi-Disciplinary Training</p> <p>Staff training in the following areas should be undertaken on a multi-disciplinary basis:</p> <ul style="list-style-type: none"> a. Local Safety Standards for Invasive Procedures b. Human (non-technical) factors 	N	Evidence seen of one session in 2016. However, this did not appear to be routinely completed. Although some LocSSIPs were on the intranet they were not fully understood by staff	N	Although some LocSSIPs were on the intranet they were not fully understood by staff
XG-210	<p>New Starters and 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 and agency, bank and locum staff.</p>	N	An induction checklist was made available after the visit. The evidence seen on the day - a booklet - did not include an appropriate level of detail. There were no copies of completed documents provided at the time of the visit to assure reviewers that a robust process was in place	Y	
XG-211	<p>Staff Monitoring</p> <p>Arrangements should be in place for monitoring and reviewing staff sickness, vacancy and turnover levels.</p>	Y		Y	
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	

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	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		Y	Although there were no porters in theatres, HCAs and Theatre assistants were being used to collect patients
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	

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-401	<p>Facilities</p> <p>The service should have appropriate facilities to deliver the expected number of assessments and procedures for the usual case mix of patients within expected timescales (QS XG-602). Facilities should comply with all relevant Standards and should ensure appropriate:</p> <ol style="list-style-type: none"> a. Privacy, dignity and security for patients (QS XG-103) b. Separation of children and adults c. Control of infection 	N	See note for QS XG- 103 in relation to 'a'. Paediatric patients were screened in the main recovery area	Y	
XG-402	<p>Equipment</p> <p>Equipment and consumables required for the usual case mix of patients should be available and appropriately maintained, and should include:</p> <ol style="list-style-type: none"> a. Immediate availability of resuscitation equipment for children and adults, checked in accordance with Hospital policy b. Sterile supplies c. Moving and handling aids d. Specialist equipment including implants and prostheses e. In-theatre imaging f. Equipment, moving and handling aids and patient gowns to meet the needs of all patients including: <ol style="list-style-type: none"> i. Bariatric patients ii. Adults and children with physical disabilities 	Y		Y	However, see Further Consideration section of the report in relation to consolidation of prostheses and implants

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	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> <ol 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 non-invasive measurement of blood pressure and invasive haemodynamic monitoring d. Equipment for measuring ECG, oxygen saturation and temperature e. Oxygen, suction equipment and resuscitation equipment, including a defibrillator. f. Active scavenging of waste anaesthetic gas to comply with Control of Substances Hazardous to Health (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		N/A	

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-404	<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 and recording of checks d. Equipment maintenance (service contracts and maintenance schedules) covering planned maintenance and 24/7 breakdown or unscheduled maintenance e. Contingency plans in the event of equipment breakdown f. Monitoring and management of equipment failures and faults g. Ensuring safety warnings, alerts and recalls are circulated and acted upon within specified timescales h. Programme of equipment replacement and risk management of equipment used beyond its replacement date 	Y	However, reviewers did observe some pieces of equipment where the checks were out of date and it was unclear how quickly issues were being followed up	N	Reviewers observed different replacement programmes in place and it was therefore difficult to determine which was for example Siemens kit and which was Trust kit.
XG-405	<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. Hospital Patient Administration System d. Emails and the Hospital intranet and policies e. On-line medical and other relevant information f. System connectivity should be sufficient to ensure that patient details are entered once only. 	N	Reviewers observed various clinical systems (spreadsheets etc) in place. There was no central repository for theatre wide documents. The archive system was not indexed appropriately making searching of clinical notes difficult for staff.	N	Reviewers observed various clinical systems (spreadsheets etc) in place. There was no central repository for theatre wide documents. The archive system was not indexed appropriately making searching of clinical notes difficult for staff.

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-501	<p>Local Safety Standards for Invasive Procedures</p> <p>Local Safety Standards for Invasive Procedures should be in use in all theatres and invasive procedure areas and should cover at least:</p> <ul style="list-style-type: none"> a. Scheduling and list management b. Handovers and information transfer c. Procedural verification of site marking d. Safety briefing e. Sign in f. Time out g. Prosthesis verification h. Prevention of retained foreign objects i. Sign out j. Debriefing <p>1. <i>Use of WHO Surgical Safety Checklist</i></p>	N	See Concern 7 main report	N	See Concern 7 main report

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-502	<p>Patient Pathway Guidelines</p> <p>Guidelines should be in use covering:</p> <ol style="list-style-type: none"> 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. Anaesthetic assistance throughout the procedure f. Monitoring during anaesthesia and recovery g. Post-operative care h. Post-surgery review i. Recognition and treatment of complications, including involving other services as required j. Anaesthesia in the CT and MRI environment k. Use of ultrasound during anaesthesia l. Anaesthesia in the plaster room <p>These guidelines should be explicit about:</p> <ol style="list-style-type: none"> 1. Responsibilities at each stage of the assessment and procedure 2. Handover between stages of the patient pathway 3. Indications and arrangements for day case and short-stay surgery and enhanced recovery 4. Documentation 	Y		Y	

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-503	<p>Consent</p> <p>a. The organisation's consent procedure should be in use.</p>	N	There was a procedure in place, but it was not always being followed by staff. Further detail is included in the Immediate Risk section of the main report	Y	
XG-504	<p>Clinical Guidelines</p> <p>Clinical guidelines should be in use covering at least:</p> <p>a. Management of patients with allergies</p> <p>b. Management of pre- and post-operative pain</p> <p>c. Post-operative management of epidural anaesthesia and peripheral nerve catheters</p> <p>d. Blood transfusion including blood component therapy, intra-operative cell salvage and management of massive haemorrhage</p> <p>e. Management of suspected anaphylaxis during anaesthesia</p> <p>f. Perioperative management of bariatric patients</p> <p>g. Management of patients with diabetes</p> <p>h. Management of malignant hyperthermia</p> <p>i. Management of post-operative nausea and vomiting</p> <p>j. Management of patients with trauma</p> <p>k. Management of sepsis</p> <p>l. Management of acute unplanned surgical care</p> <p>m. Conditions requiring antenatal referral to an anaesthetist (available to both obstetricians and midwives)</p> <p>n. High risk surgical care for patients with a predicted hospital mortality of >10%</p> <p>o. Perioperative management of frail older people</p>	N	Some documentation was in place but not for all guidelines. In addition, reviewers noted that there had been a number of 'three-month extensions' to the review dates of guidelines	N	Some documentation was in place but not for all guidelines. In addition, reviewers noted that there had been a number of 'three-month extensions' to the review dates of guidelines

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-505	<p>Transfer</p> <p>Guidelines on transfer of patients should be in use, covering at least:</p> <ol style="list-style-type: none"> Transfer to and from critical care services within the hospital 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	A documented transfer policy which addressed transfers between hospitals within the Trust or transfers externally to other Trusts was not yet in place. However, from discussions with staff they were able to describe the process for transferring patients.	N	A documented transfer policy which addressed transfers between hospitals within the Trust or transfers externally to other Trusts was not yet in place. However, from discussions with staff they were able to describe the process for transferring patients.
XG-506	<p>Infection Control</p> <p>Guidelines on infection control should be in use, including guidelines on:</p> <ol style="list-style-type: none"> Cleaning 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 Decontamination of equipment and environment, including before and after use by patients with suspected or confirmed contagious or communicable diseases Use of single-use, disposable equipment 	N	A cleaning summary was displayed in theatre areas. However, see concern 3 main report	N	A cleaning summary was displayed in theatre areas. However, see concern 3 main report
XG-507	<p>Resuscitation Policy</p> <p>The organisation's resuscitation policy should be in use.</p>	N	Policy in place but was out of date and with no review date	N	Policy in place but was out of date and with no review date

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-508	<p>Network and More Specialist Services</p> <p>Guidelines should be in use covering arrangements and agreed timescales for:</p> <ol style="list-style-type: none"> Access to procedures available at other hospitals Access to specialist advice or procedures not available within the hospital Arrangements for theatre and anaesthetic staff and equipment to transfer to another hospital to carry out procedures (if required), including governance responsibility 	N	Reviewers could not locate any evidence of any network-wide guidelines or guidelines for more specialist services.	N	Reviewers could not locate any evidence of any network-wide guidelines or guidelines for more specialist services.
XG-509	<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> <ol style="list-style-type: none"> Roles and responsibilities Security and storage Prescription, including prescription of unlicensed medicines Preparation and administration Identification and management of extravasation Identification and management of patients at risk of adverse reactions Management of continual infusion and patient-controlled analgesia Restricted use of open systems for injectable medication Prescribing of drugs to take home for day case patients <p>Control of waste anaesthetic gases</p>	N	Guidelines were not seen covering all the requirements of the QS. A policy was in place for using injectable medicines.	N	Guidelines were not seen covering all the requirements of the QS. A policy was in place for using injectable medicines.
XG-510	<p>Management of Controlled Drugs</p> <p>Protocols should be in use covering the prescription, administration and disposal of Controlled Drugs.</p>	Y		Y	

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-511	Health and Safety The organisation's Health and Safety Policy should be in use, including specific reference to the response to clinical incidents.	Y		Y	

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
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. Preparation of clinical areas g. Safe handling and positioning of patients h. Communication and liaison with hospital bed management, surgical teams, obstetrics, imaging and pathology services i. IT security j. Management of clinical waste k. Safeguarding children and vulnerable adults in the operating theatre l. Death of patients in the theatre environment and organ donation m. Arrangements for obtaining feedback from hospital clinicians and for involving referring GPs and hospital clinicians in decisions about the organisation of the service n. Response to a Major Incidents o. Standardised theatre environment procedures for the following:- <ol style="list-style-type: none"> i. List management ii. Swab and instrument count process iii. Process for the verification of prosthesis 	N	An Operational Policy was in development but was not finalised at the time of the review	N	An Operational Policy was in development but was not finalised at the time of the review

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-602	<p>Capacity Management</p> <p>The service should have a capacity management plan covering:</p> <ul style="list-style-type: none"> a. Expected timescales for response to emergency, urgent and planned demand b. Response to unexpected fluctuations in demand c. Response to delays in surgery and recovery d. Medical arbitration on priority of theatre cases e. Daily access to theatres for reconstructive microsurgery (Major Trauma Centres only) <p>Escalation procedures when theatre and recovery capacity is insufficient for expected need</p>	N	<p>A capacity management plan was not yet in place.</p> <p>No clear evidence of proactive scheduling management was seen by reviewers. Targets were not met and there were no SOPs in place</p>	N	<p>A capacity management plan was not yet in place.</p> <p>No clear evidence of proactive scheduling management was seen by reviewers. Targets were not met and there were no SOPs in place</p>
XG-603	<p>Risk Assessment and Management</p> <p>A system for 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	<p>However, staff appeared to be unaware of the risk management process and a copy of the Theatres or divisional risk register was not made available to reviewers at the time of the visit but was submitted subsequently</p>	Y	<p>However, staff appeared to be unaware of the risk management process and a copy of the Theatres or divisional risk register was not made available to reviewers at the time of the visit but was submitted subsequently</p>
XG-604	<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>	N	<p>An up to date report showing compliance with Control of Substances Hazardous to Health (COSHH) Regulations was not available.</p>	N	<p>An up to date report showing compliance with Control of Substances Hazardous to Health (COSHH) Regulations was not available.</p>

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-605	<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 	N	<p>Systems for on-going review and improvement as defined by the QS were not yet in place.</p> <p>Some work had been commissioned from external agencies but actions following this work had not yet been implemented.</p>	N	<p>Systems for on-going review and improvement as defined by the QS were not yet in place.</p> <p>Some work had been commissioned from external agencies but actions following this work had not yet been implemented.</p>
XG-606	<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 organisation's business plans.</p>	N	<p>There was no service development plan provided as evidence and reviewers did not see any evidence of the implementation of the requirements of this QS</p>	N	<p>There was no service development plan provided as evidence and reviewers did not see any evidence of the implementation of the requirements of this QS</p>
XG-701	<p>Data Collection</p> <p>Regular data collection and performance monitoring should cover:</p> <ol style="list-style-type: none"> Theatre utilisation, and theatre session over-runs, under-runs and late starts 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 $\geq 10\%$ where a consultant surgeon and consultant anaesthetist are present for the operation 	N	<p>Evidence was not provided to show on going monitoring of performance data. Reviewers were told that data were collected for all aspects (via Bluespier and the National Laparotomy Audit) but not analysed to enable ongoing performance monitoring</p>	N	<p>Data showing achievement of agreed timescales for responding to emergency, urgent and planned demand was not available. Data for 'a' and 'b' were collected (via Bluespier and the National Laparotomy Audit).</p> <p>Data for 'e' and 'f' were not applicable for Redditch.</p>

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-702	<p>Audit and Monitoring</p> <p>The service should have a rolling programme of audit of compliance with at least:</p> <ol style="list-style-type: none"> Equipment management (QS XG-404) Implementation of Local Safety Standards for Invasive Procedures (QS XG-501) Documentation of invasive procedures (QS XG-502) Cleanliness and infection control (QS XG-506) Management of Drugs and Anaesthetic Agents (QS XG-509) Management of Controlled Drugs (QS XG-510) Staff clothing and professional behaviour in the theatre environment (QS XG-601) Feedback should be shared through multi-disciplinary review and learning arrangements (QS XG-798) and with patient representatives (QS XG-199). 	N	Reviewers were told that audit afternoons were not used for audits but rather to discuss concerns and issues. No evidence of a forward audit programme was seen by reviewers. In addition, reviewers witnessed aspects of noncompliance with the uniform policy. Equipment audits were evidenced and managed by Siemens via the PFI contract	Y	Reviewers saw good examples of audits at Redditch. However, some noncompliance with the uniform policy was noted
XG-704	<p>Monitoring of Key Performance Indicators</p> <p>Key performance indicators (QS XG-701) and audit results (QS XG-702) should be reviewed regularly with hospital management and with commissioners.</p>	N		N	
XG-798	<p>Multi-Disciplinary Review and Learning</p> <p>The service should have appropriate multi-disciplinary arrangements for reviewing and implementing learning from:</p> <ol style="list-style-type: none"> Positive feedback, complaints, outcomes, incidents and 'near misses' National Patient Safety Agency alerts Published scientific research and guidance relating to theatre and anaesthetic services 	N	Safety huddles took place at 8am. Some team meetings took place, but these did not include all disciplines. Staff team confirmed that they did not get any feedback from incidents and learning. See also comment at XG 702 regarding audit meetings.	N	Safety huddles took place at 8am. Some team meetings took place, but these did not include all disciplines.

Ref	Quality Standards	Worcestershire Royal Hospital		Alexandra Hospital - Redditch	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with the organisations document control procedures.</p>	N	<p>Documents were difficult to access via the hospital intranet In addition a number of documents had had their review dates extended for three months (until March and June 2018). The PD team were in the process of developing a dashboard with links to specific theatre policies though some of the information that could be accessed by staff was in draft form</p> <p>The files in the staff room contained out of date versions.</p>	N	<p>Documents were difficult to access via the hospital intranet In addition a number of documents had had their review dates extended for three months (until March and June 2018). The PD team were in the process of developing a dashboard with links to specific theatre policies though some of the information that could be accessed by staff was in draft form.</p> <p>The files in the staff room contained out of date versions.</p>

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THEATRES AND ANAESTHETICS – EVESHAM COMMUNITY HOSPITAL & KIDDERMINSTER HOSPITAL AND TREATMENT CENTRE

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
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. Any side effects 	Y	Reviewers did not see any evidence of compliance with this QS although they were assured by staff that patient information was given out pre-operatively.	Y	Reviewers did not see any evidence of compliance with this QS although they were assured by staff that patient information was given out pre-operatively.
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		N	Reviewers were told that following the CQC inspection it was agreed that male and female patients should be kept separate. However, reviewers did observe a mixed sex area. In addition, patients were observed being taken out of a waiting area to have their consent / checklist completed in the open corridor.
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>	N	There were no obvious additional provisions for patients with other needs including dementia.	N	Reviewers noted that there were no additional communication aids for ophthalmology patients (including large print). There were no obvious additional provisions for patients with other needs including dementia.

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	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, and information about these services should be easily available:</p> <p>a. Interpreter services, including access to British Sign Language</p> <p>b. 'Compliments and complaints' procedures</p>	Y		Y	
XG-199	<p>Involving Patients and Carers</p> <p>The service should have:</p> <p>a. Mechanisms for receiving feedback from patients and carers about their treatment and care</p> <p>b. Mechanisms for involving patients and carers in decisions about the organisation of the services, including the development and review of Local Safety Standards for Invasive Procedures</p> <p>c. Examples of changes made as a result of the feedback and involvement of patients and carers</p>	N	Reviewers did not see any evidence of compliance with this QS. Reviewers were told that if compliments were received about theatres on the day ward staff would let the theatre team know.	Y	
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 liaison with other services.</p>	Y	Leadership posts were a mixture of split site and Trust-wide. There were separate Band 7 leads on each theatre site. The Clinical Director, Directorate Manager and Matron were Trust-wide appointments.	Y	Leadership posts were a mixture of split site and Trust-wide. There were separate Band 7 leads on each theatre site. The Clinical Director, Directorate Manager and Matron were Trust-wide appointments.

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	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 pain c. Obstetric anaesthesia d. Care of children e. Chronic pain f. Safety g. Major incidents h. Admissions and day care i. Pre-operative assessment j. Recovery k. Equipment 	N	<p>No lead in place for Admissions and day-care. All other leads were in place</p> <p>A working party was in place developing LocSSIPs.</p> <p>There was a lead for practice development, the practice development team had a county-wide remit and were based at Kidderminster Hospital</p>	N	<p>No lead in place for Admissions and day-care. Kidderminster had leads for IPC, equipment.</p> <p>A working party was in place developing LocSSIPs.</p> <p>There was a lead for practice development, the practice development team had a county-wide remit. The team were based at Kidderminster Hospital</p>

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	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), including:</p> <ol style="list-style-type: none"> Local Safety Standard for Invasive Procedures for the workforce needed to deliver safe patient care in each operating theatre and invasive procedure area An escalation policy that ensures flexibility of staffing in response to fluctuations in demand and availability of staff <p>Staffing levels should be based on a competence framework covering staffing levels and expected competences (QS XG-208) 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.</p>	Y	<p>However, there was no LocSSIP covering workforce needed to deliver safe patient care for each area.</p> <p>Staffing of the theatres was based on the recommendations of the Association for Peri-operative Practice. However, at the time of the visit there was a vacancy for a band 5 theatre practitioner.</p> <p>Bank and agency staff were utilised to cover shortfalls when required.</p> <p>Staff would also provide cover at other sites when theatre capacity allowed.</p>	Y	<p>However, there was no LocSSIP covering workforce needed to deliver safe patient care for each area.</p> <p>Staffing of the theatres was based on the recommendations of the Association for Peri-operative Practice.</p> <p>Bank and agency staff were utilised to cover shortfalls when required.</p>
XG-204	<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	

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-205	<p>Trauma Services</p> <p>The following should be in place:</p> <ul style="list-style-type: none"> a. Major Trauma Centres: a trauma anaesthetic team separate from other emergency and elective teams (24/7) b. Trauma Units: a daily dedicated trauma theatre session (7/7) 	N/A	Emergency work was not undertaken at Evesham	N/A	Emergency work was not undertaken at Kidderminster
XG-206	<p>Obstetric Anaesthesia Team</p> <p>Hospitals with obstetric units should have:</p> <ul style="list-style-type: none"> a. An obstetric anaesthesia team separate from other emergency work b. A duty anaesthetist, competent to undertake duties on the delivery suite, immediately available for emergency work on the delivery suite 24/7 (see notes to QS) c. A resident on-site duty anaesthetist in units offering a 24 hour neuraxial analgesia service d. A named consultant responsible for each elective caesarean section list e. An immediately available adult resuscitation team with competences in resuscitation of the pregnant patient <p>All duty anaesthetists should have completed an initial assessment of competence in obstetric anaesthesia (IACOA) before undertaking unsupervised obstetric work.</p>	N/A		N/A	

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-207	<p>Acute Pain Team</p> <p>An acute pain team should be available, which should include:</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	The day ward did not have access to an acute pain team. Staff would contact the relevant anaesthetist and surgeon.	N	There was no access to an acute pain team.
XG-208	<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 at least:</p> <ol style="list-style-type: none"> Local Safety Standards for Invasive Procedures Human (non-technical) factors Moving and handling in the theatre environment Drug administration Plastering Resuscitation Use of equipment Care of children and young people 	N	Competency booklets were seen however none were completed. Reviewers were told of good plans that have been developed for training and development (by the PD team) however they were not in place at the time of the visit. At Evesham there was good evidence of training in emergency scenarios. Human factors training programme was in place. Mandatory training for c, f and h were in place.	N	Although there were good examples at Kidderminster - preceptorship schemes etc. and some plans to roll out human factor training, it was not consistent and did not meet all the aspects of the QS. Human factors training programme was in place. Mandatory training for c, f and h were in place.

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-209	<p>Multi-Disciplinary Training</p> <p>Staff training in the following areas should be undertaken on a multi-disciplinary basis:</p> <p>a. Local Safety Standards for Invasive Procedures</p> <p>b. Human (non-technical) factors</p>	N	<p>Evidence seen of one session in 2016. However, this did not appear to be routinely completed. Although some LocSSIPs were on the intranet they were not fully understood by staff</p> <p>A major haemorrhage event exercise had been run and actions taken as a result of the findings.</p>	N	<p>Although some LocSSIPs were on the intranet they were not fully understood by staff.</p> <p>A major haemorrhage event exercise had been run and actions taken as a result of the findings.</p>
XG-210	<p>New Starters and 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 and agency, bank and locum staff.</p>	N	<p>An induction checklist was made available after the visit. The evidence seen on the day - a booklet - did not include an appropriate level of detail. There were no copies of completed documents provided at the time of the visit to assure reviewers that a robust process was in place</p>	N	<p>An induction checklist was made available after the visit. The evidence seen on the day - a booklet - did not include an appropriate level of detail. There were no copies of completed documents provided at the time of the visit to assure reviewers that a robust process was in place</p>
XG-211	<p>Staff Monitoring</p> <p>Arrangements should be in place for monitoring and reviewing staff sickness, vacancy and turnover levels.</p>	Y		Y	
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>	N	<p>There was no admin support for the team at Evesham which resulted in staff spending time on administrative duties.</p>	Y	

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	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 	N	Reviewers were told that access to the trust infection control team was not timely and staff would contact the CCG infection control lead instead. Porters were only contactable if they were in the porters lodge and poor reception meant that the walkie-talkie system did not work in the theatre area. Ward and theatre staff were being used to collect patients.	Y	Although there were no porters in theatres, HCAs and Theatre assistants were being used to collect patients
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	

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-401	<p>Facilities</p> <p>The service should have appropriate facilities to deliver the expected number of assessments and procedures for the usual case mix of patients within expected timescales (QS XG-602). Facilities should comply with all relevant Standards and should ensure appropriate:</p> <ol style="list-style-type: none"> a. Privacy, dignity and security for patients (QS XG-103) b. Separation of children and adults c. Control of infection 	Y		N	See note for XG QS-103
XG-402	<p>Equipment</p> <p>Equipment and consumables required for the usual case mix of patients should be available and appropriately maintained, and should include:</p> <ol style="list-style-type: none"> a. Immediate availability of resuscitation equipment for children and adults, checked in accordance with Hospital policy b. Sterile supplies c. Moving and handling aids d. Specialist equipment including implants and prostheses e. In-theatre imaging f. Equipment, moving and handling aids and patient gowns to meet the needs of all patients including: <ol style="list-style-type: none"> i. Bariatric patients ii. Adults and children with physical disabilities 	Y		Y	However, see Further Consideration section of the report in relation to consolidation of prostheses and implants

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	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> <ol 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 non-invasive measurement of blood pressure and invasive haemodynamic monitoring d. Equipment for measuring ECG, oxygen saturation and temperature e. Oxygen, suction equipment and resuscitation equipment, including a defibrillator. f. Active scavenging of waste anaesthetic gas to comply with Control of Substances Hazardous to Health (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	

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-404	<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 and recording of checks d. Equipment maintenance (service contracts and maintenance schedules) covering planned maintenance and 24/7 breakdown or unscheduled maintenance e. Contingency plans in the event of equipment breakdown f. Monitoring and management of equipment failures and faults g. Ensuring safety warnings, alerts and recalls are circulated and acted upon within specified timescales h. Programme of equipment replacement and risk management of equipment used beyond its replacement date 	Y	However, reviewers did observe some pieces of equipment where the checks were out of date and it was unclear how quickly issues were being followed up	N	Reviewers observed different replacement programmes in place and it was therefore difficult to determine which was for example Siemens kit and which was Trust kit. At Kidderminster reviewers saw that a check for diathermy was not documented and felt that there was poor governance in relation to equipment management
XG-405	<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. Hospital Patient Administration System d. Emails and the Hospital intranet and policies e. On-line medical and other relevant information f. System connectivity should be sufficient to ensure that patient details are entered once only. 	N	Reviewers observed various clinical systems (spreadsheets etc) in place. There was no central repository for theatre wide documents. The archive system was not indexed appropriately making searching of clinical notes difficult for staff.	N	Reviewers observed various clinical systems (spreadsheets etc) in place. There was no central repository for theatre wide documents. The archive system was not indexed appropriately making searching of clinical notes difficult for staff.

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-501	<p>Local Safety Standards for Invasive Procedures</p> <p>Local Safety Standards for Invasive Procedures should be in use in all theatres and invasive procedure areas and should cover at least:</p> <ul style="list-style-type: none"> a. Scheduling and list management b. Handovers and information transfer c. Procedural verification of site marking d. Safety briefing e. Sign in f. Time out g. Prosthesis verification h. Prevention of retained foreign objects i. Sign out j. Debriefing k. Use of WHO Surgical Safety Checklist 	N	See Concern 7 main report	N	See Concern 7 main report

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-502	<p>Patient Pathway Guidelines</p> <p>Guidelines should be in use covering:</p> <ol style="list-style-type: none"> 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. Anaesthetic assistance throughout the procedure f. Monitoring during anaesthesia and recovery g. Post-operative care h. Post-surgery review i. Recognition and treatment of complications, including involving other services as required j. Anaesthesia in the CT and MRI environment k. Use of ultrasound during anaesthesia l. Anaesthesia in the plaster room <p>These guidelines should be explicit about:</p> <ol style="list-style-type: none"> i. Responsibilities at each stage of the assessment and procedure ii. Handover between stages of the patient pathway iii. Indications and arrangements for day case and short-stay surgery and enhanced recovery iv. Documentation 	Y		Y	

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-503	<p>Consent</p> <p>The organisation's consent procedure should be in use.</p>	Y		N	There was a policy in place, but it was not always being followed by staff. Further detail is included in the Immediate Risk section of the main report
XG-504	<p>Clinical Guidelines</p> <p>Clinical guidelines should be in use covering at least:</p> <ol style="list-style-type: none"> Management of patients with allergies Management of pre- and post-operative pain Post-operative management of epidural anaesthesia and peripheral nerve catheters Blood transfusion including blood component therapy, intra-operative cell salvage and management of massive haemorrhage Management of suspected anaphylaxis during anaesthesia Perioperative management of bariatric patients Management of patients with diabetes Management of malignant hyperthermia Management of post-operative nausea and vomiting Management of patients with trauma Management of sepsis Management of acute unplanned surgical care Conditions requiring antenatal referral to an anaesthetist (available to both obstetricians and midwives) High risk surgical care for patients with a predicted hospital mortality of >10% Perioperative management of frail older people 	N	Some documentation was in place but not for all guidelines. In addition, reviewers noted that there had been a number of 'three-month extensions' to the review dates of guidelines	N	Some documentation was in place but not for all guidelines. In addition, reviewers noted that there had been a number of 'three-month extensions' to the review dates of guidelines

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-505	<p>Transfer</p> <p>Guidelines on transfer of patients should be in use, covering at least:</p> <ol style="list-style-type: none"> Transfer to and from critical care services within the hospital 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	A documented transfer policy which addressed transfers between hospitals within the Trust or transfers externally to other Trusts was not yet in place. However, from discussions with staff they were able to describe the process for transferring patients.	N	A documented transfer policy which addressed transfers between hospitals within the Trust or transfers externally to other Trusts was not yet in place. However, from discussions with staff they were able to describe the process for transferring patients.
XG-506	<p>Infection Control</p> <p>Guidelines on infection control should be in use, including guidelines on:</p> <ol style="list-style-type: none"> Cleaning 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 Decontamination of equipment and environment, including before and after use by patients with suspected or confirmed contagious or communicable diseases Use of single-use, disposable equipment 	N	A cleaning summary was displayed in theatre areas. However, see concern 3 main report	N	A cleaning summary was displayed in theatre areas. However, see concern 3 main report
XG-507	<p>Resuscitation Policy</p> <p>The organisation's resuscitation policy should be in use.</p>	N	Policy in place but was out of date and with no review date	N	Policy in place but was out of date and with no review date

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-508	<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 another hospital to carry out procedures (if required), including governance responsibility 	N	Reviewers could not locate any evidence of any network-wide guidelines or guidelines for more specialist services.	N	Reviewers could not locate any evidence of any network-wide guidelines or guidelines for more specialist services.
XG-509	<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 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. Restricted use of open systems for injectable medication i. Prescribing of drugs to take home for day case patients j. Control of waste anaesthetic gases 	N	Guidelines were not seen covering all the requirements of the QS. A policy was in place for using injectable medicines.	N	Guidelines were not seen covering all the requirements of the QS. A policy was in place for using injectable medicines.

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-510	<p>Management of Controlled Drugs</p> <p>Protocols should be in use covering the prescription, administration and disposal of Controlled Drugs.</p>	N	Standards for administering and disposal of controlled drugs were not robust. Reviewers witnessed that for both the patients on the morning theatre list, staff had left the theatre area before signing in the register that controlled drugs had been dispensed and destruction witnessed. For further detail see the Immediate Risk section of the main report In addition, signatures were not clearly legible (just squiggles!)	N	Gaps in Controlled Drug Registers were noted at Kidderminster.
XG-511	<p>Health and Safety</p> <p>The organisation's Health and Safety Policy should be in use, including specific reference to the response to clinical incidents.</p>	Y		Y	

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	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. Preparation of clinical areas g. Safe handling and positioning of patients h. Communication and liaison with hospital bed management, surgical teams, obstetrics, imaging and pathology services i. IT security j. Management of clinical waste k. Safeguarding children and vulnerable adults in the operating theatre l. Death of patients in the theatre environment and organ donation m. Arrangements for obtaining feedback from hospital clinicians and for involving referring GPs and hospital clinicians in decisions about the organisation of the service n. Response to a Major Incident 	N	An Operational Policy was in development but was not finalised at the time of the review	N	An Operational Policy was in development but was not finalised at the time of the review

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	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 Daily access to theatres for reconstructive microsurgery (Major Trauma Centres only) <p>Escalation procedures when theatre and recovery capacity is insufficient for expected need</p>	N	<p>A capacity management plan was not yet in place. Some operating lists were underutilised.</p> <p>In practice activity could be seen via the 'Bluespier' theatre management system and staff were moved to cover other areas at times. If lists were delayed that staff would stay on duty.</p>	N	<p>A capacity management plan was not yet in place. A member of staff was allocated to remain on duty should lists be delayed and there was some proactive management in terms of scheduling types of cases earlier in the lists.</p>
XG-603	<p>Risk Assessment and Management</p> <ol style="list-style-type: none"> A system for 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		Y	<p>However, staff appeared to be unaware of the risk management process and a copy of the Theatres or divisional risk register was not made available to reviewers at the time of the visit but was submitted subsequently</p>
XG-604	<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>	N	<p>An up to date report showing compliance with Control of Substances Hazardous to Health (COSHH) Regulations was not available. Reviewers were told that audits had not been undertaken on site.</p>	N	<p>An up to date report showing compliance with Control of Substances Hazardous to Health (COSHH) Regulations was not available.</p>

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-605	<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 	N	<p>Systems for on-going review and improvement as defined by the QS were not yet in place.</p> <p>Some work had been commissioned from external agencies but actions following this work had not yet been implemented.</p>	N	<p>Systems for on-going review and improvement as defined by the QS were not yet in place.</p> <p>Some work had been commissioned from external agencies but actions following this work had not yet been implemented.</p>
XG-606	<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 organisation's business plans.</p>	N	<p>There was no service development plan provided as evidence and reviewers did not see any evidence of the implementation of the requirements of this QS</p>	N	<p>There was no service development plan provided as evidence and reviewers did not see any evidence of the implementation of the requirements of this QS</p>
XG-701	<p>Data Collection</p> <p>Regular data collection and performance monitoring should cover:</p> <ol style="list-style-type: none"> Theatre utilisation, and theatre session over-runs, under-runs and late starts 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 $\geq 10\%$ where a consultant surgeon and consultant anaesthetist are present for the operation 	N	<p>Data showing achievement of agreed timescales for responding to planned demand (d) was not available.</p> <p>Data on Theatre utilisation and activity were collected (via Bluespier and the National Laparotomy Audit). Data for 'e' and 'f' were not applicable for Evesham</p>	N	<p>Data showing achievement of agreed timescales for responding to emergency, urgent and planned demand was not available.</p> <p>Data 'e' and 'f' were not applicable for Kidderminster</p> <p>Data were collected and stored in files at Kidderminster and Reviewers were told that the data related to all sites.</p>

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-702	<p>Audit and Monitoring</p> <p>The service should have a rolling programme of audit of compliance with at least:</p> <ul style="list-style-type: none"> a. Equipment management (QS XG-404) b. Implementation of Local Safety Standards for Invasive Procedures (QS XG-501) c. Documentation of invasive procedures (QS XG-502) d. Cleanliness and infection control (QS XG-506) e. Management of Drugs and Anaesthetic Agents (QS XG-509) f. Management of Controlled Drugs (QS XG-510) g. Staff clothing and professional behaviour in the theatre environment (QS XG-601) h. Feedback should be shared through multi-disciplinary review and learning arrangements (QS XG-798) and with patient representatives (QS XG-199). 	N	No audit programme was in place.	Y	Reviewers saw good examples of audits at Kidderminster. However, some noncompliance with the uniform policy was noted
XG-704	<p>Monitoring of Key Performance Indicators</p> <p>Key performance indicators (QS XG-701) and audit results (QS XG-702) should be reviewed regularly with hospital management and with commissioners.</p>	N		N	
XG-798	<p>Multi-Disciplinary Review and Learning</p> <p>The service should have appropriate multi-disciplinary arrangements for reviewing and implementing learning from:</p> <ul style="list-style-type: none"> a. Positive feedback, complaints, outcomes, incidents and 'near misses' b. National Patient Safety Agency alerts c. Published scientific research and guidance relating to theatre and anaesthetic services 	N	Theatre team did hold meetings, but these did not include medical staff. Staff team confirmed that they did not get any feedback from incidents and learning	N	Safety huddles took place at 8am. Some team meetings took place, but these did not include all disciplines.

Ref	Quality Standards	Evesham Community Hospital		Kidderminster Hospital and Treatment Centre	
		Met? Y/N	Reviewer Comments	Met? Y/N	Reviewer Comments
XG-799	<p>Document Control</p> <p>All policies, procedures and guidelines should comply with the organisations document control procedures.</p>	N	Documents were difficult to access via the hospital intranet In addition a number of documents had had their review dates extended for three months (until March and June 2018). The PD team were in the process of developing a dashboard with links to specific theatre policies though some of the information that could be accessed by staff was in draft form	N	Documents were difficult to access via the hospital intranet In addition a number of documents had had their review dates extended for three months (until March and June 2018). The PD team were in the process of developing a dashboard with links to specific theatre policies though some of the information that could be accessed by staff was in draft form

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