

# Quality Standards

## Theatre and Anaesthetic Services

Version 3.1

July 2021

**These Quality Standards were developed in accordance with the International Standard ISO/IEC 17020:2012 - Conformity assessment – Requirements for the operation of various types of bodies performing inspection in line with our accreditation with UKAS as an Inspection Body (No 8831).**

**The Quality Review Service closed on 31<sup>st</sup> July 2021, UKAS have asked that the accreditation symbol now be removed.**

**The standards can be used until they reach their expiry date – October 2022.**

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Whilst the Quality Review Service has taken reasonable steps to ensure that these Quality Standards are fit for the purpose of reviewing the quality of services, this is not warranted, and the Quality Review Service will not have any liability to the service provider, service commissioner or any other person in the event that the Quality Standards are not fit for this purpose. The provision of services in accordance with these Standards does not guarantee that the service provider will comply with its legal obligations to any third party, including the proper discharge of any duty of care, in providing these services.

Review by: October 2022 at the latest

<b>Version No</b>	<b>Date</b>	<b>Change from previous version</b>
V2	Sept 2017	Revised to include National Safety Standards for Invasive procedures and other guidance published since Version 1 Acute Trust- wide section added
V3	April 2021	Revised to include guidance published since Version 2 External review
V3.1	July 2021	UKAS logo removed

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## Introduction

These updated Quality Standards for Theatre and Anaesthetic Services are based on national guidance and reflect the experience of using the Quality Standards between 2013 to 2018. The Quality Standards were first revised in 2017 to take account of later guidance and were circulated for comment within the West Midlands and comments received taken into account.

The Standards were due for review in December 2020 but due to the Covid -19 pandemic, this suite of QS were revised to reflect changes in guidance, in particular the National Safety Standards for Invasive Procedures (NatSSIPs) report (NHSE updated 2019), the Royal College of Anaesthetists Guidelines (2019-20) and Healthcare Safety Investigation Branch National Learning Report (2021). In light of this, the next formal review will be undertaken in 18 months rather than three years.

We are grateful to Mr Matthew Revell, Executive Medical Director and Consultant Orthopaedic Surgeon, Royal Orthopaedic Hospital NHS Foundation Trust who provided advice to the QRS team during the revision of these Quality Standards.

## Aims of the Quality Standards

The Quality Standards aim to improve the quality of the care for people using theatres and anaesthetic services and to help answer the question: “At each point on the pathway, how will I know that national guidance and best practice have been implemented?” The Quality Standards are suitable for use:

- a. Internal quality assurance through self-assessment
- b. External quality assurance for use by commissioners and other relevant providers
- c. External quality assurance through peer review
- d. As part of an organisations preparation for other accreditation programmes

They describe what services should be aiming to provide and providers and commissioners should be moving towards meeting all applicable Quality Standards within the next two to five years. Reference Sources lists the references sources on which the Quality Standards are based.

Through use of the Quality Standards we hope that:

1. The local community, service users and carers will know more about the services they can expect.
2. Commissioners will be supported in assessing and meeting the needs of their population, improving health and reducing health inequalities, and will have better service specifications.
3. Service providers and commissioners will work together to improve service quality.
4. Service providers and commissioners will have external assurance of the quality of local services.
5. Reviewers will learn from taking part in review visits.
6. Good practice will be shared.
7. Service providers and commissioners will have better information to give to the Care Quality Commission. The devolved nations may have different regulatory frameworks in place but these QS can still be used with these frameworks to provide additional assurance to commissioners of services.

## Scope of the Quality Standards

The Quality Standards include a 'Theatres and Anaesthetic' section and an 'Acute Trust' section. The 'Acute Trust' section applies to NHS Trusts providing theatre and anaesthetics services. The Quality Standards can also be applied to other organisations, for example private hospitals, where invasive procedures are undertaken.

The Quality Standards for the theatres and anaesthetic services should sit within organisations' overall clinical governance arrangements. The QRS Clinical Governance Quality Standards V2.1 (2020) describe the clinical governance arrangements which should be in place. Compliance in NHS provider organisations will usually be assured through other regulatory bodies. Non-NHS organisations may wish to use the QRS Clinical Governance Quality Standards to assure themselves of the robustness of their overall clinical governance arrangements.

These Quality Standards link with:-

- Care of Critically Ill and Critically Injured Children (Paediatric Anaesthesia section)
- Clinical and Quality Governance

Latest versions of QRS Quality Standards are available on the QRS website

[www.qualityreviewservicewm.nhs.uk](http://www.qualityreviewservicewm.nhs.uk)

## Excel and PDF Versions

The full text of the Quality Standards and all Appendices is available in a PDF version. A self-assessment form is available in Excel, and it is recommended that this is used by commissioners and service providers when considering their compliance with the Standards. The Excel version has the following advantages:

- Standards applicable to each section are shown in different tabs
- Additional columns can be used for subsequent self-assessments, enabling progress to be seen without losing earlier information.
- The spreadsheet includes a 'CQC' tab. This updates automatically when a self-assessment is completed and allows services to see, and demonstrate, the extent to which they are achieving the CQC Key Lines of Enquiry. The devolved nations may have different regulatory frameworks in place but these QS can still be mapped to other frameworks to provide additional assurance to providers and commissioners of services.

When using the Excel spreadsheet it is useful to know the following:

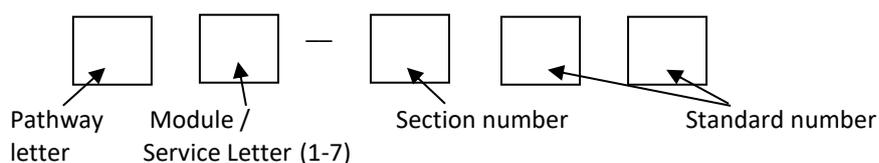
- If the tabs at the bottom of the spreadsheet do not appear, please minimise the spreadsheet and then maximise it again and the tabs should be there.
- 'Alt' and 'Enter' (together) allows you to put a new line within an Excel cell.

The PDF version includes appendices 1 to 4 which are not included in the Excel version.

## Structure of the Quality Standards

### QRS Quality Standards Reference Structure

QRS Quality Standard reference numbers have the following structure:



Each Standard is structured as follows:

<p><b>Reference Number (Ref)</b></p>	<p>This column contains the reference number for each Standard, which is unique to these Standards and is used for all cross-referencing. Each reference number is composed of two letters and three digits (see above and below for more detail).</p> <p>The reference column also includes a guide to how the Standard will be reviewed:</p> <table border="1" data-bbox="612 398 1212 817"> <tr> <td>BI</td> <td>Background information</td> </tr> <tr> <td>Visit</td> <td>Visiting facilities</td> </tr> <tr> <td>MP&amp;S</td> <td>Meeting service users (children, young people, adults) and staff</td> </tr> <tr> <td>CNR</td> <td>Case note review or clinical observation</td> </tr> <tr> <td>Doc</td> <td>Documentation should be available. Documentation may be written or be in the form of a website or other social media</td> </tr> </table> <p>The shaded area indicates the approach that will be used to reviewing the Quality Standard. APPENDIX 4 summarises the evidence needed for review visits.</p>	BI	Background information	Visit	Visiting facilities	MP&S	Meeting service users (children, young people, adults) and staff	CNR	Case note review or clinical observation	Doc	Documentation should be available. Documentation may be written or be in the form of a website or other social media
BI	Background information										
Visit	Visiting facilities										
MP&S	Meeting service users (children, young people, adults) and staff										
CNR	Case note review or clinical observation										
Doc	Documentation should be available. Documentation may be written or be in the form of a website or other social media										
<p><b>Quality Standard (QS)</b></p>	<p>This describes the quality that services are expected to provide.</p>										
<p><b>Notes</b></p>	<p><i>The notes give more detail about either the interpretation or the applicability of the Standard.</i></p>										

**Pathway and Service Letters:**

The Quality Standards for Theatre and Anaesthetic Services use the pathway letter 'X'. The Standards relate to the following services:

XC-	Theatres and Anaesthetics Services	Acute Trust-wide
XG-	Theatres and Anaesthetics Services	Theatres and Anaesthetic Service

**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

Within each section, each Standard has a unique two digit number. These are not always sequential, to ensure that similar standards in different pathways have the same two digit number.

The Quality Standards are cross-referenced to the British Standards Institution PAS16:16 and the Care Quality Commission Key Lines of enquiry in [Appendix 2](#). [Appendix 3](#) gives a glossary of terms and abbreviations used in the Quality Standards.

### **Policies, Protocols, Guidelines and Procedures:**

The Quality Standards use the words policy, protocol, guideline and procedure based on the following definitions:

- Policy:** A course or general plan adopted by an organisation which sets out the overall aims and objectives in a particular area.
- Protocol:** A document laying down in precise detail the tests or steps that must be performed.
- Guidelines:** Principles which are set down to help determine a course of action. They assist the practitioner to decide on a course of action but do not need to be automatically applied. Clinical guidelines do not replace professional judgement and discretion.
- Procedure:** A procedure is a method of conducting business or performing a task, which sets out a series of actions or steps to be taken.

Some standards use the term 'guidelines and protocols'. This should be taken as referring to policies, protocols, guidelines and procedures. All clinical guidelines should be based on national guidance, including NICE guidance where available. Local guidelines, protocols and documented procedures such as Local Safety Standards for Invasive Procedures (LocSSIPs) should specify the way in which national guidance will be implemented. This visible link between local standards and national standards and the evidence base is essential to improve standardisation of processes. The Healthcare Safety Investigation Branch National Learning Report (2021) raised a safety recommendation about LocSSIPs not being standardised enough and allowing too much local variation from NatSSIPs. The clear underpinning of local with national guidance is pivotal to reducing variation in such contexts. Nevertheless, guidelines, protocols and documented procedures should be organised in the way, which is most helpful to the local service, for example, one guideline may cover several Quality Standards or several guidelines may relate to one Quality Standard.

### **Comments on the Quality Standards**

The Quality Standards will be revised as new national guidance becomes available and as a result of experience of their use in peer review. Comments on the Quality Standards are welcomed and will be taken into account when they are updated. Comments should be sent to [grs@nhs.net](mailto:grs@nhs.net)

More information about QRS and its Quality Standards and reviews is available at [www.qualityreviewservicewm.nhs.uk](http://www.qualityreviewservicewm.nhs.uk)

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## Acute Trust-wide

Ref	Standard					
<b>Information and Support for Patients and Carers</b>						
<b>XC-101</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Patient Support after ‘Never Events’</b> <p>The Trust should ensure that support is offered to patients who have experienced a ‘Never Event’, and to their carers.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>Duty of Candour should be followed in line with statutory national guidance</i></li> </ol>
BI						
Visit						
MP&S						
CNR						
Doc						
<b>Staffing</b>						
<b>XC-201</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Executive Lead for Safety of Invasive Procedures</b> <p>The Trust should identify an Executive Lead with responsibility for implementation of Local Standards for Safety of Invasive Procedures.</p>
BI						
Visit						
MP&S						
CNR						
Doc						
<b>XC-202</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Staff Support after ‘Never Events’</b> <p>The Trust should ensure that support is offered to staff who have been involved in a ‘Never Event’.</p>
BI						
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MP&S						
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Doc						
<b>Service Organisation and Liaison with Other Services</b>						
<b>XC-601</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Areas where Invasive Procedures are Performed</b> <p>The Trust should identify all areas in the organisation in which invasive procedures are performed.</p>
BI						
Visit						
MP&S						
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<b>Governance</b>						
<b>XC-701</b> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<b>Development of Local Safety Standards for Invasive Procedures</b> <p>The Trust should ensure that Local Safety Standards for Invasive Procedures (QS XG-203 &amp; XG-501) are developed and implemented in all areas in which invasive procedures are performed.</p>
BI						
Visit						
MP&S						
CNR						
Doc						

Ref	Standard
XC-702 BI Visit MP&S CNR Doc	<p><b>Reporting of Local Safety Standards for Invasive Procedures Audits</b></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>

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## Theatre and Anaesthetic Service

Ref	Standard					
<h3>Information and Support for Patients and Carers</h3>						
<p>XG-102</p> <table border="1" data-bbox="209 495 292 667"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Procedure Information</b></p> <p>For each procedure, patients should be offered written information, and the opportunity to discuss this, covering:</p> <ol style="list-style-type: none"> <li>Preparation for the procedure</li> <li>Types of anaesthesia available</li> <li>Any side effects</li> <li>Recovery from surgery</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of the patients and their carers. Information for children and young people should meet the Quality Criteria for Young People Friendly Health Services (DH, 2011 reviewed 2017).</li> <li>Procedure information should be easily available to ward staff as well as being sent to patients attending on an out-patient basis.</li> <li>This QS links with QS XG-503 about consent procedures and should be appropriate to support patients in making informed consent. Information may be offered by surgical teams or by theatre and anaesthetic staff. Theatre and anaesthetic staff should be aware of the information available and should ensure that patients have been offered appropriate information.</li> <li>Information may also cover other aspects of care, for example, how, when and by whom results will be communicated.</li> </ol>
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<p>XG-103</p> <table border="1" data-bbox="209 1317 292 1489"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Privacy, Dignity and Security</b></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>
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MP&S						
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<p>XG-104</p> <table border="1" data-bbox="209 1541 292 1713"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Communication Aids</b></p> <p>Communication aids should be available to help patients with communication difficulties to participate in decisions about their care.</p>
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Ref	Standard					
<p>XG-196</p> <table border="1" data-bbox="209 277 292 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>General Support for Service Users and Carers</b></p> <p>Patients and carers should have easy access to the following services, and information about these services should be easily available:</p> <ol style="list-style-type: none"> <li>Interpreter services, including access to British Sign Language</li> <li>'Compliments and complaints' procedures</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>Information should be written in clear, plain English and should be available in formats and languages appropriate to the needs of the patients and their carers. Information for children and young people should meet the Quality Criteria for Young People Friendly Health Services (DH, 2011 reviewed 2017).</li> <li>This QS is about signposting to relevant services.</li> </ol>
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<p>XG-199</p> <table border="1" data-bbox="209 730 292 907"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Involving Patients and Carers</b></p> <p>The service should have:</p> <ol style="list-style-type: none"> <li>Mechanisms for receiving feedback from patients and carers about their treatment and care</li> <li>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</li> <li>Examples of changes made as a result of the feedback and involvement of patients and carers</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>The arrangements for receiving feedback from patients and carers may involve surveys, including the national patient survey, patient stories, focus groups and/or other arrangements. They may involve Trust-wide arrangements as long as issues relating to Theatre and Anaesthetic Services can be identified.</li> </ol>
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<h2 style="color: #00A651;">Staffing</h2>						
<p>XG-201</p> <table border="1" data-bbox="209 1330 292 1507"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Leadership</b></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> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>Leads for Theatre and Anaesthetic Services may also be leads for other areas, for example, critical care.</li> </ol>
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Ref	Standard					
<p>XG-202</p> <table border="1" data-bbox="209 277 292 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Service Leads</b></p> <p>Leads for, at least, the following areas should be identified:</p> <ol style="list-style-type: none"> <li>Critical care, including high dependency care and outreach</li> <li>Acute pain</li> <li>Obstetric anaesthesia</li> <li>Care of children</li> <li>Chronic pain</li> <li>Safety</li> <li>Major incidents</li> <li>Admissions and day care</li> <li>Pre-operative assessment</li> <li>Recovery</li> <li>Service improvement</li> <li>Equipment</li> </ol> <p><b>Notes:</b></p> <ol style="list-style-type: none"> <li><i>Leads may have responsibility for more than one area. Named leads for obstetric anaesthesia and care of children are only applicable to hospitals with on-site obstetric and paediatric units</i></li> <li><i>Leads for other areas may also be identified, for example, for audit, education, logistics and sterile services, and dental anaesthesia. Leads may cover both theatres and anaesthetic services or these responsibilities may be separate.</i></li> <li><i>Leads for critical care and for care of children are duplicated in the Critical Care and Paediatric Anaesthesia Quality Standards respectively, and are repeated here for completeness.</i></li> <li><i>Chronic pain services are outside the scope of these QSs but a lead should be identified. The role of the lead may be to lead the provision of this service and/or to liaise with chronic pain services.</i></li> <li><i>The Safety Lead should have responsibility for LocSSIPs within the theatre environment, liaison with other services involved in the surgical pathway, the WHO Surgical Safety Checklist and other work relating to safer surgery.</i></li> </ol>
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Ref	Standard					
<p>XG-203</p> <table border="1" data-bbox="209 277 292 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Staffing Levels</b></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"> <li>Local Safety Standard for Invasive Procedures for the workforce needed to deliver safe patient care in each operating theatre and invasive procedure area</li> <li>An escalation policy that ensures flexibility of staffing in response to fluctuations in demand and availability of staff</li> </ol> <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, surgical assistants, physicians' assistants/anaesthesia associates, operating department practitioners, theatre assistants, theatre nurses and porters.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>This QS is not specific about the expected skill mix. A clear methodology should, ideally, be used to determine appropriate staffing levels. Benchmarking information may be helpful in determining appropriate staffing and an appropriate skills mix.</i></li> <li><i>Staffing establishment recommended by the Association for Perioperative Practice (2016) is: "One registered anaesthetic assistant practitioner for each session involving an anaesthetic. This includes sessions where local sedation or regional anaesthesia is administered. Two scrub practitioners as a basic requirement for each session unless patient dependency and /or clinical service demand more or less. Two practitioners are recommended for a list of major surgery unless there is only one case. Two practitioners are recommended for a list of minor surgery that demands a quick throughput or has several cases on it such as for an elective day surgery list. One circulating staff member for each session unless there is a requirement for more, i.e. when two cavities are opened, for example anterior and posterior resection. There may be occasions when two qualified staff are required if there is a quick throughput of patients requiring minor procedures, such as in a surgical day unit. One recovery practitioner per patient for the immediate post-operative period. If the patient is not returning to a special area such as a high dependency unit immediately after surgery, they need to be care for by practitioners who are trained and experienced in post-anaesthetic care for the immediate postoperative period." (Version 5 of the AfPP standards is due to be published late in 2020 and any changes will be incorporated into these QS).</i></li> <li><i>Obstetric theatre staff, whether midwives, nurses or ODPs, should be trained to the level recommended for general surgery / recovery. A midwife with no additional training does not have adequate competences for recovery duties.</i></li> </ol>
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<p>XG-204</p> <table border="1" data-bbox="209 1695 292 1872"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Emergency Service</b></p> <p>Staff with appropriate competences should be available outside planned sessions including:</p> <ol style="list-style-type: none"> <li>On call consultant anaesthetist</li> <li>On-site anaesthetist of grade CT3 or above (or equivalent)</li> <li>Emergency theatre service</li> </ol> <p>Competences for emergency work should be maintained through appropriate Continuing Professional Development and/or daytime job-planned work.</p>
BI						
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Ref	Standard					
XG-205 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Trauma Services</b></p> <p>The following should be in place:</p> <ol style="list-style-type: none"> <li>Major Trauma Centres: a trauma anaesthetic team separate from other emergency and elective teams (24/7)</li> <li>Trauma Units: a daily dedicated trauma theatre session (7/7)</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>Theatre teams in Trauma Units should be encouraged to undertake rotation to a Major Trauma Centre in order to maintain competences in the management of patients with trauma.</li> </ol>
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XG-206 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Obstetric Anaesthesia Team</b></p> <p>Hospitals with obstetric units should have:</p> <ol style="list-style-type: none"> <li>An obstetric anaesthesia team separate from other emergency work</li> <li>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)</li> <li>A resident on-site duty anaesthetist in units offering a 24 hour neuraxial analgesia service</li> <li>A named consultant responsible for each elective caesarean section list</li> <li>An immediately available adult resuscitation team with competences in resuscitation of the pregnant patient</li> </ol> <p>All duty anaesthetists should have completed an initial assessment of competence in obstetric anaesthesia (IACOA) before undertaking unsupervised obstetric work.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>This QS is applicable only to hospitals with on-site obstetric units.</li> <li>The duty anaesthetist for obstetrics should not be solely responsible for critical care, cardiac arrests or general theatres.</li> <li>Busier units (over 5000 births per year) should consider having two duty anaesthetists available 24/7, in addition to the supervising consultant (National Quality Board 2018 &amp; Royal College of Anaesthetists, Guidelines for the Provision of Anaesthesia Services for an Obstetric Population 2020).</li> <li>Smaller units: the duty anaesthetist should be immediately available and able to delay other responsibilities should obstetric work arise (Royal College of Anaesthetists, Guidelines for the Provision of Anaesthesia Services for an Obstetric Population 2020)</li> <li>Competence of locums should be assessed before they undertake unsupervised obstetric work (QS XG-210).</li> </ol>
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XG-207 <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Acute Pain Team</b></p> <p>An acute pain team should be available, which should include:</p> <ol style="list-style-type: none"> <li>Consultant anaesthetist with sessional commitments to the team</li> <li>Specialist nurse with specific competences in the management of acute pain</li> <li>Other medical, nursing and operating department practitioner staff as required for the number of patients and the complexity of their needs</li> <li>Pharmacist with sessional commitments to the team</li> <li>Physiotherapist with sessional commitments to the team</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>Secretarial and administrative support is covered in QS XG-299.</li> <li>Evidence of compliance with this QS may be combined with evidence for compliance with QSS XG-203 and XG-208.</li> </ol>
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<p>XG-208</p> <table border="1" data-bbox="209 277 292 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Competence Framework and Training Plan</b></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"> <li>Local Safety Standards for Invasive Procedures</li> <li>Human (non-technical) factors</li> <li>Moving and handling in the theatre environment</li> <li>Drug administration</li> <li>Plastering</li> <li>Resuscitation</li> <li>Use of equipment</li> <li>Care of children and young people</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>This QS applies to all theatre and anaesthetic staff, including those working in invasive procedure areas, and emergency, trauma and obstetric anaesthesia teams. Competences of consultant medical staff should be covered by re-validation. The competence framework may cover medical staff, especially non-consultant non-training grade staff, until re-validation is complete.</i></li> <li><i>The competence framework should be clear about the service's approach to competence assessment, and a summary of completion of competence assessments for different staff groups should be available.</i></li> <li><i>This QS relates to competences expected for theatre and anaesthetic staff which are over and above those expected for all staff as part of mandatory training, including their duty of candour. There may, however, be some overlap with mandatory training programmes.</i></li> <li><i>Section h of this QS overlaps with the Paediatric Anaesthesia Section of the Standards for the Care of Critically Ill and Critically Injured Children in the West Midlands. It is included here for completeness.</i></li> </ol>
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<p>XG-209</p> <table border="1" data-bbox="209 1323 292 1500"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Multi-Disciplinary Training</b></p> <p>Staff training in the following areas should be undertaken on a multi-disciplinary basis:</p> <ol style="list-style-type: none"> <li>Local Safety Standards for Invasive Procedures</li> <li>Human (non-technical) factors</li> </ol>
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<p>XG-210</p> <table border="1" data-bbox="209 1543 292 1720"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>New Starters and Agency, Bank and Locum Staff</b></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>
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<p>XG-211</p> <table border="1" data-bbox="209 1765 292 1942"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Staff Monitoring</b></p> <p>Arrangements should be in place for monitoring and reviewing staff sickness, vacancy and turnover levels.</p>
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<p>XG-299</p> <table border="1" data-bbox="209 282 288 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Administrative, Clerical and Data Collection Support</b></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> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>The amount of administrative, clerical and data collection support is not defined. Clinical staff should not, however, be spending unreasonable amounts of time on administrative tasks when that time could be used for clinical work.</i></li> </ol>
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<h2 style="color: #00A651;">Support Services</h2>						
<p>XG-301</p> <table border="1" data-bbox="209 696 288 869"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Support Services</b></p> <p>Timely access to the following services should be available:</p> <ol style="list-style-type: none"> <li>IT support</li> <li>Hospital porters</li> <li>Patient transport</li> <li>Security</li> <li>Cleaning</li> <li>Linen supplies</li> <li>Logistics and sterile services</li> <li>Pharmacy, covering advice and supply of drugs and medical gas testing</li> <li>Infection control advice</li> <li>Medical records</li> <li>Pathology</li> <li>Imaging</li> <li>Plastering (if not part of theatre and anaesthetic service)</li> <li>Electronic and bio-medical engineering</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>Timely is not strictly defined, but availability of these services should not unreasonably delay the patient pathway.</i></li> <li><i>Electronic and bio-medical engineering support may be combined with arrangements for equipment management (QS XG-404).</i></li> </ol>
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<p>XG-302</p> <table border="1" data-bbox="209 1518 288 1691"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Blood and Transplant</b></p> <p>Appropriate arrangements should be in place for:</p> <ol style="list-style-type: none"> <li>Supply and storage of blood products</li> <li>Other NHS blood and transplant storage requirements (if applicable)</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>Arrangements should comply with NHS blood and transplant requirements. The storage requirement may vary depending on the service provided, for example, bone donation, heart valves or skin grafts.</i></li> </ol>
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<b>Facilities and Equipment</b>						
<p>XG-401</p> <table border="1" data-bbox="209 394 292 568"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Facilities</b></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"> <li>a. Privacy, dignity and security for patients (QS XG-103)</li> <li>b. Separation of children and adults</li> <li>c. Control of infection</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>1. <i>Infection hazards in the theatre environment include a lack of cleanliness, damaged surfaces and flooring, inadequate separation of sterile and used equipment, and clutter.</i></li> </ol>
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<p>XG-402</p> <table border="1" data-bbox="209 808 292 983"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Equipment</b></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"> <li>a. Immediate availability of resuscitation equipment for children and adults, checked in accordance with Trust policy</li> <li>b. Sterile supplies</li> <li>c. Personal Protective Equipment (PPE)</li> <li>d. Moving and handling aids</li> <li>e. Specialist equipment including implants and prostheses</li> <li>f. In-theatre imaging</li> <li>g. Equipment, moving and handling aids and patient gowns to meet the needs of all patients including: <ol style="list-style-type: none"> <li>i. Bariatric patients</li> <li>ii. Adults and children with physical disabilities</li> </ol> </li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>1. <i>Availability of equipment is not specified in detail, but availability of equipment should not unreasonably delay the patient pathway or achievement of expected timescales (QS XG-602).</i></li> </ol>
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<p>XG-403</p> <table border="1" data-bbox="209 277 292 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Delivery Suite Equipment</b></p> <p>The following facilities and equipment should be available within the Delivery Suite:</p> <ol style="list-style-type: none"> <li>At least one fully equipped obstetric theatre</li> <li>Blood gas analysis and the facility for rapid estimation of haemoglobin and blood sugar</li> <li>Monitoring equipment for the non-invasive measurement of blood pressure and invasive haemodynamic monitoring</li> <li>Equipment for measuring ECG, oxygen saturation and temperature</li> <li>Oxygen, suction equipment and resuscitation equipment, including a defibrillator.</li> <li>Active scavenging of waste anaesthetic gas to comply with Control of Substances Hazardous to Health (COSHH) guidelines on anaesthetic gas pollution.</li> <li>Supply of O rhesus negative blood available 24/7 for emergency use</li> <li>Blood warmer allowing the rapid transfusion of blood and fluids</li> <li>Access to cell salvage equipment</li> <li>Patient controlled analgesia equipment and infusion devices for post-operative pain relief</li> <li>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</li> <li>Intralipid, Sugammadex and Dantrolene with their location clearly identified</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>This QS is applicable only to hospitals with on-site obstetric units.</i></li> <li><i>All equipment must be checked in accordance with Trust policy</i></li> </ol>
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<p>XG-404</p> <table border="1" data-bbox="209 1061 292 1238"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Equipment Management</b></p> <p>The service should have arrangements for equipment management covering:</p> <ol style="list-style-type: none"> <li>Procurement and management of equipment and consumables</li> <li>Installation assurance</li> <li>Calibration, operation and performance of equipment and recording of checks</li> <li>Equipment maintenance (service contracts and maintenance schedules) covering planned maintenance and 24/7 breakdown or unscheduled maintenance</li> <li>Contingency plans in the event of equipment breakdown</li> <li>Monitoring and management of equipment failures and faults</li> <li>Ensuring safety warnings, alerts and recalls are circulated and acted upon within specified timescales</li> <li>Programme of equipment replacement and risk management of equipment used beyond its replacement date</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>These arrangements should link with Trust-wide arrangements for governance of medical equipment.</i></li> </ol>
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<p>XG-405</p> <table border="1" data-bbox="209 277 292 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>IT System</b></p> <p>IT systems for storage, retrieval and transmission of patient information should be in use.</p> <p>Theatre and anaesthetic staff should have access to:</p> <ol style="list-style-type: none"> <li>Pre-assessment information</li> <li>Theatre management system</li> <li>Trust Patient Administration System</li> <li>Emails and the Trust intranet and policies</li> <li>On-line medical and other relevant information</li> </ol> <p>System connectivity should be sufficient to ensure that patient details are entered once only.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>The theatre management system should include appropriate clinical information to support clinical audit (QS XG-702), including information on post-operative complications, or this should be covered by a separate system.</i></li> <li><i>IT security is covered by QS XG-601.</i></li> </ol>
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<b>Guidelines and Protocols</b>						
<p>XG-501</p> <table border="1" data-bbox="209 394 292 568"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Local Safety Standards for Invasive Procedures</b></p> <p>Local Safety Standards for Invasive Procedures (LocSSIPs) should be in use in all theatres and invasive procedure areas and should cover at least:</p> <p><b>Organisational</b></p> <ol style="list-style-type: none"> <li>a. Governance and Audit</li> <li>b. Documentation of invasive procedures</li> <li>c. Workforce</li> <li>d. Scheduling and list management</li> <li>e. Handovers and information transfer</li> <li>f. Induction</li> <li>g. MDT team development</li> </ol> <p><b>Sequential</b></p> <ol style="list-style-type: none"> <li>h. Procedural verification of site marking</li> <li>i. Safety/Team briefing</li> <li>j. Sign in</li> <li>k. 'Stop before you block'</li> <li>l. Time out</li> <li>m. Stent, prosthesis and implant verification</li> <li>n. Prevention of retained foreign objects</li> <li>o. Sign out</li> <li>p. Debriefing</li> <li>q. Use of WHO Surgical Safety Checklist</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>1. <i>The sequential LocSSIPs 'h' to 'p' form part of both the WHO Surgical Safety Checklist, the Five Steps to Safer Surgery and 'Stop Before you Block'.</i></li> <li>2. <i>National Safety Standards for Invasive Procedures (NatSSIPs), NHS England (2015- updated 2019) has more detail of the requirements of each of the Safety Standards.</i></li> <li>3. <i>The NatSSIPs amended in 2019 included revised guidance for the checking and storage of prosthesis during the procedure following recommendations from the Healthcare Safety Investigation Branch's (HSIB) June 2018 report "Investigation into the implantation of wrong prostheses during joint replacement surgery"</i></li> <li>4. <i>The HSIB National Learning Report (2021) Safety recommendation R/2021/113 was made to the Centre for Perioperative Care to increase standardisation of specific safety-critical steps that are common across all procedures covered by the NatSSIPs policy</i></li> </ol>
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<p>XG-503</p> <table border="1" data-bbox="209 1476 292 1653"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Consent</b></p> <p>The Trust consent procedure should be in use.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>This QS links with QS XG-102 about patient information. Theatre and anaesthetic staff may not have direct responsibility for obtaining informed consent for all patients, but they do have a role in checking that informed consent has been obtained prior to surgery. Theatre and anaesthetic staff may be responsible for informed consent for some patients.</i></li> </ol>
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<p>XG-505</p> <table border="1" data-bbox="209 1476 292 1653"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Transfer</b></p> <p>Guidelines on transfer of patients should be in use, covering at least:</p> <ol style="list-style-type: none"> <li>a. Transfer of patients into theatre, theatres to recovery and recovery to wards</li> <li>b. Transfer to and from critical care services within the hospital</li> <li>c. Transfer for critical care or other specialist care outside the hospital</li> </ol> <p>Guidelines should be specific about communication, staffing, equipment and transport during the transfer, and governance responsibility.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>1. Transfer guidelines should be consistent with those used by critical care and paediatric and neonatal retrieval services.</li> </ol>
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<p><b>XG-506</b></p> <table border="1" data-bbox="209 277 292 456"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Infection Control</b></p> <p>Guidelines on infection control should be in use, including guidelines on:</p> <ol style="list-style-type: none"> <li>Cleaning</li> <li>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</li> <li>Decontamination of equipment and environment, including before and after use by patients with suspected or confirmed contagious or communicable diseases</li> <li>Use of single-use, disposable equipment</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>This QS may be met by separate guidelines or by the inclusion of infection control in other guidelines and protocols (QS XG-502 and XG-504). Guidelines should be consistent with, and may be part of, the Trust infection control policy.</i></li> </ol>
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<p><b>XG-507</b></p> <table border="1" data-bbox="209 766 292 945"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Resuscitation Policy</b></p> <p>The Trust resuscitation policy should be in use.</p>
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<p><b>XG-508</b></p> <table border="1" data-bbox="209 990 292 1169"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Network and More Specialist Services</b></p> <p>Guidelines should be in use covering arrangements and agreed timescales for:</p> <ol style="list-style-type: none"> <li>Access to procedures available at other hospitals</li> <li>Access to specialist advice or procedures not available within the hospital</li> <li>Arrangements for theatre and anaesthetic staff and equipment to transfer to another hospital to carry out procedures (if required), including governance responsibility</li> </ol>
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<p><b>XG-509</b></p> <table border="1" data-bbox="209 1236 292 1415"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Management of Drugs and Anaesthetic Agents</b></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"> <li>Roles and responsibilities</li> <li>Security, storage</li> <li>Prescription, including prescription of unlicensed medicines</li> <li>Preparation and administration</li> <li>Immediately available drugs (IADs)</li> <li>Identification and management of extravasation</li> <li>Identification and management of patients at risk of adverse reactions</li> <li>Management of continual infusion and patient-controlled analgesia</li> <li>Restricted use of open systems for injectable medication</li> <li>Prescribing of drugs to take home for day case patients</li> <li>Control of waste anaesthetic gases</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>Guidelines should link with the Trust Medicines Management Policy and should have been agreed by the Chief Pharmacist and/or Trust Drug and Therapeutics Committee. Guidelines may be separate or may be combined with patient pathway and other clinical guidelines (QS XG-500s).</i></li> <li><i>Drugs identified as being IADs should be appropriately risk-assessed for use in each location in terms of storage, security and timely access</i></li> </ol>
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Ref	Standard
XG-510 BI Visit MP&S CNR Doc	<b>Management of Controlled Drugs</b>  Protocols should be in use covering the safe custody, prescription, administration and disposal of Controlled Drugs.  <i>Notes:</i> 1. As QS XG-509. 2. More detail on the requirements for the management of Controlled Drugs is given in SI 2013 No. 373: <i>The Controlled Drugs (Supervision of Management and Use) Regulations 2013</i> .
XG-511 BI Visit MP&S CNR Doc	<b>Health and Safety</b>  The Trust Health and Safety Policy should be in use, including specific reference to the response to clinical incidents.  <i>Notes:</i> 1. This QS may be met by a separate theatre and anaesthetics policy so long as this is consistent with the Trust Health and Safety Policy.
<h2 style="color: #00A651;">Service Organisation and Liaison with Other Services</h2>	
XG-601 BI Visit MP&S CNR Doc	<b>Operational Policy</b>  A Theatre and Anaesthetics Service Operational Policy should be in use covering at least: <ol style="list-style-type: none"> <li>a. Availability of services, including 24/7 availability</li> <li>b. Record keeping</li> <li>c. Visitors and visiting by relatives and others</li> <li>d. Staff clothing</li> <li>e. Professional behaviour in the theatre environment</li> <li>f. Management of staff who are new or expectant mothers</li> <li>g. Preparation of clinical areas</li> <li>h. Safe handling and positioning of patients</li> <li>i. Communication and liaison with Trust bed management, surgical teams, obstetrics, imaging and pathology services</li> <li>j. Management of specimens</li> <li>k. IT security</li> <li>l. Management of clinical waste</li> <li>m. Sustainable use of resources and effective waste management</li> <li>n. Safeguarding children and vulnerable adults in the operating theatre</li> <li>o. Death of patients in the theatre environment and organ donation</li> <li>p. Arrangements for obtaining feedback from hospital clinicians and for involving referring GPs and hospital clinicians in decisions about the organisation of the service</li> <li>q. Response to a Major Incident</li> </ol> <i>Notes:</i> 1. The service response to a Major Incident should be consistent with the Trust Major Incident Plan. It may be part of the service operational policy, or the Trust Major Incident Plan, or both. 2. The Operational Policy should be consistent with pathway and clinical guidelines (QS XG-500s).

Ref	Standard					
<p>XG-602</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Capacity Management</b></p> <p>The service should have a capacity management plan covering:</p> <ol style="list-style-type: none"> <li>Expected timescales for response to emergency, urgent and planned demand</li> <li>Response to unexpected fluctuations in demand</li> <li>Response to delays in surgery and recovery</li> <li>Medical arbitration on priority of theatre cases</li> <li>Daily access to theatres for reconstructive microsurgery (Major Trauma Centres only)</li> <li>Escalation procedures when theatre and recovery capacity is insufficient for expected need</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>Monitoring of agreed timescales is covered in QS XG-701. The capacity management plan should be consistent with the Trust bed management policy. The capacity management plan may be combined with the LocSSIP on Scheduling and List management (QS XG-501) or the Operational Policy (QS XG-601) or may be separate.</i></li> </ol>
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<p>XG-603</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Risk Assessment and Management</b></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> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>The risk assessment and management system should link with Trust-wide risk management arrangements.</i></li> </ol>
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<p>XG-604</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Hazardous Substances</b></p> <p>The service should have an up to date report showing compliance with Control of Substances Hazardous to Health (COSHH) Regulations.</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>This QS is included for completeness. Compliance with COSHH will not be subject to review.</i></li> </ol>
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<p>XG-605</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Service Improvement</b></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"> <li>Theatre utilisation</li> <li>Staff utilisation</li> <li>Review of clinical pathways with referring GPs and hospital clinicians</li> </ol>
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<p>XG-606</p> <table border="1"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Service Development Plan</b></p> <p>The service should have a development plan or strategy which brings together the staffing, training, equipment and facilities plans for the next five years in support of the Trust's business plans.</p>
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Ref	Standard					
<h2 style="color: #00A651;">Governance</h2>						
<p>XG-701</p> <table border="1" data-bbox="209 394 292 568"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Data Collection</b></p> <p>Regular data collection and performance monitoring should cover:</p> <ol style="list-style-type: none"> <li>a. Theatre utilisation (including cancellations), and theatre session over-runs, under-runs and late starts</li> <li>b. Activity levels</li> <li>c. Timed clinical events along the patient pathway</li> <li>d. Achievement of agreed timescales for responding to emergency, urgent and planned demand</li> <li>e. Operations on ‘high risk’ surgical patients carried out under the direct supervision of a consultant surgeon and consultant anaesthetist</li> <li>f. Operations on patients with a predicted mortality of <math>\geq 10\%</math> where a consultant surgeon and consultant anaesthetist are present for the operation</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li>1. A ‘theatre dashboard’ of relevant information may be used.</li> <li>2. For Major Trauma Centres, data on achievement of timescales should include the readiness of a staffed and equipped emergency theatre, with equipment, instrumentation and supplies, available when the patient arrives.</li> <li>3. The Royal College of Surgeons (2018) and The National Emergency Laparotomy Audit (NELA) defines ‘high risk’ surgical patients as those with a predicted mortality of <math>\geq 5\%</math> using the appropriate specialty risk scoring mechanism.</li> </ol> <p><i>The Royal College of Surgeons (2018) states that for high risk patients, surgical procedures should be conducted in the presence of a consultant surgeon and consultant anaesthetist unless the responsible consultants have satisfied themselves that their delegated staff have adequate competency, experience, manpower and are adequately free of competing responsibilities. This guidance includes additional detail on the outcome indicators for acute surgical units, including timescales for intervention based on grading the urgency of the patient’s needs.</i></p>
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Ref	Standard					
<p>XG-702</p> <table border="1" data-bbox="204 277 292 454"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Audit and Monitoring</b></p> <p>The service should have a rolling programme of audit of compliance with at least:</p> <ol style="list-style-type: none"> <li>Equipment management (QS XG-404)</li> <li>Implementation of Local Safety Standards for Invasive Procedures (QS XG-501)</li> <li>Documentation of invasive procedures (QS XG-502)</li> <li>Cleanliness and infection control (QS XG-506)</li> <li>Management of Drugs and Anaesthetic Agents (QS XG-509)</li> <li>Management of Controlled Drugs (QS XG-510)</li> <li>Staff clothing and professional behaviour in the theatre environment (QS XG-601)</li> </ol> <p>Feedback should be shared through multi-disciplinary review and learning arrangements (QS XG-798) and with patient representatives (QS XG-199).</p> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>It is desirable that audits of implementation of all guidelines and policies are undertaken. A formal monitoring programme may be more appropriate than audit for some areas such as professional behaviour.</i></li> <li><i>The rolling programme should ensure that action plans are developed following audits and that implementation is monitored.</i></li> <li><i>Evidence for 'e' and 'f' should include audits for the safe use of high risk medicines and Controlled Drugs.</i></li> <li><i>Feedback to individual members of staff should be linked with appraisals and re-validation arrangements.</i></li> </ol>
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<p>XG-704</p> <table border="1" data-bbox="204 1133 292 1310"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Monitoring of Key Performance Indicators</b></p> <p>Key performance indicators (QS XG-701) and audit results (QS XG-702) should be reviewed regularly with Trust management and with commissioners.</p>
BI						
Visit						
MP&S						
CNR						
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<p>XG-798</p> <table border="1" data-bbox="204 1357 292 1534"> <tr><td>BI</td></tr> <tr><td>Visit</td></tr> <tr><td>MP&amp;S</td></tr> <tr><td>CNR</td></tr> <tr><td>Doc</td></tr> </table>	BI	Visit	MP&S	CNR	Doc	<p><b>Multi-Disciplinary Review and Learning</b></p> <p>The service should have appropriate multi-disciplinary arrangements for reviewing and implementing learning from:</p> <ol style="list-style-type: none"> <li>Positive feedback, complaints, outcomes, incidents and 'near misses'</li> <li>National Patient Safety Agency alerts</li> <li>Published scientific research and guidance relating to theatre and anaesthetic services</li> <li>Implementation of national guidance relating to Duty of Candour</li> </ol> <p><i>Notes:</i></p> <ol style="list-style-type: none"> <li><i>These arrangements should include feedback to operational staff and should link with Trust-wide (or equivalent) governance arrangements.</i> <i>"Providers of NHS-funded care should, as part of their commitment to the development, implementation and ongoing management of LocSSIPs, schedule regular Safety Meetings for multidisciplinary procedural teams of adequate length and frequency to allow training, analysis of adverse incidents and near misses, review of audits of compliance with LocSSIPs, and teamwork development and practice." National Safety Standards for Invasive Procedures (NatSSIPs), NHS England (2015- updated 2019).</i></li> </ol>
BI						
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MP&S						
CNR						
Doc						

Ref	Standard
XG-799 BI Visit MP&S CNR Doc	<b>Document Control</b>  All policies, procedures and guidelines should comply with Trust document control procedures.

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## APPENDIX 1 Reference Sources

Year	Publisher	Title	Number
2021	Royal College of Anaesthetists Association of Anaesthetists Faculty of Intensive care Medicine	Restarting Surgery Guideline version. Towards safe, stable and sustainable resumption of planned surgery. J Price, T Sheraton, R Self, TM Cook	59
2021	Healthcare Safety Investigation Branch	Never Events: analysis of HSIB's national investigations	58
2020	Centre for Perioperative Care	Guidance on Establishing and Delivering Enhanced Perioperative Care Services	57
2020	National Institute for Health and Care Excellence	Perioperative care in adults: NG 180	56
2020	Donna Ockenden	Emerging Findings and Recommendations From the Independent Review of Maternity Services at the Shrewsbury and Telford Hospital NHS Trust	55
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines on the Provision of Emergency Anaesthesia	54
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines on the Provision of Paediatric Anaesthesia	53
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines for the Provision of Anaesthesia Services for an Obstetric Population	52
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidance on the Provision of Anaesthesia for In-Patient Pain Management	51
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidance on the Provision of Anaesthesia Services for ENT, Oral Maxillofacial and Dental surgery	50
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines on the Provision of Ophthalmic Anaesthesia Services	49
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidance on the Provision of Anaesthesia Services for Vascular Procedures	48

Year	Publisher	Title	Number
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidance on the Provision of Anaesthesia Services for Trauma and Orthopaedic Surgery	47
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines on the Provision of Burns and Plastics Anaesthesia Services	46
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidance on the Provision of Cardiac and Thoracic Anaesthesia Services	45
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidance on the Provision of Anaesthesia Services in the Non-Theatre Environment	44
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidance on the Provision of Anaesthesia Services for Day Surgery	43
2020	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidance on the Provision of Neuroanaesthetic Services	42
2020	Royal College of Surgeons	Recovery of surgical services during and after COVID-19	41
2020	Royal College of Anaesthetists	Raising the Standards: RCoA quality improvement compendium, 4th edition,	40
2020	Royal College of Anaesthetists Association of Anaesthetists	Safe Drug Management in Anaesthetic Practice	39
2019	Association of Anaesthetists	Controlled drugs in peri- operative care	38
2019	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines on the Provision of Anaesthesia Services for Pre-Operative Assessment and Preparation	37
2019	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines on the Provision of Anaesthesia Services for Intraoperative care	36
2019	Royal College of Anaesthetists	Guidelines for the Provision of Anaesthesia Services (GPAS) Guidelines on the Provision of Anaesthesia Services for Post-operative care	35

Year	Publisher	Title	Number
2019	NHS England	National Safety Standards for Invasive Procedures: 2015, updated 2019	34
2019	NHS Resolution	Being Fair	33
2018	Healthcare Investigation Branch	Investigation into the implantation of wrong prostheses during joint replacement surgery	32
2018	NHS Improvement	Never Events policy and framework	31
2018	Professional Record Standards Body	Structure and Content of Health and Care Records	30
2018	National Quality Board	Safe, Sustainable and Productive Staffing: An Improvement Resource for Maternity Services	29
2018	Royal College of Surgeons	The High-Risk General Surgical Patient: Raising the Standard	28
2018	Royal College of Surgeons	Surgical Leadership: A Guide to Best Practice	27
2018	Royal College of Surgeons	Surgical Care Team: Guidance Framework	26
2018	Care Quality Commission	The Safer Management of Controlled Drugs. Update report for 2017	25
2017	NHS Improvement	Central Alerting System (CAS) data	24
2017	NHS England	Next Steps on the NHS Five Year Forward View	23
2017	Public Health England (PHE), NHS England (NHSE) and the Department of Health (DH)	You're welcome quality criteria for young people friendly health services	22
2017	Getting it Right First Time	General Surgery: GIRFT Programme National Specialty Report	21
2016	NHS Improvement	Patient Safety Alert: Restricted Use of Open Systems for Injectable Medication NHS/PSA/D/2016/008	20
2016	Royal College of Anaesthetists and The Association of Anaesthetists	Storage of drugs in anaesthetic rooms	19
2016	Association for Perioperative Practice	Standards and Recommendations for Safer Perioperative Practice, Fourth Edition	18
2016	World Federation of Societies of Anaesthesiologists, Dr N Woodman; Edited Dr I Walker	World Health Organization Surgical Safety Checklist	17
2016	National Institute for Health and Care Excellence	Major trauma: assessment and initial management	16
2016	National Institute for Health and Care Excellence	NICE Guideline 46: Controlled Drugs: Safe Use and Management	15
2016	National Institute for Health and Care Excellence	NICE Guideline 45: Routine Preoperative Tests for Elective Surgery	14

Year	Publisher	Title	Number
2015	NHS England	Patient Safety Alert NHS/PSA/RE/2015/008 Stage Two: Resources. Supporting the Introduction of the National Safety Standards for Invasive Procedures	13
2015	The King's Fund	Better Value in the NHS: The Role of Changes in Clinical Practice	12
2015	Royal College of Surgeons	Duty of Candour: Guidance for Surgeons and Employers	11
2015	Royal College of Surgeons	Major Trauma Workforce Sustainability: Outcomes of the RCS Major Trauma Workgroup	10
2015	Nottingham University Hospitals NHS Trust, NHS England Safer Surgery Liaison Group Regional Anaesthesia UK	Stop Before You Block Campaign	9
2014	Association for Perioperative Practice	Staffing Policy Template	8
2014	NHS England	Report of the NHS England Never Events Taskforce	7
2014	Royal College of Surgeons	The High Performing Surgical Team: A Guide to Best Practice	6
2013	Health and Social Care Information Centre	Standards for the Clinical Structure and Content of Patient Records	5
2013	Home Office	Statutory Instruments 2013. No. 373. The Controlled Drugs (Supervision of Management and Use) Regulations	4
2012	National Institute for Health and Clinical Excellence	Patient Experience in Adult NHS Services: Improving the Experience of Care for People using Adult HNS Services. NICE CG 138	3
2010	NHS National Patient Safety Agency	Five Steps to Safer Surgery - 'How to' Guide	2
2001	Home Office	Misuse of Drugs Regulations 2001	1

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The table below shows the links between the Quality Standards and generic guidance documents. Quality Standards without a reference source are based on other QRS Quality Standards, taking into account comments received.

QS reference	Guidance documents	QS reference	Guidance documents	QS reference	Guidance documents
XC-101	3, 7, 11, 13, 31 33, 34,	XG-208	3, 11, 18, 34, 39, 48, 53, 54, 55	XG-506	18, 36, 52, 59
XC-201	7, 13, 31, 34	XG-209	34, 35, 52	XG-507	36, 43, 51, 52
XC-202	13, 31, 33, 34, 37	XG-210	18, 36, 52	XG-508	18, 42, 45, 46 47
XC-601	7, 13, 31, 34	XG-211	18	XG-509	4, 18, 19, 21, 24 25, 32, 38, 39 44, 51, 52
XC-701	7, 13, 31, 34, 58	XG-299	18, 30	XG-510	1, 4, 15, 18, 19 25, 36, 53, 55
XC-702	7, 13, 31, 34, 58	XG-301	5, 18, 36, 37, 52	XG-511	18, 36, 52
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XG-103	18, 36, 51	XG-401	18, 35, 36, 41 44, 52, 53	XG-602	16, 18, 21, 28 36, 37, 44, 47 52, 54, 59
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XG-202	2, 3, 7, 8, 23, 31, 34 36, 37, 40, 44, 51 52, 53	XG-501	2, 5, 6, 7, 9, 13 17, 18, 30, 31 32, 34, 36, 50, 51, 52, 56, 58	XG-701	34, 40, 44, 54
XG-203	2, 17, 18, 26, 27, 28, 31, 35, 36, 37 51, 52	XG-502	2, 13, 16, 18, 34, 36, 37, 41, 43, 44, 49, 52, 56, 57	XG-702	4, 15, 19, 20, 24 25, 32, 34, 35 36, 39, 40, 41 51, 52
XG-204	10, 18, 34, 54	XG-503	18, 30, 37	XG-704	25, 35, 36, 51, 52
XG-205	10, 16, 18, 34, 47 54	XG-504	16, 18, 28, 35, 36, 37, 39, 41, 43, 49, 51, 52, 55	XG-798	3, 2, 6, 7, 9, 11 18, 20,21, 24 25, 31, 32, 33 34, 36, 40, 58
XG-206	29,52,55	XG-505	13, 18, 34, 45	XG-799	5, 30
XG-207	51				

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## APPENDIX 2 Cross-References to British Standards Institution PAS16:16 and Care Quality Commission Key Lines of Enquiry

The tables below show with an 'x' where a QRS Quality Standard addresses one of the following:

### 1. British Standards Institution PAS1616:2016 Healthcare – Provision of Clinical Services – Specification

Ref	Requirements for the provision of clinical services
3	Leadership, strategy and management
4	Operational delivery of the clinical service
5	Systems to support clinical service delivery
6	Person-centred treatment and/or care
7	Risk and safety
8	Clinical effectiveness
9	Clinical service users with complex needs
10	Staffing a clinical service
11	Improvement, innovation and transformation
12	Educating the future workforce

### 2. Care Quality Commission's Key Lines of Enquiry (June 2017)

Ref	CQC Five Key Line of Enquiry
S	Are they safe?
E	Are they effective?
C	Are they caring?
R	Are they responsive?
W	Are they well-led?



Ref	British Standards Institute PAS 1616: 2016 3-12	CQC Five Key of Enquiry Questions																											
		Safe						Effective						Caring			Responsive				Well-Led								
		S 1	S 2	S 3	S 4	S 5	S 6	E 1	E 2	E 3	E 4	E 5	E 6	C 1	C 2	C 3	R 1	R 2	R 3	R 4	W 1	W 2	W 3	W 4	W 5	W 6	W 7	W 8	
XG-403	5, 7	x		x	x														x										
XG-404	5, 7	x		x															x										
XG-405	5, 7			x																									
XG-501	6, 8, 9	x	x																										
XG-502	6, 8, 9	x	x																										
XG-503	6, 8, 9	x	x																										
XG-504	6, 8, 9	x	x																										
XG-505	6, 8, 9	x	x																										
XG-506	6, 8, 9	x	x																										
XG-507	6, 8, 9	x	x																										
XG-508	6, 8, 9	x	x																										
XG-509	6, 8, 9	x	x																										
XG-510	6, 8, 9	x	x																										
XG-511	6, 8, 9	x	x																										
XG-601	6, 7, 8, 9, 10, 11, 12	x	x	x																									
XG-602	3, 4, 5, 7, 10																												
XG-603	7	x	x																										
XG-604	4, 5, 7	x																											
XG-605	11	x	x																										
XG-606	11	x	x																										
XG-701	3., 4, 7, 8, 11																												
XG-702	3., 4, 7, 8, 11																												
XG-704	3., 4, 7, 8, 11																												
XG-798	3., 4, 7, 8, 11																												
XG-799	5																												

## APPENDIX 3 Glossary of Terms and Abbreviations

Glossary of terms and abbreviations	
<b>Advocacy</b>	Advocacy means to speak up for someone. It is about making things change because people's voices are heard and listened to. It is about making sure that people can make their own choices in life and have the chance to be as independent as they want to be.
<b>BI</b>	Background information to review team.
<b>Carer</b>	Throughout the Quality Standards the term 'carer' applies to both family carers and paid carers or support workers.
<b>CCG</b>	Clinical Commissioning Group.
<b>Commissioner</b>	A commissioner decides how NHS and / or social care resources are spent, with the aim of improving health, reducing inequalities, and enhancing patient experience.
<b>CNR</b>	Case note review or clinical observation.
<b>CQC</b>	The Care Quality Commission is the independent regulator of health and social care in England.
<b>CT3</b>	Doctor in training.
<b>DH</b>	Department of Health.
<b>Doc</b>	Documentation should be available. Documentation may be in the form of a website or other social media.
<b>GP</b>	A GP is a medical doctor, sometimes called a family doctor. They are usually the first person patients see for their health care, and they help patients to access other services.
<b>HealthWatch</b>	The 'consumer champion' for both health and adult social care and should be the independent, influential, and effective local voice of the public on health issues.
<b>LocSSIPs</b>	Local Safety Standards for Invasive Procedures based the National Safety Standards for Invasive Procedures (NatSSIPs).
<b>LBR</b>	Learning beyond registration.
<b>MP&amp;S</b>	Meeting patients, carers, and staff.
<b>Never Event</b>	A serious incident that has the potential to cause serious patient harm or death.
<b>NatSSIPs</b>	National Safety Standards for Invasive Procedures, which support the NHS to provide safer care and reduce the number of patient safety incidents related to invasive procedures in which surgical 'Never Events' can occur.
<b>NICE</b>	National Institute for Health and Care Excellence.
<b>NHS England and NHS Improvement</b>	These two organisations work together and are at the head of the NHS in England. They set and drive delivery of NHS priorities that respond to the Government's strategic goals for health and care.
<b>NVQ</b>	National Vocational Qualification.
<b>ODP</b>	Operating Department Practitioner
<b>PDR</b>	Performance Development Review.
<b>Provider</b>	A health or social care organisation which provides services to patients.
<b>QRS</b>	Quality Review Service
<b>QS</b>	Quality Standard.
<b>Service provider</b>	See 'Provider'.
<b>Service commissioner</b>	See 'Commissioner'.

## Glossary of terms and abbreviations

<b>Trust</b>	A NHS Trust, NHS Foundation Trust, or other organisation with management responsibility for the service.
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## APPENDIX 4 Presentation of Evidence for Peer Review Visits

Each Quality Standard reference column includes a box which illustrates how compliance will be reviewed.

Quality Standard reference column	
<b>Background information</b>	This means that the information should be included in the background report or self-assessment.
<b>Visiting facilities</b>	Reviewers will look for the information while they are visiting the service.
<b>Meeting patients, carers, and staff</b>	These Standards will be discussed with patient, carers and /or staff as appropriate.
<b>Case note review or clinical observation</b>	A few Quality Standards require reviewers to look at case notes or other clinical information.
<b>Documentation</b>	These are policies, guidelines, and other documentation that reviewers will need to see. Documentation may be in the form of a website or other social media.

The following table summarises the evidence needed for each Quality Standard.

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
XC-101	Patient Support after 'Never Events'			x			
XC-201	Executive Lead for Safety of Invasive Procedures	x		x			
XC-202	Staff Support after 'Never Events'			x		x	Documentation depends on local arrangements, for example, minutes of review and learning meetings held within the service
XC-601	Areas where Invasive Procedures are Performed			x		x	Operational documentation showing areas where procedures are undertaken
XC-701	Development of Local Safety Standards for Invasive Procedures			x		x	Compliance determined from QS-XG-501
XC-702	Reporting of Local Safety Standards for Invasive Procedures Audits			x		x	Documentation depends on local arrangements, for example, minutes or reports

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
XG-102	Procedure Information		x	x			
XG-103	Privacy, Dignity and Security		x	x			
XG-104	Communication Aids			x			
XG-196	General Support for Service Users and Carers		x	x			
XG-199	Involving Patients and Carers			x		x	Examples of changes made as a result of feedback
XG-201	Leadership	x					
XG-202	Service Leads	x					
XG-203	Staffing Levels	x		x		x	Examples of staff rotas
XG-204	Emergency Service		x	x			
XG-205	Trauma Services	x		x			
XG-206	Obstetric Anaesthesia Team	x		x			
XG-207	Acute Pain Team	x		x			
XG-208	Competence Framework and Training Plan			x		x	Competence Framework and Training Plan: <ul style="list-style-type: none"> <li>•Competence framework describing the competences and competence assessment expected for roles within the service.</li> <li>•Training and development plan to show how staff will achieve and maintain competences</li> </ul>
XG-209	Multi-Disciplinary Training			x		x	Details of programme and staff attendance
XG-210	New Starters and Agency, Bank and Locum Staff			x		x	Competence framework for new starters, agency, bank and locum staff
XG-211	Staff Monitoring			x		x	Evidence could include documents such as sickness reports

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
XG-299	Administrative, Clerical and Data Collection Support	x		x			
XG-301	Support Services	x		x			
XG-302	Blood and Transplant		x	x			
XG-401	Facilities		x	x			
XG-402	Equipment		x	x			
XG-403	Delivery Suite Equipment		x	x			
XG-404	Equipment Management		x	x			
XG-405	IT System		x	x			
XG-501	Local Safety Standards for Invasive Procedures			x	x	x	Local Safety Standards for Invasive Procedures covering a-p in the QS
XG-502	Patient Pathway Guidelines			x	x	x	<b>Guidelines:</b> Patient Pathway
XG-503	Consent			x	x	x	<b>Protocol:</b> Consent
XG-504	Clinical Guidelines			x	x	x	<b>Guidelines:</b> Clinical Guidelines
XG-505	Transfer			x	x	x	<b>Guidelines:</b> covering arrangements for transfer both within and outside of the hospital.
XG-506	Infection Control			x	x	x	<b>Guidelines:</b> Infection Control
XG-507	Resuscitation Policy			x	x	x	<b>Policy:</b> Resuscitation
XG-508	Network and More Specialist Services			x	x	x	<b>Guidelines:</b> covering access to Network and More Specialist Services.
XG-509	Management of Drugs and Anaesthetic Agents			x	x	x	<b>Guidelines:</b> Management of Drugs and Anaesthetic Agents
XG-510	Management of Controlled Drugs			x	x	x	<b>Guidelines:</b> Management of Controlled Drugs. This may be a Trust-wide policy as

QS Ref. No	QS Short Title	Background report	Visit	Meeting patients & staff	Case note review or clinical observation	Documentation needed	Illustration of Documentation Required
		BI	Visit	MP&S	CNR	DOC	
							long as it covers the use of Controlled Drugs in the theatre and anaesthetic environment
XG-511	Health and Safety		x			x	<b>Policy:</b> Health and Safety
XG-601	Operational Policy	x	x	x		x	<b>Policy:</b> Operational covering a-n in the QS
XG-602	Capacity Management		x	x		x	Capacity management plan
XG-603	Risk Assessment and Management		x	x		x	Latest Risk Register
XG-604	Hazardous Substances					x	Latest COSHH Report
XG-605	Service Improvement		x	x			
XG-606	Service Development Plan		x	x		x	Service Development Plan
XG-701	Data Collection	x		x		x	Examples of data showing compliance with the QS
XG-702	Audit and Monitoring			x		x	Audit programme or plan. Examples of completed audits, action plans and monitoring
XG-704	Monitoring of Key Performance Indicators		x	x		x	Documentation depends on local arrangements, for example, minutes or reports
XG-798	Multi-Disciplinary Review and Learning			x		x	Documentation depends on local arrangements, for example, minutes of review and learning meetings held within the service
XG-799	Document Control					x	Compliance determined from other documentation presented

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