

Main and Maternity Theatre Operational Policy

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This is the most current document and should be used until a revised version is in place	

Key Amendments to this policy

Date	Amendment	Approved By
May 2021	Surgical Lead rota updated	Mathew Trotman
August 2021	Surgical Lead rota updated	Mathew Trotman
28 th Nov 23	Document extended for three months whilst under review	Dr Hutchinson
February 2024	Expansion of Safety Checks section to align with LocSSIP policies Theatre Management structure created Etiquette and dress code updated Mandatory training updated	Dr Hutchinson TASS Governance Meeting 17.4.2024
September 2024	Section for Obstetric Theatre added after discussion with Miss Veal Includes: - Staffing in maternity theatre - second maternity theatre arrangements - Birthing partner presence - Video and photography in maternity theatre - Policies and procedures specific to maternity theatre - Skin to Skin contact advice	Theatre Anaesthetic Governance Meeting (TASS) 18.9.2024
1 st October 2024	Minor amendment to document on page 3 (8 operational bays at time of writing)	James Hutchinson

Introduction

This document sets out Worcestershire Acute Hospitals NHS Trust (WAHT) countywide theatres operating policy. Theatres at WAHT consist of 3 main sites:

1. Worcestershire Royal Hospital (WRH)
2. Alexandra Hospital (AH) in Redditch
3. Kidderminster Treatment Centre (KTC)

Theatres are part of the Specialised Clinical Services Division (SCSD).

Scope of this document

We believe that every patient undergoing surgery is a unique individual who has entrusted their safety, dignity and wellbeing into our care.

Our aim is to provide optimum care tailored to individual needs of every patient. The Theatre Management Team has overall responsibility for the health, safety and welfare of the environment and staff.

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Theatre Key Documents**

This document will describe our processes to deliver an effective and safe theatre service. It covers:

- Responsibilities and Duties
- Theatre description
- Theatre etiquette
- Scheduling of theatres
- Booking emergency cases
- Cancelling cases
- LocSSIP and the WHO Checklist

Definitions

WAHT- Worcester Acute Hospitals Trust

SCSD - Specialist Clinical Services Division

WRH- Worcester Royal Hospital

AH- Alexandra Hospital

KTC- Kidderminster Treatment Centre

TSW – Theatre Support Worker

AfPP – Association for peri-operative practitioners

4ward- Worcestershire Acute Hospitals NHS Trust Culture programme.

LocSSIPs – Local Safety Standards for Invasive Procedures

CEPOD – Confidential Enquiry into Perioperative Deaths

Responsibility and Duties

- The Clinical Director and Divisional Medical Director have overall responsibility for Theatre clinical governance.
- The governance lead clinician and governance lead practitioner have responsibility for day-to-day clinical governance processes.
- The Divisional Director of Operations has the overall responsibility for finance, theatre budget and planning.
- The Countywide Theatre Matron team are responsible for operational management and governance.
- The Theatre Coordinator is responsible for day-to-day management of theatres and the staff.
- Designated Team Leaders have responsibility for the supervision and support of junior theatre staff.

Clinical responsibility remains with the Consultant Surgeon and Anaesthetist who are directly involved with or indirectly supervising a patients care.

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Policy Detail

The aims of the WAHT Theatre service are:

- To provide high quality surgical care for elective and emergency adult and paediatric patients in a safe, professional environment.
- To support surgery in meeting their targets and strategic plans.

The theatre management team consists of (also see Appendix 1):

- Theatre and Anaesthetics Clinical Director
- Theatre Directorate Manager
- Theatre Matron for WRH
- Theatre Matron for Alexandra Hospital
- Theatre Matron for KTC
- Countywide development team
- Governance practitioner and Governance clinical lead

1.1 Theatres description

WRH Theatres consists of 8 theatres, each with an anaesthetic room, scrub room and a 13 bedded post-operative recovery unit. (8 operational bays at the time of writing).

Theatre 1	CEPOD (24 hours)
Theatre 2	Vascular
Theatre 3	Trauma
Theatre 4	Trauma
Theatre 5	Head & Neck
Theatre 6	Unfunded, closed at time of writing
Theatre 7	Mixed use
Theatre 8	CEPOD 2
Main Obstetric Theatre	Delivery Suite (24 hours)
Obstetric Theatre 2	Intervention Room on Delivery Suite

AGH consists of 7 theatres, each with an anaesthetic room, scrub room and a 6 bedded post-operative recovery within the main unit. Theatre seven is a satellite theatre, which has its own designated anaesthetic, scrub and recovery room. West Theatres (theatres 8 and 9) are separate from the main site. A separate SOP details processes in the West Theatres

Theatre 1	Orthopaedics
Theatre 2	Gynaecology / General / CEPOD (24 hours)
Theatre 3	Orthopaedics
Theatre 4	Orthopaedics
Theatre 5	Urology
Theatre 6 (robotic)	General / Urology / Gynaecology
Theatre 7	General / Upper GI
Theatre 8 West	Gynaecology / Upper GI

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Theatre 9 West Breast / Upper GI

KTC consists of 4 theatres, each with an anaesthetic room, scrub room and a 5 bedded recovery unit; it also has two treatment rooms.

Theatre 1	Orthopaedics, (Monday to Friday All Day Sessions)
Theatre 2	ENT and Maxillofacial. (Monday to Friday All Day Sessions)
Theatre 3	General. (Monday to Friday All Day Sessions)
Theatre 4	Gynaecology and Urology. (Monday to Friday All Day Sessions)
Treatment Room 1	Pain and Dermatology
Treatment room 2	Dermatology

Regular lists at KTC are dedicated to paediatric surgery (at the time of writing the 1st and 3rd Friday of every month). Treatment rooms are closed on these days and these sessions are fully supported by the paediatric directorate with on site paediatric nursing and paediatric consultant cover.

All Employees, users, visitors and representatives to the WAHT theatres will adhere to the trusts operating theatre code of conduct, uniform and dress code policy WAHT-HR-078 and the trust supplier representative policy.

2. Theatre Etiquette (See SOP 'Theatre Etiquette' for full details)

Conduct and behaviour should be in line with the Theatre Etiquette SOP

Key points from the SOP include:

- All staff are expected to treat patients and colleagues with courtesy and maintain a professional demeanour at all times.
- Avoid unnecessary noise when others are managing complex or sensitive matters
- Be respectful of patients and remember patients are often able to recall conversations around them
- Look after new members of the team
- Non-essential personal items should not be brought into clinical areas
- The use of swear words is not acceptable in a clinical environment

Staff should adhere to the Dress Code across all theatres:

Key points from the SOP include:

- Used scrub clothing should be avoided in public retail areas (i.e. restaurant or shops) and should not be taken home
- Staff should have a clean and professional appearance
- ID badges should be clipped to uniform rather than displayed via lanyard
- Be bare below elbow (refer to the Hand hygiene policy for details on jewellery / rings etc)
- Face masks should be removed when leaving theatre
- Theatre caps should be worn in the operating theatres

Food and Drink:

- Staff break rooms should be used for consuming food and drinks
- Staff should not consume food in the clinical areas (exceptions are medical staff who cannot leave the clinical area due to patient safety, when this occurs consumption must be restricted to anaesthetic rooms and must not be in the presence of patients).
- If drinks are consumed outside of the staff break rooms, they must be in a sealable container

3. Preparation of Clinical areas

Anaesthetic Area Preparation

- The Anaesthetic area should be checked in accordance with the AAGBI Safety Guideline for Checking Anaesthetic Equipment (Appendix 4).
- Full monitoring should be available and ready for use. Monitoring should be functional with appropriate alarm parameters set.
- Before use, the anaesthetic room should be visibly clean and checked to ensure adequate stock levels.
- Specific paediatric equipment should be prepared appropriately for the patient's weight and size (please see paediatric links on the theatre intranet page).
- The anaesthetic room and all equipment should be cleaned after each patient and kept tidy at all times.
- Emergency equipment should always be available and in good working order in the designated areas.
- Equipment found to be faulty should be sent to the appropriate department for repair and a replacement obtained if necessary.
- Any missing equipment should be traced and returned.
- Play equipment should be readily available and used if appropriate (advice from the play specialist in the children's unit can be sought).

Theatre Preparation

All theatre staff must ensure the following checks occur before the start of every theatre list:

- Ensure the theatre environment is clean, tidy and ready for use.
- Switch on the general and operating lights to ensure correct performance.
- Check the operating table for working order.
- Check the suction machine is working as per guidance.
- Check the Diathermy unit is working as per guidance.
- Ensure computers are working and Bluespир is available.
- Check operating list and ensure all equipment is available and checked for function i.e. stack systems or tourniquets.
- Check trays and sundries are ready for the first case.
- Lay-up theatre for the first case ensuring all equipment is located in the correct place.
- Check the supply cabinets for stock and restock if necessary.

4. Safe Handling and positioning of patients

All Employees and users of the WAHT theatres must adhere to:

- Manual Handling Policy (WAHT-CG-026)
- Policy for the Positioning of Patients for all Theatre, Maternity and Ophthalmology Procedures (WAHT-KD 016).

5. Communication

SBAR is a structured method for communicating critical information that requires immediate attention and action, it can also reduce barriers to effective communication across different disciplines and levels of staff. All communication relating to patient care involving WAHT theatre staff should follow the SBAR protocol (see appendix 3).

Theatre electronic whiteboards will display information applicable to the working area.

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Theatre Meetings

There are daily theatre safety huddles Monday to Friday at 08:00. Please see SOP for 8am safety briefing.

There are monthly staff meetings led by the Theatre co-ordinator.

Minutes are taken and made available in a communication folder for anyone who was unable to attend.

Management meetings

Senior staff meetings are also held, issues raised from the departmental staff meetings are discussed.

Directorate business and governance (jointly with Anaesthetics) meetings take place on a monthly basis where theatre utilisation, equipment, staffing, risk assessments, incident reports, complaints, infection control, national and local changes requirements etc are discussed. Minutes are taken from these meetings.

Theatre Governance meetings take place monthly.

Safety Boards

Theatre Safety Boards will display information relating to Clinical Governance (datix details, lesson of the month, main risks on risk register). These should be updated by the governance practitioner or matron on a monthly basis.

Quality Improvement Meetings

For one protected half day a month with the exception of August there will be a quality improvement meeting in which there will be a whole theatre team meeting.

6. IT Security

All new starters need to read and sign the Information Communication Technology Policy WAHT-TWI-007.

All staff must ensure they complete yearly Data security and Awareness training.

Accurate training records will be kept of completion of training through local records and ESR database.

7. Management of Clinical Waste

All Employees and users of the WAHT theatres will adhere to the Waste Management Policy WAHT-CG-481.

8. Safeguarding Children and Vulnerable adults in the operating theatre

All Employees of WAHT will have the Safeguarding of all its service users as the highest priority.

All Employees will have undertaken the relevant level of safeguarding training to their particular role. These will include Safeguarding Children and Adults (level one, two and three), Prevent, WRAP and MCA and DOLS training.

Accurate training records will be kept of completion of training through local records and ESR database.

All Employees and users of the WAHT theatres will adhere to the Safeguarding Adults Pathway WAHT-TP-032 and Safeguarding Children Policy WAHT-TP-037.

9. Death of patients in the operating theatre and organ donation

All Employees and users of the WAHT theatres will adhere to the care of the deceased patient in the peri-operative environment policy.

10. List Management

For SCSD theatre management structure please refer to Appendix 1

Sessional Times

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Morning session operating time: 08:45 to 12:45 (Team Brief at 08:30)

Afternoon session operating time: 13:45 to 17:45 (Team Brief at 13:30)

Evening session operating time – 17:30 to 21:30

All day sessions operating time – 08:45 to 17:45 (Team Brief at 08:30)

Duration of sessions is 4 hours for morning and afternoon, an all-day session is 8 hours. 30 minutes at the start and end of the session is designated to opening theatre, reviewing patients, team briefing, transfer to recovery, debrief and cleaning/closing the theatre.

10.2 Theatre Scheduling

All theatre lists will be managed and compiled in accordance with the 6-4-2 policy.

The booked admissions co-ordinator and secretaries will plan the list in order to make maximum use of the resources and time available. When compiling operating lists the following must be considered:

- Operating time available
- GA or LA session
- Expected duration of surgical procedure including anaesthetic time
- Case mix
- Grade of operating surgeon / anaesthetist
- Any special equipment / implants / additional resources
- Whether a patient requires an assessment to meet their individual needs that may require theatres to make some reasonable adjustment to the list.
- Bed availability, for in-patients, day cases and in particular ITU / HDU
- Any conditions that may have a detrimental effect on patients or staff or on their own care and recovery e.g. latex allergy

11. Emergency cover

WRH CEPOD

CEPOD work is covered by a dedicated theatre which is operational 24 hours per day, 7 days per week.

CEPOD 2 theatre is available Monday to Friday, 08:00 to 18:00 to support emergency theatre work.

Maternity emergency theatre work takes place in the Obstetric Unit. Occasionally complex obstetric cases will need to be brought up to main WRH theatre.

Alex CEPOD

CEPOD work is covered on weekdays after completion of elective cases. There are occasional dedicated CEPOD lists for emergency work.

At the weekend there is an on site CEPOD theatre from 08:00 until 21:00. After 21:00 time there is an on-call theatre team available for emergency cases. On-site anaesthetic consultant cover is available from 08:00 until 18:00 (on-call after 18:00).

Trauma

Orthopaedic trauma work is principally carried out at the WRH site using 2 dedicated theatres which are operational 7 days per week.

KTC will provide theatre lists for ambulatory trauma in patients who fulfil the KTC selection criteria.

All emergency theatres will be staffed according to Association for Peri-operative Practitioners Guidelines.

11.2 How to book an Emergency case.

All emergency cases must be booked via the theatre co-ordinator or senior staff member on duty.

The theatre co-ordinator for WRH can be contacted on ext 30243 or 39246

The theatre co-ordinator for AH can be contacted on ext 43858, 44407 or 44406

Contact the theatre co-ordinator as detailed above or out of hours the senior staff member on duty.

Ensure you have the following details:

- Patient name
- NHS Number
- Date of birth
- Procedure to be performed
- Surgeon name
- Fasting status of the patient
- Location of patient

The patient should be added to the Theatre Schedule (i.e. on the electronic patient scheduler).

Emergency cases should be performed as clinical need necessitates. This may require discussion between multiple specialties.

11.3 Opening of additional Operating Theatres out of hours.

In the event of simultaneous emergency work it is occasionally necessary to open an additional theatre.

Contact the theatre lead for the shift to book the case as above. If it is essential that the patient comes to theatre immediately this must be stated when booking. The senior person on shift will then try and facilitate the opening of another theatre. The consultant anaesthetist and consultant surgeon on call should both agree that the patient is of the "immediate" NCEPOD classification.

It should be established what resources will be needed over and above who is already on shift. On call team members will be mobilised and off duty staff will be contacted as appropriate to provide extra support. Once the team are all in place the patient will be brought to theatre

11.4 Procedure for interrupting an operating list for emergency cases.

During daytime hours, in the event of an emergency case requiring immediate theatre, it may be necessary to interrupt an elective operating list (i.e. if CEPOD theatre is engaged).

Contact theatres at WRH or AH to book the case as above. If it is essential that the patient comes to theatre immediately this **must** be stated when booking. If a patient is of the "immediate" NCEPOD classification, a theatre list must stop as soon as possible. The theatre co-ordinator will decide which theatre list to stop according to how soon an operating theatre can be vacated, and how suitable that theatre is.

Once the theatre and equipment are prepared, then the patient can be sent for.

12. Procedure for cancelling an elective surgical case.

All on the day theatre cancellations should be highlighted to the management team. This includes:

- Theatre directorate manager (Monday to Friday daytime hours)
- Surgical Site Manager (Monday to Friday daytime hours)
- Divisional Medical Director (SCSD and Surgery)
- Divisional Operational Manager (SCSD and Surgery)

The Surgical Directorate operate a Surgical Lead Rota from Monday to Friday.

On the day cancellation for clinical reasons should be agreed by 2 consultant staff members.

13. Theatre Staffing

There is an annual review of staffing requirement for all areas of the Operating Department Service. This review is made according to service requirement based on capacity and demand in line with recommendation on staffing in Theatres by the AfPP. The recommended safe staffing levels for an individual theatre can vary depending on types and number of cases, however the accepted norm is 4 qualified and one TSW as a minimum. Typically this would be made up of:

- Anaesthetic registered practitioner
- Qualified scrub practitioner 1
- Qualified scrub practitioner 2
- Circulating staff member (TSW)
- Recovery practitioner

Where one of the trained staff is a band 4 qualified assistant practitioner the second qualified staff member must be a registered practitioner.

Rosters

The Trust has the E-roster staff rostering system. Rosters are compiled approximately 8-12 weeks in advance according to the needs of the service and the competency and experience of the staff available.

WRH operates a night rota and 'on call' arrangement to cover the need to open a second emergency theatre or to give advice for complex emergency Trauma procedures. At AH an anaesthetic practitioner is resident at night with an 'on call' scrub team.

There is always a senior member of staff who is contactable to support more junior colleagues and to refer to for advice.

14. Training

Theatres have a Recruitment and Development Team that operates countywide, this team co-ordinates operating department training programmes in conjunction with Coventry and Birmingham Universities

In reference to Statutory & Mandatory Training all trust staff are required to be competent in 11 mandatory topics. All topics are aligned to the Core Skills Framework, staff will need to access their ESR portal to action all training requirements. Each staff member's competency framework will reflect what level they are required to complete based on their job role. All e-Learning training should be undertaken via ESR. Refer to appendix 2 for a comprehensive list of training that is required.

A 12 month preceptorship programme is in place for newly-qualified staff.

Access to a simulation facility is available to staff via the professional development team.

All staff are responsible for keeping their own Professional Portfolio.

Band 5 staff have a competency booklet issued to them and this is completed in every speciality area by the senior staff member and a mentor. The in-house training programme is estimated to take approximately 1 year but is guided by the needs of the individual

15. Theatre major incident

Staff contact numbers are recorded on appointment, staff are responsible for notifying the Theatre Matrons of any changes.

The WAHT major incident plan can be found on the trust intranet for further guidance.

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Local business continuity plans exist to ensure staff have guidance and escalation processes in the event of a major incident involving potential service loss.

<http://www.worcsacute.nhs.uk/departments-a-to-z/emergency-preparedness/business-continuity-planning/>

16. Maternity Theatre

16.1 Staffing of maternity theatre

Anaesthetic and Recovery practitioners: 08:00 – 18:00 3 staff members allocated to maternity
18:00 – 08:00 1 staff member allocated to maternity

- One anaesthetic staff member must always hold Bleep #401 and be available for maternity emergencies with no delays.

Scrub practitioners:

Monday to Thursday (elective theatre) 08:00 – 18:00 2 Scrub practitioners allocated
08:00 – 20:30 2 additional scrub practitioners allocated
20:15 – 08:00 2 nighttime scrub practitioners allocated

Friday to Sunday (emergency service) 08:00 – 20:30 2 Scrub practitioners allocated
20:15 – 08:00 2 Scrub practitioners allocated

Currently 1 Midwife Support Worker is being allocated 24/7 to Obstetric Theatre by Maternity

- Scrub practitioners should carry bleeps #402 and #692 and ensure they are available for maternity emergencies with no delays.
- Band 4 unregistered assistant theatre practitioners may be allocated to:
 - Scrub in for elective cases
 - Circulate for emergency cases
- Band 4 staff should adhere to current Theatre Policy and procedures.

In certain circumstances main Theatre will support the Obstetric Theatre workload, depending on availability.

A Friday elective list following a Bank Holiday, is not within the budget, however, Theatres will always prioritise staffing an elective list on the Friday. If a Friday elective list cannot be staffed after a BH then this should be communicated early to Maternity to prevent cases being booked.

16.2 Situations requiring second emergency maternity theatre

In the unusual occasion that 2 Emergency maternity theatres are required out of hours:

1. CEPOD team should be contacted to complete 2nd emergency case. Team leader will decide whether to operate on 2nd emergency case in main theatre or maternity intervention room.
2. If CEPOD team is occupied, the on-call theatre team should be contacted to come in to assist. However, this process is likely to take longer than 30 minutes. Delay to theatre should be anticipated and maternal/foetal resuscitation should be continued. Team leaders, obstetrician and anaesthetist may decide to continue with 2nd emergency case accepting staffing levels are not within the recommended level.
3. If the CEPOD and on-call teams are both occupied, delay to maternity theatre should be anticipated and maternal/foetal resuscitation should be continued until a team is free.

16.3 Birthing partner and midwifery presence in Maternity Theatre

- Midwives should accompany women to Theatre for all procedures.
- For cases which occur after delivery (i.e. manual removal of placenta or perineal repair) it is encouraged that a woman's birthing partner should also accompany them to theatre.
- Generally one birthing partner is allowed to accompany someone to theatre although there will be circumstances when 2 companions are required (i.e. extreme anxiety or interpreter).

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- Birthing partners should sit by their partner, except when walking across theatre to see the baby/trim umbilical cord.

16.4 Video and photography in Maternity Theatre

- Parents can take photos in the maternity theatre of the birth and baby
- Videos are not encouraged within theatre
- Staff should not be photographed without their consent

16.5 Policies and Procedures related to Maternity Theatre

- All main Theatre Policies and Procedures should be adhered to in Maternity Theatre.
- Theatres will be cleaned appropriately at the start, during and end of the day in line with current practice.
- The temperature of Maternity Theatre will be altered according to clinical need. Temperature will range between 24C for full term and 28C for premature deliveries.
- All maternity patients will be prepared for Theatre along standard Trust Policy, including application of a wristband, completion of consent and appropriate dress.
- The WHO may be abridged for Category 1 Caesarean Section (details are in the main theatre LocSSIP – Time Out). In Category 1 Caesarean Section, Sign-In and Time Out are combined and the process is led by the Obstetrician present while the Anaesthetist prepares the patient.
- If a pack is intentionally retained, then Blue wristbands must be used to identify the retained packs – a blue wristband is applied for each device retained (i.e. 2 vaginal packs will require 2 blue wristbands). Retained pack documentation should be completed on Badgernet electronic record by the operating surgeon, although they may delegate this responsibility to Theatre Staff.
- Syntocinon infusions in Theatre should not be pre-prepared in line with 2024 Patient Safety Alert.

16.6 Skin to Skin contact in maternity theatre

- Skin to skin contact is encouraged in maternity theatre when the baby is born apparently well with good Apgar scores
- Vigilant observation of the mother and baby should continue with prompt removal of the baby if the health of either gives concern
- The mother should be able to see the baby's face
- Baby should be positioned so that their airway remains clear and does not become obstructed
- Strong painkillers may affect the ability of mothers to observe and care for their baby
- To facilitate skin to skin
 - Leave one arm out of the theatre gown to ease access
 - Place ECG leads on the back to leave the chest clear
 - Dry the baby thoroughly prior to skin to skin
 - Raise the woman's head slightly so they are not too flat (anaesthetist can help with another pillow or raising head of the theatre table)
 - Baby should be placed in a position that ensures its airway is open and nostrils are not occluded
 - Cover the baby with warm towels or blankets to keep them warm
- The midwife should explain
 - How to support the baby considering the mother will only have one arm free to hold it
 - How to call for help if they are concerned about the baby's breathing or colour
 - How to call for help if the woman feels nauseous or becomes unwell and is unable to continue holding the baby

16.7 Maternity Theatre timings

- There will be no elective cases booked during the Theatre Quality Improvement Sessions
- During Theatre downtime staff should ensure that the Maternity Theatre is stocked, and audits are completed. All daily, weekly and monthly cleaning as per Mecasa must be completed.

17. Theatre Safety Checks

NatSSIPs/LocSSIPs

- "Safety is not just about checklists, teamwork or human factors, it is about checklists AND teamwork AND human factors – and many other things beside."
- The National Safety Standards for Invasive Procedures (NatSSIPs) were published by NHS England in September 2015 and revised in 2023. NatSSIPs provides a strong systemic protective barrier to preventing harm. The NatSSIPs incorporate the WHO checklist (5 steps to safer surgery).
- The theatre management team at the Worcestershire Acute NHS Hospitals trust have developed Local Safety Standards for Invasive Procedures (LocSSIPs) based on the NatSSIPs.
- The Theatre LocSSIPs can be located on the Theatre Key Documents page. All staff should be familiar with these documents.
- During a session one person should be nominated to lead the safety checks.
- As well as safety checks the organisation will provide wider safety measures including human factor training, interdisciplinary team training, quality improvement and local induction.
- These Safety Checks are regularly audited and results are discussed at the monthly Theatre governance meetings.

The 8 key safety checks performed during a procedure include:

1. Team Brief

Team Briefing at commencement of a session allows the team to identify any specific issues and discuss the procedure to be performed. For elective sessions in main and maternity theatres the Team Brief should happen at 08:30 (AM list) and 13:30 (PM list).

2. Consent and Site Marking

A standardised way of site marking is used around the county, this is described in the LocSSIP. Consent should be taken in line with GMC and LocSSIP guidance. Consent forms should not be completed within the theatre suite.

3. Sign In

Any ward staff member or escort should remain during Sign In. A registered practitioner performs Sign In with the anaesthetist or operator (in cases without an anaesthetist). The operator is asked to confirm the correct patient has been brought into theatre and should sign to confirm this.

4. Time out

This takes place in the operating room with the whole theatre team engaged, the aim is to bring the team together raise situation awareness. Aspects regarding the patient and the particular procedure to be performed are discussed and preparations checked.

5. Implant (and prosthesis) verification

Verification is divided into pre and during procedure checks. At the team brief and time out there should be confirmation of implant, if known. Otherwise, the range required should be discussed. At the point of insertion the minimum information to check includes type of implant, laterality, size, expiry date and sterility. Implant requirements should be written on a whiteboard for clarity.

6. Reconciliation of items in prevention of foreign objects

Education, teamwork and standardised process helps ensure the completion of full counts. Counts should be performed: at baseline (pre-procedure), before packing a cavity, if there is change of

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personnel, before closing any cavity or major organ, before closure of first layer of muscle and before wound closure begins. The final count should occur at beginning of closure of the skin.

Failed reconciliation should prompt a further full count and following the processes described in the Procedure for the Checking of Swabs, Instruments, Sharps and Needles (KD-016).

7. Sign Out

This takes place in the operating room with the surgical team present. The surgical instrument, swab and needle check is confirmed as correct. Sign Out starts the process of efficient handover of care and identifies patient, equipment, staff or process concerns.

8. De-briefing

De-brief is an opportunity to record good practice, incidents and near misses to ensure this information is used to enhance patient care.

The above checks are recorded:

- On paper briefing sheets
- On the electronic theatre management system.

17.2 Stop Before You Block

A "STOP" moment must take place immediately before inserting a nerve block needle. The STOP moment this can be instigated by any member of the anaesthetic team.

At this STOP moment the operator and assistant check:

- Ask patient to confirm side of surgery
- Check the consent form to check it reconciles with block site
- Check the site marking

The assistant should only give the block equipment to the anaesthetist when these checks have been performed.

Refer to full policy: WAHT-CG-762

18. Policies Procedures Guidelines and SOPs

Theatre practice is guided nationally by "The Association for Perioperative Practitioners". This Trust uses their "Standards and Recommendations for Safe Perioperative Practice" publication on which to base theatre policies, procedures, guidelines and SOP's. Local variances are added to these and reviewed as necessary.

The Theatre Key Document page on the Trust intranet contains policies and SOP relevant to theatres

19. Communication

Theatre Huddles

There are daily theatre safety huddles Monday to Friday at 08:00

There are monthly staff meetings led by the Theatre co-ordinator.

Minutes are taken and made available in a communication folder for anyone who was unable to attend.

Management meetings

Senior staff meetings are also held, issues raised from the departmental staff meetings are discussed.

Directorate business and governance (jointly with Anaesthetics) meetings take place on a monthly basis where theatre utilisation, equipment, staffing, risk assessments, incident reports, complaints, infection

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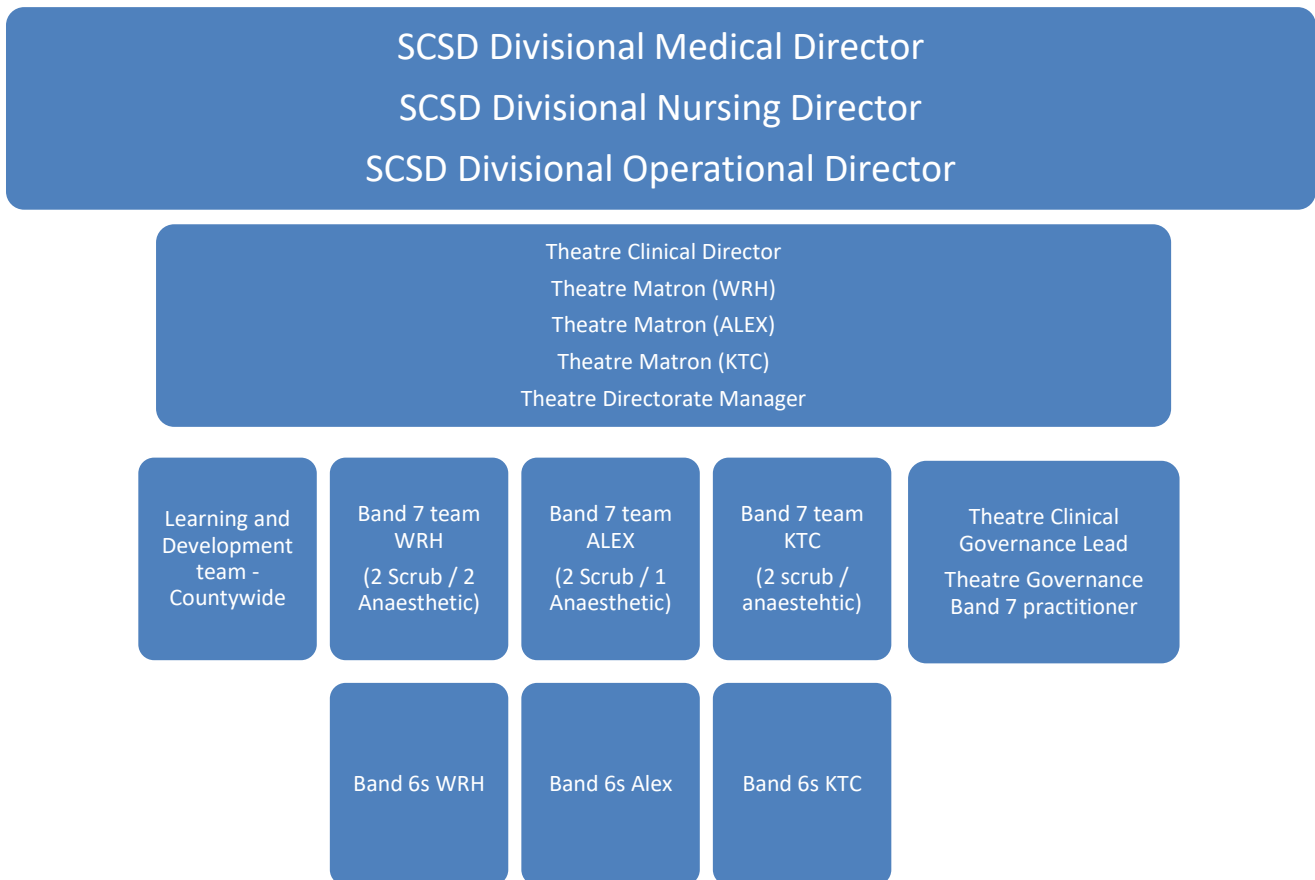
control, national and local changes requirements etc are discussed. Minutes are taken from these meetings.

Safety Boards

Important safety messages will be communicated via the Theatre Safety Boards.

Appendix 1

Theatre management structure



Appendix 2

Statutory & Mandatory Training

Information Governance	Annually – All staff	ELearning
Fire safety	Annually – All staff	ELearning or Face to Face
Infection Control L1	3 yearly – Non Clinical	ELearning or Face to Face
Infection Control L2	Annually – Clinical staff	Face to Face
Health & Safety	3 Yearly – All staff	ELearning or Face to Face
Moving & Handling L1	3 Yearly – Non patient facing	ELearning or Face to Face
Moving & Handling L2	2 yearly – All patient handling staff	Face to Face
Safeguarding Children L1	3 yearly – Non patient facing	ELearning
Safeguarding Children L2	3 yearly – Patient facing	ELearning or Face to Face
Safeguarding Children L3	3 yearly – Patient facing	Face to Face only
Safeguarding Adults L1	3 yearly – Non patient facing	ELearning
Safeguarding Adults L2	3 yearly – Patient facing	ELearning or Face to Face
Safeguarding Adults L3 *	3 Yearly – Patient facing required roles only	Face to Face
Resuscitation L1	Once only – All staff	ELearning
Resuscitation L2	Annually – Clinical staff	Face to Face only
Prevent L1 & 2	3 Yearly – All staff	ELearning or Face to Face
WRAP 3,4 & 5	3 yearly – Qualified Clinical staff	ELearning or Face to Face
MCA & DOLS L1	3 yearly – Non clinical	ELearning or Face to Face
MCA & DOLS L2	3 yearly – Clinical staff	ELearning or Face to Face
Hand hygiene	3 yearly – Non clinical	ELearning or Face to Face
Hand hygiene	2 yearly – Clinical staff	ELearning or Face to Face
Sepsis	Once only – Clinical staff	ELearning or Face to Face

Appendix 3

SBAR Framework for anaesthetic/scrub/recovery/ward Handovers

S	<p>Introduce yourself. Clearly identify the patient and their current situation Identify any allergies.</p>
B	<p>Overview of patient background including significant medical history Current medications, relevant investigations e.g. Blood Gas.</p>
A	<p>What is the current status of your patient based on your clinical assessments including observations, clinical impressions and relevant assessment tools e.g. AVPU, NEWS?</p>
R	<p>What recommendations will we make regarding continuing care of the patient in our handover? Is paperwork completed and correct? Check understanding and clarify queries.</p>

Checklist for Anaesthetic Equipment 2012

AAGBI Safety Guideline



Checks at the start of every operating session
Do not use this equipment unless you have been trained

Check self-inflating bag available

Perform manufacturer's (automatic) machine check

Power supply	<ul style="list-style-type: none"> • Plugged in • Switched on • Back-up battery charged
Gas supplies and suction	<ul style="list-style-type: none"> • Gas and vacuum pipelines – ‘tug test’ • Cylinders filled and turned off • Flowmeters working (if applicable) • Hypoxic guard working • Oxygen flush working • Suction clean and working
Breathing system	<ul style="list-style-type: none"> • Whole system patent and leak free using ‘two-bag’ test • Vaporisers – fitted correctly, filled, leak free, plugged in (if necessary) • Soda lime - colour checked • Alternative systems (Bain, T-piece) – checked • Correct gas outlet selected
Ventilator	<ul style="list-style-type: none"> • Working and configured correctly
Scavenging	<ul style="list-style-type: none"> • Working and configured correctly
Monitors	<ul style="list-style-type: none"> • Working and configured correctly • Alarms limits and volumes set
Airway equipment	<ul style="list-style-type: none"> • Full range required, working, with spares

RECORD THIS CHECK IN THE PATIENT RECORD

Don't Forget!	<ul style="list-style-type: none"> • Self-inflating bag • Common gas outlet • Difficult airway equipment • Resuscitation equipment • TIVA and/or other infusion equipment
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Please note that the key documents are not designed to be printed, but to be used on-line. This is to ensure that the correct and most up-to-date version is being used. If, in exceptional circumstances, you need to print a copy, please note that the information will only be valid for 24 hours and should be read in conjunction with the key document supporting information page.

CHECKS BEFORE EACH CASE

Breathing system

Whole system patent and leak free using 'two-bag' test
Vaporisers – fitted correctly, filled, leak free, plugged in (if necessary)
Alternative systems (Bain, T-piece) – checked
Correct gas outlet selected

Ventilator

Working and configured correctly

Airway equipment

Full range required, working, with spares

Suction

Clean and working

THE TWO-BAG TEST

A two-bag test should be performed after the breathing system, vaporisers and ventilator have been checked individually

- i. Attach the patient end of the breathing system (including angle piece and filter) to a test lung or bag.
- ii. Set the fresh gas flow to 5 l.min⁻¹ and ventilate manually. Check the whole breathing system is patent and the unidirectional valves are moving. Check the function of the APL valve by squeezing both bags.
- iii. Turn on the ventilator to ventilate the test lung. Turn off the fresh gas flow, or reduce to a minimum. Open and close each vaporiser in turn. There should be no loss of volume in the system.

This checklist is an abbreviated version of the publication by the Association of Anaesthetists of Great Britain and Ireland 'Checking Anaesthesia Equipment 2012'. It was originally published in *Anaesthesia*. (Endorsed by the Chief Medical Officers)

If you wish to refer to this guideline, please use the following reference: Checklist for anaesthetic equipment 2012.

Anaesthesia 2012; **66**: pages 662–63. <http://onlinelibrary.wiley.com/doi/10.1111/j.1365-2044.2012.07163.x/abstract>