

Supervision of Urology Operating Lists

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Review Date	November 2011
Lead author and designation	Mr C Dawson, Lead Clinician for Urology
(if under review) Review led by	

CAUTION: *You must refer to the intranet for the most recent version of this policy.*

Key Points

- **Applies to all Urology Department Staff and Theatre Staff and should be read by those personnel**
- **Sets out agreed best practice for supervision of Urology Operating Lists**
- **Has been assessed using an Equality Impact Assessment screening template and has no adverse impact on any particular group, sex, ethnicity, religion, gender or disability. As a result it is considered that a full Equality Impact Assessment is not necessary. The screening template can be found at Appendix 3.**

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Supervision of Urology Operating Lists

Background

Following an incident involving a vasectomy procedure at Stamford Hospital in August 2010 the Urology CMT has reconsidered its policy to the supervision of Urology Middle Grade Staff operating lists

Purpose and scope of policy

The purpose of this policy is to set out in clear terms for clinical governance purposes the situations in which Urology non-consultant grades can operate without direct supervision

1 Definition of Terms

n/a

2.1 Process

This policy was written in response to a clinical incident. The policy was discussed at the Urology CMT and will be distributed via the Trust Sharepoint system

2.2 Content

Supervision of Elective Urology Operating Lists

With regard to Non-consultant Urology staff operating unsupervised the following policy will now be observed

- Urology Staff Grade is not to be allowed to supervise other trainees in any surgical procedure
- Urology Staff grade / Associate Specialist to be allowed to perform Flexible cystoscopies / Vasectomy unsupervised at any site
- Urology Associate Specialist allowed to perform GA cases unsupervised but Staff grade to have either proximal supervision or cover from named consultant in same building who is aware of what is on theatre list
- Urology SpRs not to be allowed to work unsupervised at all with the exception of flexible cystoscopy cases under LA
- The Urology Nurse Practitioner (Sue Thompson) is allowed to perform Transrectal Ultrasound and Biopsy procedures under Local Anaesthetic

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Furthermore;

- The competencies of Urology SpRs will be assessed on joining the department and reassessed regularly during their year in training
- Both the Urology Associate Specialist and Urology Staff grade will undergo annual appraisal as per Trust policy. It is also recommended (but not mandatory as per this policy) that each of them compiles a folder of evidence in preparation for GMC revalidation

Emergency Procedures

- In the event of a patient requiring an emergency or out of hours procedure the Urology Middle Grade (Associate Specialist, Staff Grade, or SpR) will first discuss the intended procedure with the Urology Consultant on Call
- On the basis of this discussion it will be decided whether or not it is within the competence of the Middle grade to perform the procedure unaided, or whether or the Urology Consultant should be in attendance

Escalation Policy in the event of actual or impending clinical incident

- In the event of any clinical incident, or any clinical concern, it is the responsibility of the Urology middle grade to contact at the time of the concern or incident the Consultant whose name is on the Operating List
- It is also expected that in the event of any clinical concern, the Nurse in charge of the operating theatre will feed up any concerns to the Theatre Manager on duty and/or the Urology Consultant whose name is on the theatre list concerned.
- This escalation should take place at the time of any perceived concern (and not just “after the event”)
- Any clinical incidents / SUIs should be reported using the hospital DATIX system by either the Surgeon performing the list and/or nurse in charge of that list

2.3 Endorsement

The Policy has been endorsed by the Urology CMT on 17 November 2010.

2.4 Distribution

The Policy will be made available on the Trust Sharepoint System.

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3. Implementation and monitoring

- a) This document and its contents (“the policy”) will be reviewed annually by the Urology Lead clinician and the Urology CMT
- b) All clinical incidents involving Urology Theatres will be monitored using the DATIX system and assessed for compliance with this policy
- c) Any confirmed deviation from this policy will be investigated and reported by the Urology Lead clinician and appropriate recommendations made or actions taken

Glossary of Terms

SUI – Serious untoward incident

CMT – Clinical Management Team

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Appendix 1- Summary and Audit trail

Development Process							
Title: Supervision of Urology Operating Lists							
Tick the appropriate boxes below to indicate where and to whom the policy applies:							
Trust and Shared Care		Trustwide	<input checked="" type="checkbox"/>	CBU		Department	
Multidisciplinary		Medical Staff		Nursing / Midwifery		Allied Health Professionals	
Reason for Development: (e.g. planned review of existing document, patient complaint, critical incident, publication of new evidence, inconsistent practice, NICE Guidance)							
Developed in response to patient incident in August 2010							
Development Lead(s):		Mr C Dawson, Urology Lead Clinician					
Tel. Number:				Email Address:		chris.dawson1@nhs.net	
Development Team Members:				Key sources of evidence			
Mr C Dawson				Evidence used in the development of the document or the method of achieving consensus where evidence is not available:			
Consultation Process							
Please list key Staff Members and Groups/Committees involved in the Consultation Process:							
The policy was developed following consultation at the Urology CMT meeting							
Please identify committee(s) which will approve the policy (see flow chart for development) :							
Urology CMT							

Appendix 2

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Compliance Monitoring

Policy Title: Supervision of Urology Operating Lists

Author: Mr C Dawson

Process in the policy to be monitored	How will compliance with the outlined process be monitored?	Frequency	By who?	If compliance gaps have been identified, who is responsible for creating an action plan, and ensuring implementation of required changes?
Compliance with Policy for supervision	Urology Consultants will sign off each list and ensure that policy is complied with	Weekly	Urology Consultants / Booking Staff	Urology Consultant in consultation with Urology Lead Clinician
Escalation Policy	Analysis of DATIX incidents	Monthly	Urology Lead Clinician	Urology Lead Clinician

Peterborough and Stamford Hospitals NHS Foundation Trust
STAGE ONE : Equality Impact Assessment (EqIA) Screening form
Assessing Functions/Policies for Relevance

Blue boxes are to be filled in
 Yellow boxes - Click the box to select from the drop down list

Free text
 Select from drop down box

Name of function/service/strategy/policy/project (activity) to be assessed: Supervision of Urology Operating Lists

Name(s) of those completing this EqIA Screening form: Chris Dawson

CBU/Department: Surgery Date: 29-Oct-10

Function/service/strategy/policy/project (activity) aim or purpose: Supervision of Urology Operating Lists

Is this a new or existing activity? New

What are the intended results of this activity? To ensure that Urology Non-consultant Grade Staff are appropriately supervised in Theatre

How will you measure the outcome of the activity? Audit of Clinical Incidents on DATIX

Who is intended to benefit from the activity? Patients / Staff

Please identify any internal/external groups who have been consulted regarding this activity: None

Use the table below to identify whether the activity could/does have a positive impact, a negative impact or no impact at all on either any or all of the equality groups specified.

	Age	Disability	Ethnicity/Race	Gender	Religion/Belief	Sexual Orientation
Eliminating unlawful or unjustifiable discrimination	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Promoting equality of opportunity	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Promoting positive attitudes and good community relations	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Eliminating harassment or victimization	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Encourage involvement and participation	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral
Eliminating health inequalities	Neutral	Neutral	Neutral	Neutral	Neutral	Neutral

If there is either a Positive (Disability group exempted) or a Negative impact you must consider completing the Stage Two - Full Equality Impact Assessment form to address or remove any significant potential/actual impact.

Peterborough and Stamford Hospitals NHS Foundation Trust
STAGE ONE : Equality Impact Assessment (EqIA) Screening form

Decision to proceed (please select):

No, we have decided that it is not necessary to carryout a full EqIA

If you have selected "Yes, a full EqIA is required", please identify when the Full EqIA will be completed. Date

Reason for decision to proceed or not to full EqIA

The document is not discriminatory to any person or group of persons

Executive Director/General Manager - I confirm that I have been briefed and agree with the results of this EqIA.

Name

Date

Job Title

Please note the following:

It is essential that this EqIA screening form is discussed by your management team and remains readily available for inspection. A copy should also be forwarded to the Communications team for publication on the Trust's internet site.