

Nurse Led Minor Operation Policy For Specialist Nurses within the Oculoplastic Speciality in Ophthalmology Department

Approved By:	MSS CMG Quality and Safety Board
Date of Original Approval:	July 2020
Trust Reference:	C5/2021
Version:	Version 2
Supersedes:	None
Trust Lead:	Chitra Susan Abraham (Oculoplastics specialist nurse) Manju Mathai (Oculoplastics specialist nurse) Mrs Joyce Burns (Oculoplastic Consultant)
Board Director Lead:	Mr Sampath
Date of Latest Approval	March 2022 (MSS Q&S Board)
Next Review Date:	March 2025

CONTENTS

Section		Page
1	Introduction and Overview	3
2	Policy Scope	4
3	Definitions and Abbreviations	4
4	Roles- Who Does What	5
5	Policy Implementation and Associated Documents-What needs to be done.	6
6	Education and Training	8
7	Process for Monitoring Compliance	12
8	Equality Impact Assessment	12
9	Supporting References, Evidence Base and Related Policies	12
10	Process for Version Control, Document Archiving and Review	13

Appendices		Page
1	Care Pathway for patients requiring minor Lid Surgery	15
2	Day of Treatment in the Nurse Led Clinic	17
3	Reccomandation of Practioner Undertaking the Nurse Led Minor Operation	21
4	Competency recording forms	23
5	Record of observation	28
6	Competency Record Form Record of Supervision	29
7	Final LCAT Assessment	30
8	Record of Final Supervised Practice	31
9	UHL Safer Surgery Checklist – Ophthalmology Outpatients	32

REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

June 2020

KEY WORDS

Minor Operation Nurse Led Clinic

1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trusts Policy and Procedures for nurse led minor operations for specialist nurses within the oculoplastic speciality in the ophthalmology department and offers guidance to enable qualified Oculoplastic Specialist Nurses and trainee specialist nurses in Oculoplastics to perform Nurse Led Minor Operation within the Oculoplastic Speciality.

This ultimately will contribute to the efficient delivery of the ophthalmology out-patient service.

Over the past 27 years, a number of professional and legislative documents have provided the impetus for the expansion of nurse-led services. This began with the 'New Deal' for junior medical staff (NHSME, 1991), which resulted in the reduction in the number of junior doctors hours, and the subsequent re-allocation of some routine medical duties to nursing staff. This in turn was facilitated by the Royal College of nursing document. 'The nature, scope and value of ophthalmic nursing' (RCN 2016), which allowed nurses to expand their roles within their own and the organisations capabilities. More recently, the Department of Health (DOH 2018) has published a number of papers emphasising the expanded role of nurses in increasing the efficiency and quality of service provision within the National Health Service (NHS). The NHS five year plan (2019) emphasises that the new NHS roles and careers will be shaped to reflect the future needs and priorities and will be supported by Health Education England (HEE)(2017).

This document offers guidance to enable qualified nurses with ophthalmic experience to perform minor eyelid procedures.

This practice will take place in the ophthalmic department within UHL. This document applies to adult patients over the age of sixteen.

1.2 The perceived benefits include:

1. This role is an expansion of nursing practice to enhance patient care as opposed to taking over the role of medical staff.

2. Greater efficiency in terms of waiting time for treatment. The nurse will have a regular session in clinic, giving patients the opportunity to attend their procedure in ophthalmology outpatient department.
3. This policy provides the governance structure for qualified nurses with ophthalmic experience who perform minor eye lid surgeries. This ultimately will contribute to the efficient delivery of the ophthalmology out-patient's service.

2 POLICY SCOPE

2.1 This policy applies to qualified nurses with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake minor surgical procedures.

2.2 The policy applies to all patients having a procedure within the Ophthalmology Outpatient Minor Operation Room under local anaesthetic.

2.3 This policy covers use of the UHL safer surgery checklist for Ophthalmology Outpatients Department and incorporates advice on site marking. It should be read in conjunction with other important policies that are relevant to safer surgery.

2.4 The qualified nurse undertaking this procedure must be a first level registered nurse with at least two years acute ophthalmic experience, either within eye theatres, Eye Emergency Department or Oculoplastics. This training relates only to registered nurses and does not incorporate any other associated health care professionals.

2.5 The Oculoplastic Consultant Ophthalmologists, Service Manager and the Head of Nursing support the expansion in nursing practice.

3 DEFINITIONS AND ABBREVIATIONS

3.1 Pre-operative:

This refers to the period before anaesthesia/surgery while the preparations are made for the patient's operation in accordance with their individual needs including patient assessment and consenting. The pre-operative period runs from the time the patient arrives in the clinic to the time that the anaesthesia/surgery begins.

3.2 Perioperative:

This refers to the total anaesthetic/surgical time whilst the patient is in minor operative room.

3.3 Preparation for surgery checklist:

This is the checklist filled in by a registered nurse in the minor operative room to confirm that preparations for surgery are complete before the patient arrives on the table.

3.4 Team brief:

This is the team safety briefing that occurs at the start of every procedure list. It involves all team members and considers each patient on the list in turn.

3.5 Pre-operative site marking:

This refers to the process of marking the skin above the operative site before the operation to ensure that the correct side and site is operated on.

3.6 Basic Preparations

This is the setting up and checking which is completed prior to the start of the procedure, when the patient is in the minor operative room after finishing the patient assessment.

3.7 Before the start of the procedure

This is the final check that occurs before the procedure starts. It is a check that involves all team members and must be carried out in a focused way while the patient is on the operating table.

3.8 After the procedure

This is the check that occurs towards the end of the operation or procedure, whilst all team members, including the operating clinician is still present in minor operative room with the patient.

3.9 Stop the Line:

This refers to a concept where any team member is able to “Stop the Line” meaning that if they feel that something is a risk to patient safety they are empowered to speak up and stop processes until the issue is remedied.

3.10 LocSSIPs:

Local Safety Standards for Invasive procedures – these are standard operating procedures (which include safety checklists) that are developed for use in areas in the Trust where invasive procedures are performed within the operating theatres.

4 ROLES

4.1 The executive director responsible for oversight of this policy is the Chief Nurse.

4.2 Line Managers

Line managers are responsible for:

- a) Identifying and supporting the appropriate staff to attend the necessary training and complete the assessment of competence in practice
- b) Verifying the competence of staff in Nurse Led Minor Operations

c) Maintaining a record of staff who are competent in the Nurse Led Minor Operations ensuring that numbers of staff trained meet service need

4.3 Authorised Staff

4.3.1 All staff who perform Nurse Led Minor Operation activity must be authorised by their line manager and Oculoplastic Consultant and carry out this activity as an integral part of the key responsibilities within their role and not considered outside their scope of professional practice.

4.3.2 Staff who may undertake this role will be on a statutory register (Nursing and Midwifery Council (NMC)) and the practice of Nurse Led Minor Operation will be 'within normal scope of practice'. These are Oculoplastic Nurses and Oculoplastic Development Nurses.

4.3.3 All authorised staff must have undertaken appropriate education and training (see section 6) which must be identified through the appraisal process and be included in their Personal Development Plan (PDP).

4.3.4 There is no set time frame expected for staff to undertake this role, however it is recommended that staff should have at least two years acute ophthalmic experience, either within eye theatre, Eye Emergency Department or Oculoplastics.

4.3.5 Staff moving between units or to community settings must remain competent to perform Nurse Led Minor Operation within their area of competence.

4.4 All members of staff involved in the perioperative care of patients:

- Must follow the procedures laid down in this policy.
- Must accept responsibility for updating knowledge and skills to maintain competence.
- Must "Stop the Line" if they are aware that actions or omissions are potentially causing a threat to patient safety.

5. POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS

5.1 USING THE UHL OPHTHALMOLOGY OUTPATIENTS DEPARTMENT UHL SAFER SURGERY CHECKLIST

5.1.2 The UHL Ophthalmology Outpatients Department Safer Surgery Checklist must be completed for every patient undergoing a surgical procedure

5.1.3 The UHL Ophthalmology Outpatients Department Safer Surgery Checklist is a generic checklist that is applicable to all patients.

5.1.4 The checklist must be fully completed in black ballpoint pen and signed at each step by the Registered Practitioner involved in that aspect of the patient's care.

5.1.5 A copy of the completed checklist must be retained in the patient's notes or electronic clinical record. Under the exceptional circumstances where the checklist is

not completed or is not retained, the reasons must be documented in the patient's notes by the operating surgeon.

5.1.6 The patient's addressograph label must be attached to the checklist. Where this is not possible, the patient's details must be handwritten on the document with S number, name, and date of birth as a minimum.

52 Initial competency assessment of staff can be carried out by The Oculoplastic Consultant, Fellow, Specialist Registrar or Senior Oculoplastic Nurse

53 Final Competency Assessment of staff needs to be done by an Oculoplastics Consultant only.

5.3.1 The nurse will be assessed to ensure that they have the required level of competence before being allowed to treat patients independently.

54 The operating nurse has the autonomy to be able to access the medical staff for any help or advice and she may authorise for the patient to be added to the doctors clinic list.

55 Instillation of topicaleye drops or ointments and Injections of local anesthetic can be part of the surgical treatment process, these may only be used under Patient Group Directives or standing orders if the nurse is not an independent nurse prescriber.

56 Exception Escalation Process

- If on assessment of the patient, the nurse is unable to diagnose or treat the patient, she may ask a suitable member of the medical team to review the patient.
- Patients under the age of 16 will not be treated in nurse led clinics.

57 The set used is also recorded in the theatre book and patient notes by placing the manufacturer's label in the record of the operation.

58 Reasonable Adjustments

- a) Reasonable adjustments will be made for staff with an identified learning difference where possible.
- b) Staff who believe that they have a learning difference will be supported using the Equality, Diversity and Inclusion Policy (Trust Reference B61/2011)

6 EDUCATION AND TRAINING REQUIREMENTS

6.1 All staff who undertake Nurse Led Minor Operations must:

- a) Complete the training and assessment programme provided by the Oculoplastic Team in the Ophthalmology Department

- b) Have completed a period of supervised practice, the time span of which will be agreed by the assessor but ideally to be completed within 12 months.
- c) Have evidence of assessment and competency signed by an LCAT or other appropriate assessor (see appendix 7)
- d) The Oculoplastic Consultant, Fellow , Specialist Registrar, Oculoplastic specialist nurse will facilitate the theory and practice sessions, to ensure the nurse has achieved a satisfactory knowledge base to support working practice and be available within the ophthalmology department to support the nurse during a nurse led minor operation session.
- e) The theoretical knowledge underpinning this procedure will be gained both propositionally, through appropriate reading, and experientially, through working alongside medical colleagues. The competency framework developed for the 'Nurse led minor operations' will be used as the assessment tool.
- f) The nurse preparing for this expanded role will undertake advanced training and assessment under the supervision of the Consultant, Fellow ,Specialist Registrar or Oculoplastic specialist nurse. This will include:
 - Observation of the Consultant, Fellow, Specialist Registrar, Oculoplastic specialist nurse in ophthalmic theatre and outpatient minor operation room within ophthalmology department for various surgical procedures.
 - Supervised practice by the Consultant, Fellow, Specialist Registrar or Oculoplastic specialist nurse.
 - Practical summative assessment by the Consultant only.
 - The nurse will be assessed to ensure that they have the required level of competence before being allowed to treat patients independently.

6.2 Staff new to the Trust and / or who have been trained elsewhere must:

- a) Provide evidence accepted by their line manager of the training and assessment of competence they have successfully completed. If the member of staff does not have any evidence of successful completion then they may need to undertake the Nurse Led Minor Operation Training. This must be discussed with their line manager
- b) Read the relevant Trust policies and undertake additional local training relating to equipment and documentation as required.
- c) Undertake a final sign off practical assessment by an Oculoplastic Consultant

6.3 To be able to assess the knowledge and competencies of others in Nurse Led Minor Operation the assessor must:

- a) Be confident and competent in performing the skill and practice the skill regularly
- b) Have a sound knowledge of current policies and procedures
- c) Ideally be identified by the line manager as an LCAT assessor and have completed or be working towards a relevant mentor / assessor course such as The Oculoplastic Consultant, Fellow , Specialist Registrar, Oculoplastic specialist nurse and final assessment signed by Oculoplastic Consultant

6.4 Eligibility: Practitioners must fulfil the requirements of the policy in terms of qualifications and experience and have approval by the Lead Nurse and their line manager before undertaking training.

Practitioners must ensure that all training and development is in line with scope of practice and job description and must submit any application for training to their manager for endorsement.

6.5 The Training will be provided by Oculoplastics consultants alongside the Oculoplastics fellow and the Oculoplastics nurses who are eligible to do the minor operations.

6.6 The training programme

There are two main parts to the training programme, and the practical training comprises 3 aspects:

- Theoretical training
- Consent training (e-learning)
- Practical training
 - Observation of practice
 - Supervised practice:
 - preparation of the patient
 - local anaesthetic administration
 - conducting minor operations

The member of staff must have completed the minor operation training course including both theoretical and practical components and have been assessed as competent by their supervising consultant or trainer. All training completion must be approved by an Oculoplastics consultant if it has been delivered by other trainers before independent practice commences.

6.6.1 Theoretical training will be delivered in a number of ways:

- Attendance at a recognised external minor operation training day.
- Locally delivered half to one day training course run by consultants and non-medical health care professionals.
- One to one sessions with Oculoplastics consultant or Oculoplastics fellow or Oculoplastics specialist nurse to informally cover key knowledge.
- Educational DVD or online video training

Topics which must be covered through these routes are as follows:

- Anatomy and physiology of the eye, eye lid, surrounding muscles ,bones and other structures.
- Classification of various eyelid lumps, cysts and lesions
- Issues around infection control and local anaesthetic injections
- Pharmacology update
- Risk and legal issues around extended role development
- Latest clinical information on treatment and treatment delivery and up to date evidence underpinning this practice
- How to audit
- Consenting for minor operations
- Surgical safety checklist
- Process of conducting minor lid operations, including the practicalities

- Recognition of complications and what actions to take.

The practitioner needs to undergo an assessment with a trainer to record their knowledge competencies and understanding of key trust policies and national requirements and obtain sign off.

6.6.2 Practical Training: Observation of practice

On satisfactory completion of the theory training, and the designed scrub competency from ophthalmic theatre is completed Oculoplastics specialist nurse in training can commence their period of observation whereby they shadow their assigned trainer(s) and follow each patient from assessment through to discharge. Once observation of twenty patients has been recorded on the competency assessment log sheet which is countersigned by the trainer, the next stage can begin.

6.6.3 Practical training: Supervised Practice: Preparation of the patient

The next step of the training pathway is to prepare the patient for the minor eyelid procedure.

The practitioner will need to be able to demonstrate the following:

- Checks the room, equipment and drugs including emergency equipment
- Confirmation of patient identity
- Suitably assess key factors and consent in the records
- Checks the patient history
- Can give explanation of the procedure to the patient
- Can give explanation of nurse led procedure
- Checks allergies
- Confirms which eye is to be operated on
- Positioning of the patient and discussion on comfort
- Hand hygiene
- Skin and eye cleansing

On completion of twenty preparations with completion of the signed competency sheet, the trainer will decide if the practitioner can proceed to the next stage or whether further practice is required.

6.6.4 Practical training: Supervised Practice: administration of Local anaesthetics

The next step of the training pathway will be for the specialist nurse to administer the local anaesthetic injection. The practitioner will, under strict supervision, administer at least 10-15 injections before the trainer will assess whether the practitioner is safe to proceed independently.

If at this stage the specialist nurse is not yet ready to practice unsupervised they must continue supervised practice until the trainer feels they are ready for a further assessment. The trainer must also be happy that the practitioner can undertake lists to the required safety and efficiency to practice independently.

6.6.5 Practical training: Supervised Practice: conducting minor eyelid procedure.

The final step of the training pathway will be for the specialist nurse to perform minor eyelid procedure. The practitioner will, under strict supervision, conduct at least 10 minor eyelid procedures before the trainer will assess whether the practitioner is safe to proceed independently.

If at this stage the trainee is not yet ready to practice unsupervised they must continue supervised practice until the trainer feels they are ready for a further assessment. The trainer must also be happy that the practitioner can undertake lists to the required safety and efficiency to practice independently a whole list.

All the competencies must be completed and signed off and audit of practice must occur at this stage and be approved by a Oculoplastics consultant before undertaking independent practice. In addition, there should be evidence of reflective practice.

At all stages, the trainee must not be signed off as a competent practitioner unless the trainer and consultant are fully confident in the practitioner's ability to run independent lists.

The first 3 lists/clinics should occur with experienced surgeons nearby with some degree of supervision to ensure support is nearby and practitioners have gained the confidence to practice independently.

After three months, the trainee should undergo a review of their independent practice with a trainer or consultant and should then undertake the required audit after the first 6 months or 100 cases and thereafter every year and record regular reflective practice.

7 PROCESS FOR MONITORING COMPLIANCE

7.1 Audits regarding Nurse Led Minor Operation must be identified

Auditing the practice of the nurse:

- 1) This will be achieved by measuring outcomes through retrospective evaluation. A record will be kept of all patients treated by the trained nurse; these records will be audited to determine any patients who have had any serious adverse events post-surgery or have had to re attend as an emergency patient. In addition, every year 15 patient notes will be pulled at random, to be assessed by the Consultant. Following evaluation of the audit results, any necessary changes to practice will be made, thus ensuring safe treatment for patients requiring minor lid procedures. The frequency of the audit will be reassessed annually
- 2) Patient satisfaction questionnaires will be utilised as a tool to monitor and adapt practice accordingly. This should help to maintain a positive experience of care by patients and their relatives/carers.

Additionally the nurse should ensure that they have a summary of performance and potential by having an appraisal every year, with their line manager at which SMART (**S**mart, **M**easurable, **A**greed, **R**ealistic and **T**ime Bound) objectives are set in the personal development plan with a 6 monthly review. The nurse must ensure the appropriate action is taken to maintain standards.

8 EQUALITY IMPACT ASSESSMENT

8.1 The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2 As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 References

- Department of Health. (2019) *The NHS Long term Plan*; <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/01/nhs-long-term-plan.pdf>
- Health Education England(2017) *Multi-professional framework for advanced clinical practice in England* <https://www.hee.nhs.uk/sites/default/files/documents/Multi-professional%20framework%20for%20advanced%20clinical%20practice%20in%20England.pdf>
- National Health Service Management Executive. (1991) *Junior Doctors; The New Deal*. NHSME.
- Nursing and Midwifery Council (2018) *The Code-Professional standards of practice and behaviour for nurses, midwives and nursing associates*. NMC London.
- Department of Health(2018) *Career Framework for Specialist Nurses*

Royal college of nursing (2016) The nature, scope and value of ophthalmic nursing

9.2 Policies

UHL Policy for Consent to Examination or treatment.

A16/2002

UHL Core Training Policy for Statutory, Mandatory and Essential to Job Role Training.

B21/2005

UHL Aseptic Non Touch Technique Guideline

B20/2013

UHL Policy for Management of Surgical Swabs, Instruments, Needles and Accountable Items

B35/2007

UHL Policy for Scrubbing, Gowning and Gloving

B7/2014

UHL Policy Safer Surgery Policy

B40/2010

UHL Sedation Policy: Safety and Sedation of Patients Undergoing Diagnostic and Therapeutic Procedures

B10/2005

UHL Delegated Consent Policy

B10/2013

UHL Policy Patient Group Directions

B43/2005

9.3 Professional Guidelines

NMC (2018) The Code: Professional standards and behaviour for nurses and midwives

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system.

10.2 This policy will be reviewed every 5 years by the Senior Nurse in Oculoplastic Department and also the Oculoplastic Lead Consultant and Service Management

10.3 The updated version of the Policy will then be uploaded and available through INsite Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

POLICY MONITORING TABLE

The top row of the table provides information and descriptors and is to be removed in the final version of the document

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will the completed report go to.
Percentage of compliance to completion and documentation of relevant sections of the UHL Safer Surgical Checklist as per policy	Senior Oculoplastic Specialist Nurse	Medical notes	1 year by Oculoplastic Consultant 1 year by Senior Oculoplastic Specialist Nurse	Senior Oculoplastic Specialist Nurse Oculoplastic Consultants
Number of reported incidents per annum of surgical harm and number of near misses of surgical harm.	Senior Oculoplastic Specialist Nurse	Medical notes	1 year by Oculoplastic Consultant 1 year by Senior Oculoplastic Specialist Nurse	Senior Oculoplastic Specialist Nurse Oculoplastic Consultants
Medication Errors	Medicines Safety Officer	DATIX incident reporting	Quarterly	Medicines Optimisation Committee CMG Heads of Nursing

Care Pathway for patients requiring minor Lid Surgery

1. Introduction

This guidance provides a step-by-step pathway for patients requiring minor Lid Surgery.

2. Scope

Staff which are on a statutory register (e.g. Nursing and Midwifery Council (NMC)) and with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake the minor surgical procedures.

3. Recommendations, Standards and Procedural Statements

Patients can present as:

- a direct referral from the Oculoplastic Consultants.
- As a direct referral from the optician or general practitioner
- As a direct referral from clinicians within the ophthalmology department

The following criteria must be met when listing a patient for minor operation procedure:

- 1) Adequate clinical examination and documentation in the medical notes by a qualified ophthalmologist or oculoplastic specialist nurse. This must include:
 - a) Visual acuity
 - b) A general health history
 - c) Lid examination details
- 2) The decision to offer minor surgery will be made by the operating specialist nurse.
- 3) An informed written consent gained or a gained consent by the consultant or oculoplastic medical team or the operating specialist nurse to be reinstated by explaining any listed side effects or complications: namely
 - a) Swelling
 - b) Bruising
 - c) Recurrence
 - d) Bleeding
 - e) Risk of further procedure
 - f) Scarring
- 4) The reasons for the procedure, its complications, and that an appropriate qualified nurse will perform the procedure must be explained to the patient (and, if appropriate, their relatives) on the day.

- 5) When listing a patient for a 'Nurse-Led minor operations the clinician must not list any patients that fall into the exclusion criteria, namely:
- Patients who are pregnant.
 - Patients taking anticoagulant therapy, e.g. warfarin, riveroxaban, apixaban etc
 - Children under the age of 16
 - Known latex allergy

*Medic **must be** FRCOphth or MRCOphth: must hold the FRCOphth or equivalent qualifications as recognised by the General Medical Council.

Care Pathway for patients requiring minor Lid Surgery	
No.	Action
1	Check Patient Identity
2	Adequate clinical examination and documentation in the medical notes by a qualified ophthalmologist.
3	The decision to offer minor surgery will be made by the operating specialist nurse
4	An informed written consent gained or a gained consent by the consultant or oculoplastic medical team or the operating specialist nurse to be reinstated by explaining any listed side effects or complications
5	The reasons for the procedure, its complications, and that an appropriate qualified nurse will perform the procedure must be explained to the patient (and, if appropriate, their relatives) on the day
6	When listing a patient for a Nurse-Led minor operations the clinician must not list any patients that fall into the exclusion criteria

4. Education and Training

See Section 6 of Policy

5. Monitoring and Audit Criteria

See Section 7 of Policy

7. Supporting Documents and Key References

None

8. Key Words

Pathway patients requiring Minor Lid Surgery

1. Introduction

This guidance provides a step-by-step pathway for patients attending the nurse led clinic for Minor Operation Procedure.

2. Scope

Staff which are on a statutory register (e.g. Nursing and Midwifery Council (NMC)) and with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake the minor surgical procedures.

3. Recommendations, Standards and Procedural Statements

The practitioner / qualified nurse must:

- Check that visual acuity is assessed on day or on a recent visit
- Ensure the minorop room is available and all required equipment is in good working order along with necessary commodities
- Ensure the emergency equipment is nearby to support the patient should they become compromised during the visit.
- Patient identity should be checked and confirmed against medical notes.
- A medical and drug history is confirmed against the notes
- Check that the patient is willing to have the procedure carried out by a nurse.
- Reiterate explanation of procedure and answer any questions and gaining appropriate consent requirements.
- Touch the patient's eyelid with the finger and assess the area and examination via everting the lid as appropriate.
- Provide Slit lamp examination as required.
- The qualified nurse must refer the patient to an Oculoplastic Consultant Surgeon at any stage where further advice is required.
- Monitoring the patient via a pulseoxymeter.
- The operating site should be marked by the operating nurse.
- Follow the WHO safety checklist to ensure surgical safety(minorop adapted version) at each stage(Beginning of a case,before start of procedure, after the procedure)
- Local anesthetic administration of 1% xylocaine with adrenaline(Under PGD guidance)
- Carry out the procedure ensuring patient safety at all times and by following aseptic techniques

The qualified nurse must refer to an Oculoplastic Consultant Surgeon at any stage where further advice is required.

3.1 Post Procedural Care

- 1) The patient information leaflet which explains every aspect of the procedure should be given to the patients along with the verbal explanations
- 2) Following surgery the operating nurse should apply chloramphenicol eye ointment to the operated site and dispense it with clear instructions to the patient.
- 3) Information to be given as to when the dressing is to be changed or sutures removed if there are any.
- 4) Instructions to be given to the patient about possible side effects, and after care on local anesthetics procedures
- 5) Advise that should the patient experience any side effects they should contact the eye department using the contact numbers listed in the Patient Information leaflet
- 6) Patients can then be discharged home following the procedure. A clear instruction on follow-up plans should be given to the patient and documented in notes along with the operating notes.
- 7) Ensure that the patient is comfortable and not suffering any ill effects from the procedure or local anesthetics before leaving the clinic.
- 8) An UHL NHS Trust clinic letter is forwarded to patient's G.P containing the following information:
 - a) Name of patient Hospital Number Date of clinic visit
 - b) Under the care of (Named Consultant)
 - c) Diagnosis
 - d) Treatment
 - e) Medication
 - f) Follow-up appointment date arranged
- 9) Patient information, time of arrival and discharge, procedure performed along with counts to be documented in the minor op register.
- 10) Any specimens collected should be checked by two clinicians before it is taken out from minor op room and sent to the pathology laboratory. Number of specimens taken should be documented in minor op register and patient notes with details.
- 11) Safe transportation of used surgical sets to CSSD hub based in level 2 Balmoral building LRI.
- 12) Used disposable instruments to be discarded into yellow sharp bins and discard other clinical waste appropriately.

Day of Treatment in the Nurse Led Clinic	
No.	Action
1	Check that visual acuity is assessed on day or on a recent visit
2	Ensure the minor op room and equipment is available and good working order along with necessary commodities
3	Ensure the emergency equipment is nearby to support the patient should they become compromised during the visit
4	Patient identity should be checked and confirmed against medical notes.
5	A medical and drug history is confirmed against the notes
6	Check that the patient is willing to have the procedure carried out by a nurse
7	Reiterate explanation of procedure and answer any questions and gaining

Day of Treatment in the Nurse Led Clinic

	appropriate consent requirements
8	Touch the patient's eyelid with the finger and assess the area and examination via everting the lid as appropriate
9	Slit lamp examination as required
10	The qualified nurse must refer the patient to an Oculoplastic Consultant Surgeon at any stage where further advice is required. Monitoring the patient via a pulseoxymeter
11	Operating site should be marked by the operating nurse
12	Follow the WHO safety checklist to ensure surgical safety(minorop adapted version) at each stage(Beginning of a case,before start of procedure, after the procedure)
13	Local anesthetic administration of 1%xylocaine with adrenaline (Under PGD guidance)
14	Carry out the procedure ensuring patient safety at all times and by following aseptic techniques
15	The patient information leaflet which explains every aspect of the procedure should be given to the patients along with the verbal explanations
16	Following surgery the operating nurse should apply chloramphenicol eye ointment to the operated site and dispense it with clear instructions to the patient
17	Information to be given as to when the dressing is to be changed or sutures removed if there are any
18	Instructions to be given to the patient about possible side effects, and after care on local anesthetics procedures
19	Advice that should the patient experience any side effects they should contact the eye department using the contact numbers listed in the Patient Information leaflet
20	Patients can then be discharged home following the procedure. A clear instruction on follow-up plans should be given to the patient and documented in notes along with the operating notes
21	Ensure that the patient is comfortable and not suffering any ill effects from the procedure or local anesthetics before leaving the clinic
22	A standardised UHL NHS Trust clinic letter is forwarded to patient's G.P.
23	Patient information, time of arrival and discharge, procedure performed along with counts to be documented in the minor op register
24	Any specimens collected should be checked by two clinicians before it is taken out from minor op room and sent to the pathology laboratory. Number of specimens taken should be documented in minor op register and patient notes with details. Safe transportation of used surgical sets to CSSD hub based in level 2 Balmoral building LRI
25	Used disposable instruments to be discarded into yellow sharp bins and discard other clinical waste appropriately.

4. Education and Training

See Section 6 of Policy

5. Monitoring and Audit Criteria

See Section 7 of Policy

7. Supporting Documents and Key References

None

8. Key Words

Day of Treatment in the Nurse Led Clinic

1. Introduction

This guidance provides a recommendations for practitioners undertaking the nurse led clinic for Minor Operation Procedure.

2. Scope

Staff which are on a statutory register (e.g. Nursing and Midwifery Council (NMC)) and with ophthalmic experience who have satisfied the Trust that they are competent to expand their sphere of practice with ophthalmic patients and undertake the minor surgical procedures.

3. Recommendations, Standards and Procedural Statements

For **New Practitioners** who are undertaking eyelid procedures as a new skill:

- You must complete the training and then ensure all competencies signed off not only by your trainer, but also by the Oculoplastics consultant before you practice independently. You must be reassessed against the competency standard every year or after a break of six months or more where the skills have not be undertaken. You must also be confident you are performing within your sphere of competency.

For **Current Practitioners** who have:

- Completed the training programme previously and have been assessed and signed off as competent against the competencies.

You must be assessed as competent using this competency standard by a competent trainer before continuing to undertake the skill independently. You must be reassessed against the competency standard every year or after a break of six months or more where the skills have not be undertaken. You must also be confident you are performing within your sphere of competency.

All practitioners must ensure that successful completion of the competencies occur on time and that this is fully discussed and signed off by the Oculoplastics consultant. Practitioners must ensure that copies of the signed competency are sent to their manager, and they should retain a copy for their own portfolio.

The assessor

The final assessor must be an Oculoplastics consultant who is on the list of approved trainer/assessors. The assessor must only sign the competency when all aspects of the competency standards have been demonstrated by the practitioner.

4. Education and Training

See Section 6 of Policy

5. Monitoring and Audit Criteria

See Section 7 of Policy

7. Supporting Documents and Key References

None

8. Key Words

practioners nurse led clinicr Minor Operation Procedure

Competency recording forms

Minor eyelid procedure: Competency checklist - knowledge

Ward / Department..... Name
.....

	Competency	Competency Checklist	Assessor Signature
1	Demonstrate familiarity with and understanding of the principles of the Trust Framework for Enhancing the Scope for Clinical Practice	<p>States key aspects of Trust Framework for Enhancing the Scope for Clinical Practice/nurse led minor eyelid operation policy:-</p> <ul style="list-style-type: none"> • Competence to be assessed via Trust ratified competencies. • Competency development must be appropriate and safe. • Vicarious liability. • On-going competency-Trust requirements • Evidenced based practice. 	
2	Demonstrate familiarity with Trust Infection Control Policy	<p>Under observation and where appropriate can state and demonstrate:</p> <ul style="list-style-type: none"> • Correct use of Personal Protective Equipment. • Safe handling of sharps. • Safe handling of clinical waste and spillage. • Decontamination of equipment. • Decontamination of environment. <p>Under observation and where appropriate can state and demonstrate:</p> <ul style="list-style-type: none"> • The importance of correct hand hygiene. 	
3	Demonstrate familiarity with Trust policy and Profession specific guidelines on records and record keeping	<p>State and discuss:</p> <ul style="list-style-type: none"> • The key points in the Trust for Records and Record keeping. • The importance of accurate documentation. • Individual accountability and confidentiality. <p>Under observation:</p> <ul style="list-style-type: none"> • Can document the appropriate information accurately and according to Trust Policy in the notes. 	

	Competency	Competency Checklist	Assessor Signature
4	Demonstrate familiarity with the Trust Consent to Policy	<p>State and discuss:-</p> <ul style="list-style-type: none"> • The key principles of the Trusts Consent Policy with respect to consenting for care and treatment. • Staff responsibility and accountability for ensuring that they act in accordance with the policy when consenting patients for treatment including recognising when they are not permitted to take consent. • For consent to be valid, the patient must: <ul style="list-style-type: none"> ○ Be competent to take the particular decision; ○ Have received sufficient information to take it; ○ Not be acting under duress. • Patient’s agreement to the intervention and the discussions which led up to that agreement. • Process to follow when a patient does not have capacity to consent and in emergency situations. • Process to follow when a patient refuses treatment or changes their mind about consenting to a procedure when they have already signed the consent form • Documentation –through the use of a consent form and documenting in the patient’s health records that they have given consent. 	

	Competency	Competency Checklist	Assessor Signature
5	Uphold the Nursing & Midwifery Council: The Code Professional Standards of practice and behaviour for nurses (2015) or similar professional standards	<p>State and discuss key aspects of the NMC or similar Code:-</p> <ul style="list-style-type: none"> • Exists to safeguard the health and wellbeing of the public. • Sets the standards of education, training and conduct that Nurses and Midwives need to deliver high quality healthcare consistently throughout their careers. • Ensures that Nurses and Midwives keep their skills and knowledge up to date and uphold the standards of their professional code. • Ensures that nurses and Midwives are safe to practise by setting rules for their practice and supervision. • Fair processes to investigate allegations made against Nurses and Midwives who may not have followed the code. 	
6	Demonstrate familiarity with the legal and professional implications of performing minor eyelid procedure	<p>State & discuss:</p> <ul style="list-style-type: none"> • Individual legal responsibility. • Implications for the practitioner. • Accountability. • Duty of care/reasonable care. • Vicarious liability. • Informed /valid consent. • Mental capacity. • Local policies and procedures. • Negligence. • Registered practitioner understands that an Oculoplastics specialist fellow or consultant must be available on the phone and, if cannot manage immediate complications themselves, doctor must be in the department and available to assist with complications, whilst clinic is progress • The competency does not cover the minor operation to pregnant patients. 	

	Competency	Competency Checklist	Assessor Signature
7	Demonstrate knowledge of the anatomy and physiology of the eye.	State & discuss: <ul style="list-style-type: none"> • Appropriate patients for minor eyelid procedure • The anatomy of the eye and eyelid • Areas of operation to avoid. • Individual patient factors. 	
8	Demonstrate knowledge of the procedure for minor eyelid surgery	State & discuss: <ul style="list-style-type: none"> • Is able to access relevant trust policies and procedures. • Is up to date with current practice. 	
9	Is able to identify appropriate equipment and drugs and understands the process for delivering of local anaesthetic injection and conducting minor eyelid surgery	State & discuss: <ul style="list-style-type: none"> • Describes the equipment used and demonstrates understanding of its use. • Rationale for the cleaning of the trolley prior to use. • Describes drugs used, how to use and how they work • Describes requirements for prescribers or PGD for appropriate 	
10	Discuss patient preparation prior to minor eyelid surgery	State & discuss: <ul style="list-style-type: none"> • Informed / valid consent (as appropriate). • Limits of practice and patient selection. • Reassurance and explanation. • Previous surgical and medical history. • Correct area for operation selection • Any requirement to check IOP. 	
11	Demonstrate knowledge of the infection control issues relating to minor eyelid surgery	State & discuss: <ul style="list-style-type: none"> • Main sources of bacteria and associated infections. • Standard precautions for infection control. • Appropriate single use equipment. • Aseptic non-touch technique. • Hand hygiene and bare below the elbow. • Eye preparation. • Sharps safety including disposal care and maintenance. • Issues of iodine “allergy” and use of chlorhexidine. 	

	Competency	Competency Checklist	Assessor Signature
12	Demonstrate knowledge of risk management issues relating to minor eyelid procedure and trust sharps and incident policies	<p>State & discuss:</p> <ul style="list-style-type: none"> • Needle stick injuries: <ul style="list-style-type: none"> ○ Incidence. ○ Reasons for. ○ Cost to the practitioner/organisation. ○ Trust's policy. • Best and safe practice to reduce risks • The Trust's incident reporting procedure. • Awareness of clinical governance processes and audit, e.g. Safety Thermometer Data Collection Tool. 	
13	Demonstrate knowledge of the potential complications and how to reduce the risk	<p>State & discuss:</p> <p>Signs and symptoms, management of the following:</p> <ul style="list-style-type: none"> • Wrong site injected and operated • Iodine administered in iodine allergic patient. • Haemorrhage. • Scaring • Bruising • Need for further surgery, recurrence • Post procedure infection. 	

Appendix 5

XX

Record of observation

Ward / Department Name.....

Date	Patient record Number	Comments	Signature of practitioner	Signature of practitioner

Competency Record Form Record of Supervision

NAME AND AREA OF WORK OF STAFF MEMBER

NAME OF SKILL

NOTE TO ASSESOR-when assessing please ensure comments are included on-procedure competence, safety, communication, infection prevention, documentation and team working. Each skill requires a minimum of 10 observed/supervised practices.

DATE	POSITIVE FEATURES	AREAS FOR IMPROVEMENT	SIGNATURE AND PRINT NAME OF ASSESSOR

Final LCAT Assessment

Your Name : _____ Date: _____		ASSESSOR : _____
Skill: _____		
COMPETENCE CATEGORY	POSITIVE FEATURES	WEAKNESSES / OMISSIONS
Communication and working with the patient		
Safety		
Infection control		
Procedural competence		
Team working		

Record of Final Supervised Practice

I..... (10th assessor) hereby confirms
that..... (name of staff member) is competent to practice
in..... skill.

Date.....
Printed.....

Signed and

I..... (Staff member) hereby confirm that I have completed 10
workplace supervised practices and now feel competent to use my skill of
..... in the workplace and have no further issues at this time with
practicing this skill.

Date.....
Printed.....

Signed and

A copy of the competency record must be kept by the individual staff member for their own professional records and a copy must be given to their line manager for their professional file. Advice must be sought from line manager if competencies not achieved after 10 supervised practices.

UHL Safer Surgery Checklist – Ophthalmology Outpatient

UHL Safer Surgery Checklist – Ophthalmology Outpatients Department	
This Checklist MUST be used for each (elective or emergency) Procedure/Treatment performed outside of the main operating theatres	
Intended procedure:	Date:
<p>Basic preparations (at the beginning of a session or a single case):</p> <p>The Surgeon / Nurse / HCA checks and confirms that (TICK):</p> <ul style="list-style-type: none"> <input type="checkbox"/> The procedure/treatment plan is documented in the medical notes. <input type="checkbox"/> <input type="checkbox"/> All equipment (including, medications) functioning and safe. <input type="checkbox"/> <input type="checkbox"/> Swab/sharps count recorded <input type="checkbox"/> <input type="checkbox"/> Has sterility of the instruments been confirmed <input type="checkbox"/> <input type="checkbox"/> Instrument set is complete (state missing items below) Anti-coagulant -yes/no Pacemaker-yes/no <p>Notes:</p>	<p>Before the start of a procedure:</p> <p>The Surgeon must check and confirm with the patient and with a Nurse / HCA (TICK):</p> <ul style="list-style-type: none"> <input type="checkbox"/> The patient's name / Hospital Number / Date of Birth <input type="checkbox"/> <input type="checkbox"/> What procedure, site and position are planned <input type="checkbox"/> <input type="checkbox"/> Is the surgical site marked <input type="checkbox"/> <input type="checkbox"/> Consent <input type="checkbox"/> <input type="checkbox"/> Has sterility of the instruments been confirmed <input type="checkbox"/> <input type="checkbox"/> Any allergies: No Yes: ___ <p>Notes:</p>
<p>After the procedure:</p> <p>The Surgeon / Nurse / HCA checks and confirms (TICK):</p> <ul style="list-style-type: none"> <input type="checkbox"/> What procedure have you performed and is it correctly recorded in the medical notes. <input type="checkbox"/> <input type="checkbox"/> All equipment is accounted for. <input type="checkbox"/> <input type="checkbox"/> Any equipment faults are reported. <input type="checkbox"/> <input type="checkbox"/> If applicable have the specimens been labelled and checked by both Surgeon and Nurse <input type="checkbox"/> <input type="checkbox"/> Has it been confirmed that instruments, swabs and sharps counts are complete. <input type="checkbox"/> <input type="checkbox"/> Post operative information leaflets given. <input type="checkbox"/> <p>Procedure notes:</p>	<p>Patient ID label</p> <p>Signature (Surgeon):</p> <p>Signature (Nurse):</p>
<p>The use of this checklist is mandatory. Its use will be audited at regular intervals.</p>	

This line signifies the end of the document

This table is used to track the development and approval and dissemination of the document and any changes made on revised / reviewed versions

DEVELOPMENT AND APPROVAL RECORD FOR THIS DOCUMENT			
Author / Lead Officer:		Job Title:	
Reviewed by:			
Approved by:		Date Approved:	
REVIEW RECORD			
Date	Issue Number	Reviewed By	Description Of Changes (If Any)
DISTRIBUTION RECORD:			
Date	Name	Dept	Received