Standard Operating Procedure: Out of hours maternity emergency cover at Leicester General Hospital

NHS University Hospitals of Leicester NHS Trust

Trust ref: C25/2023

1. Introduction and overarching policy/guideline

The two maternity theatres on Delivery Suite (DS) at Leicester General Hospital (LGH) have a dedicated resident theatre team comprising of one Operating Department Practitioner (ODP), one scrub nurse and one HCA/ MCA (Health/ Maternity Care Assistant), doing two 12-hour shifts. A second ODP for main theatres is non-resident between 22:00hrs and 08:00hrs.

The use of Theatre 2 is only undertaken when theatre 1 is in use and there is another acute emergency. When audited Theatre 2 is used infrequently and unpredictably for category 1 activity between 22:00hrs and 08:00hrs. Category 1 activity is where there is immediate threat to the life of the woman (birthing person) or baby and based on the type of emergency has a fixed time scale (e.g., category 1 caesarean section - decision to delivery time of 30 minutes).

Using Theatre 2 raises the potential issues needing collaborative senior decision making:

- Using Theatre 2 or quickly and safely complete the work in Theatre 1 (which will not require any extra staff)
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- When a second theatre is required, evaluating the urgency of the case and deciding the safety to proceed when sub-optimal staffing (as per GPAS guidelines – see appendix 1) or to delay the case until the recommended staff are present

2. Scope

This document is to aid senior decision making for opening a second maternity theatre in a safe manner, out of hours, in the current situation and has been written after discussions between Obstetrics, Senior Midwifery, Anaesthetists, Theatre Practitioners and senior management from ITAPS.
This SOP should be used in conjunction with the Safe Staffing UHL Nursing and Midwifery Policy

3.Roles

- Consultant
- Operating Department Practitioner
- Scrub registered nurse
- HCA/ MCA (Health/ Maternity Care Assistant)

4. Procedure – Out of Hours Emergency Cover

- **Highlight plans for the OOH emergency cover on the evening ward rounds/huddle**
  - This should include the details of the on-call ODP (who/ how long it will take them to attend/ drive or need for taxi/ contact details)
  - Review the potential workload and where possible triage and make a co-ordinated plan that would avoid using both theatres. Discuss the need to request the second ODP to be resident if opening a second theatre is deemed very likely.

- **Check-in**
  - Non-resident ODP should check with DS to establish the likely need for a second team before leaving at 2200 hours
  - Ensure that details for contacting ALL members of the non-resident team are available to the Core Midwife
  - If taxi needed, the procedure for requesting one is known to the person concerned.

5. Education and training

Training should be given to the necessary individuals responsible for opening a second maternity theatre in a safe manner, out of hours. This should be mandatory as part of the local induction for staff commencing employment within UHL.

6. Monitoring Compliance

What will be measured to monitor compliance	How will compliance be monitored	Monitoring lead	Frequency	Reporting arrangements
The decision to surgical start time of category 1 LSCS or emergency cases	a) Audit	Clinical Lead for LGH Obstetrics Anasethesia and ITAPS Q and S	3 monthly	To ITAPS Board and Q and S board

7. Supporting References

- Royal College of Anaesthetists GPAS 2022

8. Key words

Operating Department Practitioner
Emergency Theatre
Leicester General Hospital
Maternity/Obstetrics

9. Process for Second acute obstetric emergency

The decision made by the MDT may deviate from national guidance (see appendix 1) but after discussion of the exceptional circumstances is thought to be in the best interest of the woman (birthing person) or the baby

1. The resident anaesthetist for HDU should be bleeped immediately (Bleep 3220) (DART nurses and ICU nurses who will be trained can provide assistance untill the non-resident ODP arrives.)
2. If appropriate (prior to anaesthesia being administered), the patient in theatre 1 may be delayed and returned to delivery suite
3. An initial discussion regarding a second theatre must include the Delivery Suite co-ordinator, the Consultant Obstetrician and the Consultant Anaesthetist. This discussion needs to consider events around the case, the stage of surgery and stability of the patient in theatre 1, the experience of the staff on site and the experience and views of the senior clinicians.
4. The non-resident ODP should be called to attend by the DS co-ordinator as soon as decision to open second theatre is made. The Consultant Anaesthetist should attend within 30 minutes of being called and the non-resident ODP as soon as possible.
5. If the patient in theatre 1 is under a regional anaesthetic and stable, the ODP from that theatre can go to the second theatre to set up for the second emergency and help the second anaesthetist. (The DART nurse/ ICU nurse may be available for assistance to the anaesthetist in theatre 1) The decision to start/ delay second case in absence of the minimum staff needed should be made by the Consultant Anaesthetist.
6. If the patient in theatre 1 is under a general anaesthetic, the decision for the ODP to leave that theatre can only be made after discussion with the anaesthetist in theatre 1, ODP and Consultant Anaesthetist on call.

10. APPENDIX 1 - Guidelines for the Provision of Obstetric Anaesthesia Services (Royal College of Anaesthetists GPAS 2022)

Women requiring anaesthesia in the peripartum period should have the same standards of perioperative care as for any surgical and medical patient.

The anaesthetist should have a competent trained assistant immediately available for the duration of any anaesthetic intervention and this practitioner should not have any other duties.

All theatre staff acting as anaesthesia assistants should comply fully with current national training standards and should be required to have attained and maintained the relevant competencies to perform the role.

Anaesthetic practitioners who cover obstetrics should demonstrate additional knowledge and skills specific to the care of pregnant women.

Anaesthetists and anaesthesia assistants working without direct supervision in obstetric theatres and on the delivery, suite should be familiar with the environment and working practices of that unit and work there on a regular basis to maintain that familiarity.

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

CONTACT AND REVIEW DETAILS			
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Details of Changes made during review:			
Date	**Issue Number**	**Reviewed By**	**Description Of Changes (If Any)**
April 2022	**1**		**New document**