

Poole Hospital NHS Foundation Trust

# Poole Hospital

## Quality Report

Longfleet Road

Poole

Dorset

BH15 2JB

Tel: 01202 665511

Website: [www.enquiries@poole.nhs.uk](http://www.enquiries@poole.nhs.uk)

Date of inspection visit: 20 to 21 June 2018

Date of publication: 25/10/2018

This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

# Summary of findings

## Letter from the Chief Inspector of Hospitals

We undertook this unannounced focused inspection in response to concerns about the safety and quality of patients' care in the eight main theatres and three-day theatres. The trust had reported seven never events within theatres since May 2016, and we received information of concerns from three whistle-blowers. The inspection took place from 20 to 21 June 2018.

We did not rate the surgery service due to the limited focus of our inspection. We looked at specific key lines of enquiry, under two of our key questions, safe and well led.

We found:

- Incidents were being raised, however, investigation of incidents were not always addressed quickly enough. Although actions were in place to enable improvement, communication in the service was not wide enough to embed improvements.
- The service was not doing all it could to keep patients safe from infection.
- The systems in place to ensure the premises were properly maintained and that equipment was looked after were not operating effectively.
- Staff did not always follow policy and procedures for the safe storage and recording of medicines.
- Compliance in main theatres with two elements of the 15 mandatory training requirements were significantly below the 90% target. Compliance with adult basic life resuscitation training was 45% and the prevention and control of infection 66%.
- Many staff told us about the challenges with staff recruitment and retention. In May 2018 the vacancy rate in main theatres was approximately 10%. Most of the vacancies were band 5 and band 2 staff. Staff worked 1,180.50 hours overtime in main theatres and day surgery theatres in May 2018, which staff told us was unsustainable.
- Staff appraisal rates were well below the trust target.
- Leadership was ineffective. Medical and theatre staff leads had undertaken no specific training for the role, for example, risk management or leadership training.
- The governance and risk management systems in place were not operating effectively to identify, assess and reduce risks to the health, safety and welfare of patients.
- Recognition, assessment and management of risks to patient safety was unsatisfactory. Safety processes, such as compliance with the World Health Organisation (WHO) 'Five steps to safer surgery', had not been effectively implemented.
- Staff working in theatres did not always feel that a safety culture was prioritised in relation to incidences of non-compliance with the WHO 'safer surgery checklist'. Staff knew how to raise concerns, but some told us they did not always feel comfortable to do so.
- The trust did not always actively encourage feedback. All staff we spoke with in theatres were not aware of the trust's Freedom To Speak Up Guardian (FTSUG) role.
- The service did not always act on feedback promptly, for the purposes of continually evaluating and improving services. The trust participated in the national staff survey in 2017, which was published on 6 March 2018. In six areas the surgical care group scored substantially lower than the trust overall. The surgical group scored significantly higher for harassment and bullying by staff than the trust overall.
- Due to the risks observed on inspection, we raised these concerns to the trust's senior management team, who took some action to address these.

However:

- Staff did fulfil their duty of candour responsibilities.
- We found that the trust had changed how anaesthetic medicines were drawn up, following a requirement notice from the inspection in September 2017. The change was in line with professional guidance.

# Summary of findings

- The trust had put a theatre safety action plan in place prior to this inspection.

Importantly, the trust must:

- Within governance systems and processes, ensure there is a structured system in place to enable staff working in theatres to identify risks, raise training concerns and discuss and learn from incidents.
- Undertake planned audits as scheduled, and ensure action plans are put in place if required.
- Identify all risks relating to the service on the surgical care group risk register, and demonstrate how the risks being managed.
- Prioritise hip fracture patients for theatre, to ensure their outcomes are not compromised.
- Follow trust policy with regards to the records of temperatures where medicines are stored.
- Act on the findings of the NHS survey for theatre staff within the surgical care group, to reduce clinical risk to patients and improve staff wellbeing and retention.
- Review standard operating procedures at the date the service has indicated, to ensure they meet with current professional guidelines.
- Investigate and manage incidents promptly to minimise risks to patients.
- Address the inconsistency with the completion of the WHO 'Five steps to safer surgery' checklist.
- Undertake equipment checks of the anaesthetic machines at the frequency recommended by professional guidelines.
- Store medicines and record the administration of controlled medicines as trust policy.
- Not store equipment in front of the medical gas isolation switch off valves, as this makes it more difficult for staff to access the valves in an emergency.
- Ensure staff work in a way that prevents and controls infection, including increasing compliance with control of infection training.
- Support staff with the completion of adult basic life resuscitation training.
- Monitor the completion of repairs jobs reported to estates, at a frequency that is sufficient to minimise risks to patients.
- There needs to be sufficient number of suitably qualified, competent, skilled and experienced staff to enable senior staff to complete management tasks. The appraisal rate for nursing staff in theatres was 48% and in theatre recovery 78%.

In addition, the trust should:

- Consider a standard agenda for the surgical speciality and monthly anaesthetists meetings, to support consistency in the overview and scrutiny of various areas of safety, risk and quality.
- Continue to raise awareness of the freedom to speak up guardian role (FTSUG), encouraging staff to use this communication route, should they wish to raise a concern.
- Ensure any gaps in compliance following the trust boards review of guidance relating to the FTSUG are addressed.
- Support the new clinical leads in theatres to agree a personal development plan promptly to assist them in fulfilling their responsibilities.

Following this inspection, we served Poole Hospital NHS Foundation Trust with a Warning Notice under Section 29A of the Health and Social Care Act 2008, on 8 August 2018. The notice required the provider to make significant improvements by 13 November 2018.

**Professor Ted Baker**

Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

### Surgery

### Rating Why have we given this rating?

We did not rate the surgery service due to the limited focus of our inspection. We looked at specific key lines of enquiry, under two of our key questions, safe and well led.

# Poole Hospital

## Detailed findings

### Services we looked at

Surgery

# Detailed findings

## Contents

Detailed findings from this inspection	Page
Background to Poole Hospital	6
Our inspection team	6
How we carried out this inspection	6
Action we have told the provider to take	20

## Background to Poole Hospital

Poole Hospital NHS Foundation Trust provides acute general hospital services for a population of around 500,000 people – that is, those living on the eastern side of Dorset, with its services commissioned by the Dorset Clinical Commissioning Group. It should be noted that the population increases significantly over the summer months, as the Poole, Bournemouth, Christchurch conurbation is a popular holiday destination. The hospital has a 24-hour major accident and emergency department and is the designated trauma unit serving the local area. The Trust is the lead provider in the conurbation for maternity and neonatal care, paediatrics, ENT, oral surgery and neurology services.

The trust has been subject to a Dorset-wide clinical services review undertaken by Dorset Clinical Commissioning Group. The results of the wide-scale

consultation were made publicly available on 20 September 2017 and concluded that Poole Hospital should in future become a major planned care hospital, with emergency care being provided from a neighbouring hospital site, currently owned by another NHS trust. This represents a significant change for the trust, as it currently undertakes a high volume (91%) of non-elective work.

We undertook an unannounced inspection at Poole NHS Trust in September 2017, the surgery service was rated as requires improvement over all. Safe and well led were requires improvement, with effective, caring and responsive rated good. Following the planned well led inspection in October 2017, the trust was rated overall good.

## Our inspection team

Our inspection team was led by: Elizabeth Kershaw, Inspection Manager

The team included one CQC inspector and four specialist advisors: Two consultant anaesthetists, an oral maxilla facial surgeon and a theatre manager.

## How we carried out this inspection

We conducted this inspection unannounced on 20 and 21 June 2018. We spent time in the main theatres, main recovery, day theatres and day theatre recovery. We

spoke with approximately 70 staff, including surgeons, anaesthetists, operating department practitioners, theatre support workers, nurses, managers, clinical leads and administrative staff.

# Surgery

Safe

Well-led

Overall

## Information about the service

We undertook this unannounced focused inspection in response to concerns about the safety and quality of patients' care in the eight main theatres and three-day theatres. The trust had reported seven never events within theatres since May 2016, and we received information of concerns from three whistle-blowers. The inspection took place from 20 to 21 June 2018.

We did not rate the surgery service due to the limited focus of our inspection. We looked at specific key lines of enquiry, under two of our key questions, safe and well led.

## Summary of findings

We found:

- Incidents were being raised, however, investigation of incidents were not always addressed quickly enough. Although actions were in place to enable improvement, communication in the service was not wide enough to embed improvements.
- The service was not doing all it could to keep patients safe from infection.
- The systems in place to ensure the premises were properly maintained and that equipment was looked after were not operating effectively.
- Staff did not always follow policy and procedures for the safe storage and recording of medicines.
- Compliance in main theatres with two elements of the 15 mandatory training requirements were significantly below the 90% target. Compliance with adult basic life resuscitation training was 45% and the prevention and control of infection 66%.
- Many staff told us about the challenges with staff recruitment and retention. In May 2018 the vacancy rate in main theatres was approximately 10%. Most of the vacancies were band 5 and band 2 staff. Staff worked 1,180.50 hours overtime in main theatres and day surgery theatres in May 2018, which staff told us was unsustainable.
- Staff appraisal rates were well below the trust target.
- Leadership was ineffective. Medical and theatre staff leads had undertaken no specific training for the role, for example, risk management or leadership training.
- The governance and risk management systems in place were not operating effectively to identify, assess and reduce risks to the health, safety and welfare of patients.
- Recognition, assessment and management of risks to patient safety was unsatisfactory. Safety processes, such as compliance with the World Health Organisation (WHO) 'Five steps to safer surgery', had not been effectively implemented.

# Surgery

- Staff working in theatres did not always feel that a safety culture was prioritised in relation to incidences of non-compliance with the WHO 'safer surgery checklist'. Staff knew how to raise concerns, but some told us they did not always feel comfortable to do so.
- The trust did not always actively encourage feedback. All staff we spoke with in theatres were not aware of the trust's Freedom To Speak Up Guardian (FTSUG) role.
- The service did not always act on feedback promptly, for the purposes of continually evaluating and improving services. The trust participated in the national staff survey in 2017, which was published on 6 March 2018. In six areas the surgical care group scored substantially lower than the trust overall. The surgical group scored significantly higher for harassment and bullying by staff than the trust overall.
- Due to the risks observed on inspection, we raised these concerns to the trust's senior management team, who took some action to address these.

However:

- Staff did fulfil their duty of candour responsibilities.
- We found that the trust had changed how anaesthetic medicines were drawn up, following a requirement notice from the inspection in September 2017. The change was in line with professional guidance.
- The trust had put a theatre safety action plan in place prior to this inspection.

## Are surgery services safe?

### Incidents

- Incidents were being raised, however investigation of incidents were not always addressed quickly enough. Although actions were in place to enable improvement, communication was not wide enough to embed improvements.
- With regard to serious incidents, and the subset never events, since May 2016 there had been seven never events in the main theatres. A never event is a serious incident that is wholly preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all providers. The event has the potential to cause serious patient harm or death, has occurred in the past and is easily recognisable and clearly defined.
- Two of the never events were in 2016 and there were two in 2018. Since January 2018 never events have occurred in February 2018, March 2018 and April 2018. Since May 2016 four of the never events were due to a retained swab, one a retained foreign object and one the removal of the incorrect lesion from a patient's skin. The latest one in May 2018, followed the incorrect strength of anaesthetic medication injected into a patient's leg.
- The trust undertook root cause analysis (RCA) investigations following never events and serious incidents. Action plans were then produced, with dates of when actions to be completed. Staff spoke of individual learning from incidents, and that they had found this a positive experience. However, staff were not aware how learning was more widely disseminated. Within theatres we were shown a safety bulletin called 'Safety Matters 2018' and dated April 2018. The bulletin had gone trust wide and included learning from never events.
- A further example to support learning in theatres following a never event was a poster within theatres from the NHS England Safe Anaesthesia Liaison Group, introducing a national patient safety initiative called 'Stop Before you block'. This followed the never event in May 2018, where there was a wrong side nerve block during regional anaesthesia.

# Surgery

- The service was not working pro-actively to minimise risks to patients, to prevent reoccurrence of these through prompt investigation and management of incidents. We were sent 40 'open' incidents that had not been reviewed since March 2018. Three of these incidents related to negative behaviours by surgeons, for example, "The surgeon displayed inappropriate and very negative behaviour towards the safety checks and uncertainty of the procedures. This was directed at the whole team not just myself." The incident form was dated 10 April 2018 and in the approval status tab was written in the information sent from the trust 'in the holding area, awaiting review'.
- We inspected the service on 20 and 21 June 2018. Incidents must be followed up to prevent reoccurrence of similar such incidents. Other open incidents to be investigated included equipment issues, patient positioning and concerns in relation theatres list schedules. There was no evidence of any action taken to address these concerns and incidents.
- From May 2017 to May 2018 288 incidents had been finally approved that had occurred within theatres. The five most common types of incidents were described as therapeutic processes/ procedures, exposure to environmental hazards, medical devices, equipment supplies, accidents/ falls and documentation.
- A theatre clinical manager in post just under 6 months, introduced brief communication meetings to run three mornings a week in theatres. These started 9 May 2018, and took place before the theatre lists started for the day. A record of staff attending these meetings was not kept. We could see from the meeting records 9 May 2018 and 16 May 2018, that the meetings included discussion about incidents and preventing their reoccurrence. We were not clear how learning had been shared prior to May 9, 2018 with theatre staff, following incidents in theatres.
- Staff had a responsibility to inform patients when anything went wrong. We saw evidence that staff undertook the duty of candour regulatory duty, for example, within the RCA investigation reports. The duty of candour is a regulatory duty that relates to openness and transparency and requires providers of health and social services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person.
- The service was not doing all it could to keep patients safe from infection, by assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are healthcare associated.
- Wooden surrounds on the theatre doors made the surfaces difficult to clean. Arm retainers in theatres one, two and four had the remains of theatre drape and tape marks, theatre four also on a lumbar support and equipment stand, this meant the surfaces of these pieces of equipment could not be effectively cleaned. There was no clinical hand wash sink in anaesthetic room theatre four. Theatre six had missing caps on the backs of scrub sinks leaving exposing screws difficult to clean. The computer key boards did not have protective covers. This meant the prevention of infection to patients was more difficult to control.
- We were not assured that effective system was in place to ensure that the theatre environment was clean in between patients to minimise the risk of cross infection. Cleaning of the theatre environment was not always as thorough as it should be. We were observing a surgery list in theatre 3. The theatre equipment, operation table and floor had been cleaned. Clean equipment was being prepared in theatre for the third patient. We noticed there appeared to be a blood splatter approximately 8cm by 8cm on the wall leading to the scrub room. None of the staff had noticed. We alerted the team leader who ensured that staff cleaned the area. We did not see any cleaning checklists for staff to refer to, to support them with ensuring theatres were clean
- The theatres had regular monthly hand hygiene audits undertaken. From July 2017 to May 2018 there were six hand hygiene audits undertaken in day theatres and main theatres where compliance was 90% or below. We observed six examples of poor hand hygiene in theatres. Three examples where clinicians removed their surgical gloves but did not wash their hands. This was against the trust infection prevention and control principles policy that stated 'Hand hygiene must be performed before donning and after removal of gloves'. From July 2017 to May 2018, there was one audit in March 2018, where main theatres achieved 70% instead of 100% regarding staff compliance with bear below the elbows. On 25 June 2018, we requested any action plans in

## Cleanliness, infection control and hygiene

# Surgery

response to audit results not meeting standards from the trust to be submitted by 29 June 2018. The trust had not submitted a plan to evidence action they would take to drive improvements.

- During our inspection compliance with personal protective equipment by most staff was observed. The theatres undertook monthly harm free/ ward watch audits. From July 2017 to June 2018, the audits were carried out for nine instead of for 12 months. The months missing were February 2018, March 2018 and April 2018. There were five months when a member of medical staff did not wear a face mask, and six months when a surgeon did not wear eye protection. The trust infection prevention and control principles policy stated, 'Face masks and eye protection or full-face visors must be worn when there is any risk of exposure to splashes or aerosols of blood, body fluids, secretions, excretions or chemicals to protect the mucous membranes of the eyes, nose and mouth'. On 25 June 2018, we requested any action plans in response to audit results not meeting standards from the trust to be submitted by 29 June 2018. The trust had not submitted a plan to evidence action they would take to drive improvements.
- We also observed a member of medical staff was in main theatres without full personal protective equipment, because not wearing a hat. A hat was supplied by a member of theatre staff to the consultant. The nurses all had a spare in their pocket, as they told us this was a regular occurrence. The incident of non-compliance with hand hygiene, bare below the elbows and personal protective equipment meant staff working in the operating theatre were failing to protect patients from infection control risks.
- The theatres also reported monthly on compliance with saving lives high impact interventions, these included, for example, insertion of peripheral cannulas, insertion of urinary catheters and surgical site: intraoperative phase. From July 2017 to June 2018, the audits were carried out for nine instead of for 12 months. The months February 2018, March 2018 and April 2018 showed compliance percentage were blank. Compliance with insertion peripheral cannulas ranged from 65% to 100%. Compliance with insertion for urinary catheters was below target once during the period at 86%, and for one month with surgical site: intraoperative phase to 86%. On 25 June 2018, we requested any action plans in response to audit results not meeting standards from the trust to be submitted by 29 June 2018. The trust had not submitted a plan to evidence action they would take to drive improvements.
- In theatres two and six, there were problems with the ventilation system. Staff had put padding on anaesthetic double doors to theatre two to muffle sound, caused by faulty operation of the door damper into theatre two. The effective operation of ventilation systems and air exchange in theatres are essential to ensure effective infection control by minimising airborne bacteria and viruses. We only spoke with one member of staff who understood the ventilation systems in relation to infection control, and the importance of escalating any faults to the infection control team, the theatre manager and to submit an incident report.
- We received information post inspection informing us the problems with the ventilation system in theatre two had been addressed, with a new door damper. With regard to theatre six estates advised there was no mechanical issue to rectify the concerns and delays in closure were due to the air pressure between the two theatres and the sluice in question served, and were unavoidable.
- Compliance with infection prevention and control mandatory training in the main theatres was 66%, and in theatre recovery 65% at May 2018, against a trust target of 90%.
- Theatre staff were aware of how to minimise the spread of infection, if patients were at risk of infection to others. Theatre staff knew to take actions such as minimising the amount of equipment in theatres, as per trust policy. However, we were in theatres when a patient brought to theatres who was meticillin resistant staphylococcus aureus (MRSA) positive and query was colonised with extended spectrum beta lactamase (ESBL) producing *Klebsiella pneumoniae* ESBL. Staff were not aware until the patient arrived in theatres. This incident was caused through a poor communication and handover process between theatre and ward staff. The incident meant that theatre staff had extra cleaning to undertake, which impacted on patients and delayed the timely progress of that theatre list.
- The findings above were in breach of The Health and Social Care Act 2008, Code of Practice on the prevention and control of infections and related guidance

# Surgery

published in July 2015, criterion 2, 'Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections'.

## Environment and equipment

- The system in place to ensure the premises was properly maintained and equipment looked after was not operating effectively.
- The theatre complex had restricted access to authorised staff or by security bell. The theatre complex was in need general refurbishment; however, the inspection team acknowledge, as in the report published in January 2018, that the recent service review across Dorset may have meant that any decisions relating to refurbishment was held back until the outcome of the review was known. However, our observations below needed to be managed to ensure patients' safety.
- We observed theatre four doors from the theatre to corridor had broken glass that was taped up increasing safety and infection control risks. We found anaesthetic doors from the corridor with a broken rubber seal, that would reduce their ability to hold back a fire. Post inspection the trust confirmed the door seal had been replaced.
- The trust confirmed following the inspection there were 66 outstanding jobs, dating back to March 2017. Two of the jobs were marked as red, and high risk, one of these jobs dated 4 October 2017 and the other 5 January 2018. On the 17 July 2018 we received a letter from the trust advising that the job dated 4 October 2017 which related to the ventilation in theatre six had been reviewed and closed, however we did not receive and feedback about the job dated 5 January 2018. This was described as a 'ceiling panel missing in corridor causing draft'. 17 other jobs coloured yellow are also marked as high risk, dating back to July 2017. The job in July 2017 was described as 'hand sanitiser broken'.
- In the letter from the trust dated 17 July 2018 we were told the trust had reinstated the regular monthly meetings between the senior nurse and the estates department to ensure that any maintenance issues are discussed and prioritised for action, with the outcome of these discussions communicated back to staff. The trust informed us on 22 August 2018, that at that time there were 18 jobs that remained open.
- There was an incident reported 12 April 2018, that was still open when we inspected, when two medical gases ran out in theatre five and the patient began to wake up. The acting senior clinical manager sent a reminder to theatre anaesthetic practitioners and anaesthetist immediately following the incident about ensuring anaesthetic machine checks were completed.
- However, in day theatre A we found the anaesthetic machine checking book had gaps. We were not able to identify if this had been when the theatre was not in use, as this was not detailed in the checking book. The incident was still open that occurred on 12 April 2018. The gaps in the checking book meant the service was not able to demonstrate that this equipment was always safe for use when patients treated. Anaesthetic equipment should be checked on a regular basis with appropriate logbooks being kept and we were not assured these were adhered to. This is according to the Association of Anaesthetists of Great Britain and Ireland safety guidelines 'Safe Management of Anaesthetic related equipment' (2009).
- We observed an operating department practitioner checking stock was in drawers as listed, but they did not check the expiry date of the stock. In the communications meeting dated 1 June 2018, an operating department practitioner noted that stock on some of the trolleys in theatres were two to three years out of date. This posed high risk to patients as equipment may not be available in theatres when needed in an emergency. A note followed stating that 'store room procedures with regards to stock rotation will be addressed'.
- We observed within main theatres a store room that contained sterile instrument trays in packaging that were stored under external cardboard boxes delivered to theatres. There was also a metal loan transportation box on wheels with an 'orthokit' label, that would have been wheeled along the floor outside of the building and into the theatre complex, stored above the sterile instrument trays. This type of storage, posed an infection risk of outside contaminants dropping on the sterile instrument tray packaging and risk to patients.
- When we checked equipment in use, for example diathermy equipment and anaesthetic machines, the servicing was in date.

## Safeguarding

# Surgery

- We did not gather evidence for this as part of the inspection.

## Medicines

- Staff did not always follow policy and procedures with the safe storage and recording of medicines.
- We found intravenous paracetamol and medication to prevent sickness were observed to be in unlocked in drawers in day surgery unit recovery. There were also boxes of local anaesthetic of different strengths stored on an open shelf in main theatres recovery. This posed risk of potent drugs being accessed by unauthorised staff and did not comply with the safe management of medicines guidelines. In one theatre we found three medicines frequently used at the beginning of an operation were on a disposable tray in the fridge, although they should be stored at room temperature.
- In the day surgery unit theatre, stored equipment obstructed two of the three sets of emergency gas isolation valves. This made access to these valves more difficult. Post inspection the trust advised there was not an overall valve, which we had enquired about in case this was more accessible. The trust confirmed the valves were clearly labelled. Also, that copies of the plans of where the valves placed had been sent to staff in day theatres and main theatres. However, the concern remained regarding the equipment stored in front of valves A and B, making them more difficult for staff to access.
- We reviewed controlled drug registers in theatres two, five and in recovery. On the day of inspection, three entries on the controlled drug register had been started in theatre two but not completed. Two patients had left theatre two and gone to recovery, this indicated that the registers were not completed at the end of each operation. Staff were failing to follow the trust's policy and guidelines in relation to the management of controlled drugs.
- Due to concerns identified during our September 2017 inspection a requirement notice was issued. The requirement notice required the trust to review the practice of anaesthetic medicines being labelled and drawn up by operating department assistants. At this inspection, in June 2018 we found that the trust had changed how anaesthetic medicines were labelled and drawn up. We observed and operating department

practitioners (ODP) confirmed that anaesthetists were drawing up anaesthetic medicines. In an emergency, the ODP may be asked to draw up medicines directly supervised by an anaesthetist.

## Mandatory training

- Compliance in main theatres with two elements of the 15 mandatory training requirements were significantly below the 90% target. Compliance with adult basic life resuscitation training was 45% and the prevention and control of infection 66%. This level of compliance was escalated to the trust in the warning notice.
- Mandatory training included safeguarding, moving and handling, blood transfusion, equality and diversity and resuscitation. We reviewed notes of the brief communication meeting that since 9 May 2018 had been held three times a week before theatre lists started. We could not see any messages to staff to ensure there mandatory training is up to date.
- Compliance with mandatory training overall for main theatres, day theatres and theatre recovery was from June 2017 to May 2018 was 90% or greater, which met the trust target of 90%. Concerns with mandatory training compliance were escalated as a concern.

## Assessing and responding to patient risk

- The service used the World Health Organisation (WHO) guidelines (5 steps to safer surgery) checklist. The surgical safety checklist is guidance to promote safety of patients undergoing surgery. This sets out what should be done during every surgical procedure to reduce the risk of errors. The checklist must be read out loud, and must include all sections of the checklist including the 'sign in' before anaesthesia is commenced, the 'time out' before starting surgery, and the 'sign out' before any member of the team leave the operating theatre.
- Staff did not always follow the five steps to safer surgery policy, which was marked version 1, due for review April 2019 and did not have an issue date. We observed a surgeon was not present at the 'time out' stage who was undertaking the surgery but the surgeon's registrar. The operating surgeon joined the theatre team after the 'time out'. The trust policy stated, all members of the clinical team including the anaesthetist and operating surgeon are required to be present during the time out phase. There was also an ineffective team debrief. The trust policy stated debriefing is an effective way for teams to reflect on what went well and to identify and

# Surgery

action issues which arose during the operative session. A debrief we observed stated the problem, without an action to address the problem. This indicated a misunderstanding of the purpose of debrief, and reduced opportunities to learn and make improvements in the service.

- The Trust told us that the monthly audit of the WHO five steps to safer surgery checklist was a combination of a records review and observational. The Trust did not quantify how much was observational. Compliance with the monthly audit from August 2017 to March 2018 was 81% for briefing, sign in 89%, time out 93%, sign out 92% and debrief 62%. The safer surgery checklist was launched in 2009, so a draft version 1 of the policy and issues with the checklist being complied with, did not give us assurance the trust had done all it reasonably could to reduce risks to patients undergoing surgery.
- When theatre support workers collected patients from a ward or department they told us there was no verbal handover by ward staff to them. The trust's procedure for collection, checking and transfer of patients from wards to theatres did not detail the handover procedure. The policy also stated due that due for review 11 May 2018. This placed patients at risk as theatre staff may not receive the most up to date information about the patients and any changes in their condition may be missed. When we inspected we witnessed a patient was delayed for approximately 30 minutes, as the patient could not be transferred back to the ward following their surgery due to lack of bed (a bed was found before the surgery commenced). This delay, had an impact on subsequent patients on that afternoons list, who were also delayed.

## Nursing staffing

- The trust had experienced challenges with staff recruitment and retention. In May 2018 the vacancy rate was 10%. Staff worked 1,180.50 hours overtime in main theatres and day surgery theatres in May 2018, which staff told us was unsustainable. Main theatres and day theatres had used 161.25 hours bank hours in May 2018. Theatre staffing was on the surgical care group risk register and rated as an amber risk. Risk within the surgical care group was monitored monthly at surgical care group risk meeting. Actions that the surgical care group had undertaken included ongoing recruitment, use of agency staff and special rates for overtime.

- Skill mix within individual theatres was meeting professional guidelines, with the support of overtime, bank hours and senior staff filling gaps. The staffing challenges meant senior staff were not having sufficient time for management tasks such as appraisals and investigating incidents. The appraisal rate for nursing staff in theatres was 48% and theatre recovery 78%. The trust target for appraisal completion was 90%. This meant that any training, learning and development needs of staff may not be identified, planned for and supported.
- Two staff we spoke with in theatres expressed concerns about skill mix. These staff said staff had been asked to work in areas where they were not familiar. Also, staff were being asked to carry out tasks and procedures for which they were not trained. This may pose patients' safety risks as these staff may not have the skills and expertise to deliver care safely. When we spoke with the theatre manager, they told us they had been made aware of an issue involving skill mix two weeks prior to our inspection in the head and neck theatres. Following our conversation, the theatre manager acted to address this skill mix concern. The two staff in leadership positions in this theatre were to be placed with other staff working in theatres for mentoring and coaching. The head and neck theatre was then to be staffed with other theatre staff familiar with tasks and procedures undertaken in the head and neck theatres.

## Surgical staffing

- The surgical and trauma consultants provided cover across 24 hours and seven days per week, it varied slightly due to the different specialties. It was either consultant cover on site or on call. Anaesthetic cover for emergency theatres was by a rostered anaesthetist.
- There were 28 whole time equivalents (wte) consultant anaesthetists (some of whom covered critical care) at June 2018, with a vacancy rate of 3.14 wte. Two wte due to start in October 2018 and one wte January 2019.

## Major incident awareness and training

We did not gather evidence for this as part of the inspection.

## Are surgery services well-led?

### Leadership of service

# Surgery

- The trust divided the management of services into four care groups, surgical services was 'care group 3'. The surgical care group was formed of three directorate specialisms; anaesthetics critical care and theatres, trauma and orthopaedics and surgery. For theatres there was an interim theatre manager who reported to the general manager for surgery, deputy medical director, clinical directors for surgery and anaesthetics and an interim clinical lead for theatre staff.
- Medical and theatre staff leads expressed a lack of clarity and preparation to undertake their job role. The leads had undertaken no specific training for the role, for example, risk management or leadership training. The leads, had also not been given any specific objectives to prepare them for undertaking the role. One of the leads told us they 'not had anything specific for this role, roles still bedding in' and another 'not given specific documented objectives, needed someone to pick up the reins'. The leads were newly appointed except for one of the medical leads, who had recently resigned. They told us they had resigned from their leadership role due to the workload and level of support from colleagues. This meant that the leadership knowledge, skills and experience of the leads was limited to address the challenges to quality of patient care in the theatres.
- Post inspection we received a letter from the trust dated 17 July 2018. The letter stated the medical and theatre staff leads were being supported, with expectations of them made clear. Weekly one to one meetings had been put in place with their line manager, supplemented by daily informal meetings, in which they could raise any issues or concerns, and seek advice/ support in carrying out their duties. The medical lead position vacant had been appointed to, and the new lead commenced 9 July 2018. The letter from the trust also stated that each of the new leaders was expected to agree a personal development plan to assist them in fulfilling their responsibilities.
- The interim theatre manager was due to leave during July 2018. We were told that interviews were due to take place week commencing 25 June 2018 for the post. The interim theatre general manager had not escalated their concerns about what arrangements were to be put in place until the new theatre general manager was able to commence. Theatre staff we spoke with did not know what support would be in place until a new theatre general manager could start, which concerned staff as to where they should take any issues or concerns they may have about the day to day work in theatres. This meant that issues staff told us that arisen that have included theatre list schedules, skill mix or equipment may not be dealt with promptly.
- Post inspection we received a letter from the trust dated 17 July 2018. The letter described how the following steps had been undertaken in relation the theatre manager role:
  - "Before going out to advert for a replacement Theatre Manager, the trust reviewed the role and upgraded the post, in recognition of the level of experience required to undertake this role effectively. An appropriately skilled and experienced individual to this role, was due to take up the new post in November 2018;
  - The trust had agreed to strengthen the focus on quality within theatres, and as such, and were about to advertise for a more senior clinician to fill this role;
  - Within the wider surgical care group, a new senior general manager and a new assistant general manager had recently started with the trust, which meant that the care group general manager could be "freed up" to provide more support to the theatre management team.
  - The trust was currently considering commissioning additional external support to assist the theatres leadership team in implementing the transformational changes that are required."
- However, the letter did not provide detail on a day to day basis of how much time will be given. Also, if the time will be in response to concerns as they arise, or daily planned support through the care group general manager having planned time based in theatres until the new theatre manager commenced in post in November 2018. During our inspection the interim theatre manager was actively involved in a theatre list issue in day theatres, and an issue with skill mix in one of the main theatres. During a telephone call 13 August 2018, the trust told us an interim manager had been provided for the general and day theatres. The Trust told us it had always been their intention, to secure this level of cover. This interim theatre general manager commenced their duties 2 August 2018.
- Staff working in theatres reported to us that the interim theatre manager was approachable, but not visible with theatres. Staff told us that other clinical leads were visible, some staff told us they found one of them less approachable than others. In recent months staff told us

# Surgery

that the executive team had visited theatres. Several theatre staff told us they did feel listened to, but did not see action being taken to concerns. On the 18 April the chief executive and medical director sent a letter to all staff in the theatre entitled, 'Improving safety and staff experience in theatres'. The content of the letter did demonstrate that the executive team had listened to their concerns, and were taking some action. This included a 'listening exercise' by an external company.

- The senior clinical manager had visited a nearby trust to broaden their experiences of different theatre environments. They noted that the staffing designated to theatres was the same, as at Poole. Senior staff at the neighbouring trust had the same amount of senior staff as at Poole, and at the neighbouring trust they did have their administration time to be able to follow up on management tasks that included investigation of incidents and staff appraisals. To support other staff with seeing different ways of working in theatres, opportunities for other staff in leadership positions in the theatres at Poole were to be provided.

## Vision and strategy for this service

- As reported in the inspection report published in January 2018, the trust's vision and strategy and operational priorities were incorporated into both surgery and trauma and orthopaedics business plans for 2016-18, dated February 2016. Using a trust template, the two directorates detailed their own strategy and their analysis of their individual strengths and weaknesses. The plans further explored market plans, quality and performance.
- The theatres did not have a local vision and strategy, this was confirmed by the director of workforce and organisational development.

## Governance, risk management and quality measurement

- As in the last inspection report published in January 2018, the director of nursing was the trust head of clinical governance risk management, chair of the trust risk management and safety group and the trust nursing and midwifery group. The medical director was trust head of clinical governance and the chair of the trust clinical governance group.
- Staff working in theatres told us that clinical governance education meetings, also called audit days, were meant to be held six times a year but did not always happen.

Staff told us that recently permission had been given to hold these meetings monthly. The last meeting we were told had been held on 15 June 2018 attended by all theatre staff, but only approximately six anaesthetists and no surgeons. Theatre lists had been cancelled to make it possible for staff working in theatres to attend. We asked if there were any minutes of the clinical governance education meetings, but the trust informed us they were run as education session so no minutes are taken. The trust informed us on the 29 June 2018 that agendas and attendance sheets would follow, we did not receive this information. We had asked on Monday 25 June 2018 to receive this information by Friday 29 June 2018. Systems and processes in place did not operate effectively, to enable the service to assess, monitor and drive improvement in the quality and safety of care in the theatre environment.

- We asked during the inspection and after the inspection what other meetings were in place to assess, monitor and drive improvement in the quality and safety of care in the theatre environment. We were told about brief communication meetings three times a week in the mornings before the theatre lists start with limited notes produced, a monthly meeting for consultant anaesthetists, two to three monthly surgical speciality governance meetings, monthly surgical care group risk meetings and a theatres oversight group.
- The consultant anaesthetists meeting and surgical speciality meetings did include items such as incidents and risk. The medical director led the monthly theatre oversight group, which had started to meet monthly to oversee the theatre action plan. This meant the theatre leadership team was being supported by the trust executive team. There was no evidence of a regular meeting being in place for theatre staff to attend, where risk, training concerns, incidents and audit findings could be discussed to support the effective operation of the service. This meant there was not an effective governance process for theatre staff, to identify risks, raise training concerns and discuss and learn from incidents.
- Systems and processes were not operated effectively to enable the service to know how they were doing against policies and guidelines, and respond appropriately and without delay where quality and safety were being compromised. The leads in theatres were vague about audits undertaken, so we asked for further information from the trust. We sent a request for information

# Surgery

regarding audit to the trust on Monday 25 June 2018 to be received by Friday 29 June 2018. The request stated 'Monthly audit schedule for theatres' and 'Audit results for last 12 months, and any action plans put in place last 12 months'.

- An audit schedule was received detailing the following audits, World Health Organisation checklist audit, handwashing audit harm free/ward watch audit and saving lives/high impact interventions audit. This did not include clinical audits such as recovery outcome audit. Information sent from the trust had a three-month gap February 2018, March 2018 and April 2018 when planned audits of harm free/ watch and saving lives audits not undertaken. No action plans were sent following audits to improve compliance where needed, although the saving lives audit compliance ranged from 65% to 100% compliant. Gaps in the audit schedule and a lack of action plans where standards not met, meant that patients may be placed at increased risk, where opportunities to improve services were not being used.
- Systems and processes in place did not enable the service to identify and assess risks to the health, safety and welfare of people who use the service. When we reviewed the risk register for the surgery care group there were three risks on the risk register, these were theatre staffing, cell salvage for Jehovah's witnesses and that camera stack equipment was no longer fully supported or repairable. When we spoke with staff they also had other risks and worries. This included activity levels and waiting times, and delays with estates repairs.
- With regard to activity and waiting levels risk the following information was on the notice boards on 20 June 2018 in theatres on trauma surgery waiting times. 55 patients were waiting for surgery, which senior staff told us represented a 'very high stage of escalation'. Also on the notice board was the number of patients with necks of femur fractures sent to theatre within 36 hours of admission: five out of thirty-nine, 12.8%, against a trust target 85%; Patients with necks of femur fractures to theatre within 36 hours of being fit, 14 out of 39 35.8% against a trust target of 95%. At our inspection in September 2017 we reported a similar position. The trauma admission coordination team (TACT) ensured that patients were optimised for surgery as soon as possible. Poole hospital had achieved this on average 54% between June 2016 and May 2017 against a target of 85%. The service not having all risks on the risk register, meant there no oversight of all risks to the service. Also, there was no assurance that action was being taken to ensure that the identified risk was reduced or removed within a time scale that reflected the level of risk and impact on people using the service.
- We noted that five of the standard operating procedures were out of date. The procedure for electro surgery in the operating department had been due to review in August 2016 and has not been reviewed, and positioning patients in the operating department had been due for review in November 2017 and has not been reviewed. This meant the trust had no assurance that it was working to all the most relevant and most current evidence based standards and guidance.
- Records were not always fully completed in relation to the care and treatment of patients, to provide assurance. The room temperature for main theatre recovery and theatre stores was monitored but not recorded. In theatres two, five and the day surgery unit there was no monitoring of room temperatures. This meant that staff had no assurance that medicines were being stored within their recommended temperature ranges or how the room temperature changes over time. Medicines should generally be kept below 25C or 30C depending on the license. If a medicine with a three-year shelf life is stored for three weeks at 5C above specification, an empirical calculation reduces the expiry date by three weeks (from 36 to 33 weeks). Most medicines are probably stable at 30C but positive evidence is not available.
- In theatre two temperatures recorded from Monday, Tuesday and Wednesday signed as done on weekly room check sheet, but not recorded. In theatre five, temperature recorded for Monday diagonally on weekly room check sheet, but we could not read the numbers. Trust staff were not following trust policy and using the medicines fridge record sheet, they were writing the minimum, maximum and current temperatures in the anaesthetic room checklist. As this was intended for a signature there was a lack of space, therefore it was difficult to read and differentiate the three numbers. Also, as these signature sheets were completed daily for one week then archived it would be difficult to pick up trends over time. This meant that staff had no assurance that medicines were stored within their recommended temperature ranges or how the room temperature changed overtime.

# Surgery

## Culture within the service

- Staff working in theatres did not always feel that a safety culture was promoted, for example, in relation to incidences of non-compliance with the World Health Organisation (WHO) safer surgery checklist. The staff knew how to raise concerns, but told us they did not always feel comfortable to do so. In the trust theatre safety action plan, point three the three improvement areas was 'the culture in theatres and staff experience of each other is not always positive and there have been instances where behaviours have fallen below expected standards'. The trust was planning to commence in July 2018, a programme of work to include human factors training, never event workshop, development of shared purpose and values and development of agreed relationships and behaviours.
- During our unannounced inspection, we observed two senior medical staff bringing coffee into theatres. The previous week a clinician's cup of coffee had fallen of the anaesthetic machine and spilt. The hot liquid that spilt was a risk to patients. We also observed two senior medical staff using their personal mobile telephones in theatres. One then made a personal call, the other begun scrolling down various items. The clinicians when using their personal mobiles could be distracted from meeting patients' needs from their role within the theatre team. We did not see theatre staff challenges these behaviours. Theatre staff told us when they do challenge it fell on deaf ears.
- The nine comments cards we received from staff working in theatres were all negative. Themes from the comments cards included staff not feeling valued, lack of continuity of managers/ leaders, high activity and overrunning lists, condition of the theatres, and not getting feedback following incidents and appraisals.
- Concern was expressed to us by a member of the theatre staff on their behalf and other colleagues, about being able to work flexibly following maternity leave. Although this had been agreed, that staff member in a leadership position had now left, and the new leader in post told the staff member that flexible working not allowed in the department. The member of staff was concerned that this position of flexible working in the department would further impact on staff retention.
- Theatre staff, except new starters, expressed concerns about training and development opportunities. Five staff ranging from band 2 to band 5 expressed concerns

about training opportunities for staff other than new starters. A member of theatre staff described how staff had left, to obtain their competencies in other trusts. These staff felt the lack of training opportunities was affecting staff morale and a factor influencing staff retention. The turnover rate for staff working in theatres was 21%.

- Staff sickness and absence data showed that sickness rate overall in theatres was 5.6%, which was above the national average of 4%.
- Following the external company undertaking two days of observations on 3 and 9 May 2018, on the afternoon of 11 May 2018 a listening exercise was conducted. The report included significant areas of concern, and included three recommendations. A member of theatre staff expressed concern that no medical staff had been present at the listening exercise as it was too short notice. The theatre member of staff had expressed concern, due to the tensions present at times between the medical and other theatre staff. The listening exercise would have provided an opportunity for theatre and medical staff to participate in the workshop together. The external company meeting with the medical staff was planned for 6 July 2018. The trust told us they would then plan how to take the recommendations forward.

## Staff Engagement

- The trust did not always actively encourage feedback. One hundred percent of the staff we asked in theatres were not aware of the freedom to speak up guardian (FTSUG) role. When we looked at the notice boards and computers in theatres there no posters or computer screen savers to raise awareness of the role. This meant that information that may indicate a potential risk to patient safety may not be communicated and acted on immediately.
- Post inspection we received a letter from the trust dated 17 July 2018. The letter advised that posters had been placed in theatres to advertise the FTSUG role. Also, that the trust was reviewing the recent guidance for trust boards relating to freedom to speak up guardians to ensure compliance. This was alongside raising awareness of the important role, and encourage to staff to use the facility, if they should wish to raise a concern.
- The service did not always act on feedback promptly, for the purposes of continually evaluating and improving

# Surgery

services. The trust participated in the national staff survey in 2017, which was published on 6 March 2018. Areas where the surgical care group scored substantially lower than the trust overall included the staff engagement score, staff response rate, quality of appraisals, staff confidence in reporting unsafe clinical practice, recognition and value of staff by managers and the organisation and support from immediate managers. The surgical group scored significantly higher for harassment and bullying by staff than the trust overall. The surgical care group submitted an action plan on Friday 29 June 2018 which detailed the key findings of concern, but did not include any actions to

address key findings or a review date. This meant that patients were put at risk of poor clinical practice, and action was not taken to improve staff wellbeing and retention.

## **Innovation, improvement and sustainability**

- To support improvement the trust had a theatre safety action plan in place. An operation lead and executive lead were identified, with completion date and expected outcome. Areas identified for improvement included the drawing up of anaesthetic medicines, learning from never events and serious incidents and the development of a positive culture.

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the hospital **MUST** take to improve

- Within governance systems and processes, ensure there is a structured system in place to enable staff working in theatres to identify risks, raise training concerns and discuss and learn from incidents.
- Undertake planned audits as scheduled, and ensure action plans are put in place if required.
- Identify all risks relating to the service on the surgical care group risk register, and demonstrate how the risks being managed.
- Prioritise hip fracture patients for theatre, to ensure their outcomes are not compromised.
- Follow trust policy with regards to the records of temperatures where medicines are stored.
- Act on the findings of the NHS survey for theatre staff within the surgical care group, to reduce clinical risk to patients and improve staff wellbeing and retention.
- Review standard operating procedures at the date the service has indicated, to ensure they meet with current professional guidelines.
- Investigate and manage incidents promptly to minimise risks to patients.
- Address the inconsistency with the completion of the World Health Organisation (WHO) five steps to safer surgery checklist.
- Undertake equipment checks of the anaesthetic machines at the frequency recommended by professional guidelines.
- Store medicines and record the administration of controlled medicines as trust policy.

- Not store equipment in front of the medical gas isolation switch off valves, as this makes it more difficult for staff to access the valves in an emergency.
- Ensure staff work in a way that prevents and controls infection, including increasing compliance with control of infection training.
- Support staff with the completion of adult basic life resuscitation training.
- Monitor the completion of repairs jobs reported to estates, at a frequency that is sufficient to minimise risks to patients.
- There needs to be sufficient number of suitably qualified, competent, skilled and experienced staff to enable senior staff to complete management tasks. The appraisal rate for nursing staff in theatres was 48% and in theatre recovery 78%.

### Action the hospital **SHOULD** take to improve

- Consider a standard agenda for the surgical speciality and monthly anaesthetists meetings, to support consistency in the overview and scrutiny of various areas of safety, risk and quality.
- Continue to raise awareness of the freedom to speak up guardian role (FTSUG), encouraging staff to use this communication route, should they wish to raise a concern.
- Ensure any gaps in compliance following the trust boards review of guidance relating to the FTSUG are addressed.
- Support the new clinical leads in theatres to agree a personal development plan promptly to assist them in fulfilling their responsibilities.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

#### Regulated activity

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

**Regulation 17 (1) (2) (a) (b) (d) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).**

#### Good Governance

How the regulation was not being met:

The governance arrangements in place, including systems to assess, monitor and improve the quality and safety of services provided to people receiving care from the trust were not operated effectively.

Audits of the service were not always carried out as planned, and action plans developed where needed to improve the quality and safety of the service.

Five standard operating procedures to guide practice were out of date.

Risks to patients were not always identified, assessed and managed in relation to activity levels and waiting times, delays with estate repairs and infection control.

Records to provide assurance that medicines were being stored within their recommended temperature, were not completed legibly.

This section is primarily information for the provider

## Enforcement actions

Feedback from the staff survey had not been acted on promptly to improve services.

### Regulated activity

### Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

**Regulation 12 (1) (2) (a) (b) (e) (g) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).**

#### Safe care and treatment

How the regulation was not being met:

Care and treatment was not always provided in a way that reduced risks to patients.

Staff did not consistently follow the five steps to safer surgery policy.

The process in place for collecting patients from a ward or day surgery admissions for a procedure in theatres, was failing to ensure effective communication with theatre staff.

There was a delay with the investigation of incidents, and making any improvements required.

There were gaps in day theatre A anaesthetic machine checks.

This section is primarily information for the provider

## Enforcement actions

Policies were not always followed in relation to the management of medicines.

Staff did not always carry out their work in a way that prevented and controlled infection.

### Regulated activity

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

**Regulation 15: 1 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).**

#### Premises and equipment

How the regulation was not being met:

Adequate processes were not in place to ensure the premises were properly maintained.

When we inspected there were 66 outstanding maintenance jobs dating back to March 2017.

### Regulated activity

### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

**Regulation 18 (1) (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (the Regulated Activities Regulations 2014).**

#### Staffing

How the regulation was not being met:

This section is primarily information for the provider

## Enforcement actions

The systems in place to ensure staff received appropriate support, training, professional development, supervision were not operated effectively.

Insufficient numbers of suitably qualified staff meant that senior staff were pulled away to ensure theatres were safely staffed. This impacted on the completion of appraisals, mandatory training and investigation of incidents.

The appraisal rate for nursing staff in theatres 48% and theatre recovery 78%

In main theatres compliance with adult basic life support training was 45% in main theatres, and 70% in day theatres.

In main theatres compliance with infection control and prevention training was 66% and in theatre recovery 65%.