

QUALITY CONTROL PROGRAMME 1997/98
Product readings checklist
 for national studies taken beyond overview

Study topic **Anaesthetic and pain relief services audit**

Authority Portsmouth Hospitals NHS Trust

Auditor DA South and West, Martin Parker

Reviewer David Bawden

Date of review 20 October 1998

Project summary rec'd YES

1 Timeliness

Date work began December 1997

Date on the report July 1998

<i>Was the work carried out quickly enough?</i>	?
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2 Cost/value for money

Time spent (days) or fee 22

Guideline days/fee 25 - 35

<i>Does the project appear to have been done at a reasonable cost in days/ fee?</i>	Yes
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3 Objectives and scope

	Y/N
Are the aims clearly stated?	Yes
Is the scope of the study clearly stated in the report?	Yes

Addressing core requirements

Core requirements (CR)		Contingencies	Documentation (D)		Reviewer's comments
CR1	Audit should be carried out at all relevant trusts	Local factor(s) which limit the scope and/or timing of the audit.	D1	A statement about the scope of the audit at the outset, giving reasons for any limitations, including those for not doing the audit at all.	OK
CR2	Overview investigations	Investigation is applicable and appropriate. Availability of source information and data.	D2	Copy of completed worksheet 5.18, pages 76 to 91 with notes giving reasons for any gaps (e.g. information not available).	From the report, there appear to have been areas that should have gone beyond overview, that were not taken up.
CR3	Investigations for the VFM indicators	Availability of source information and data.	D3	Copy of completed appendix 3.4, pages 19 and 20, with a note(s) giving reasons for any gaps.	Not in report
CR4	Issues listed in issues and investigations matrices for each audit module	Issue is applicable and appropriate. In theory all issues triggered by the overview should be addressed. In practice this is unrealistic, so auditors should list triggered issues in order of priority for further work. The actual work done may be different after the auditor has discussed the overview with trust staff and considered their priorities for further work.	D1 D4 D5 D6	Copy of completed worksheet 5.18, pages 76 to 91. A statement listing the issues identified where further work would be beneficial, in order of priority, with reasons for priorities given. A statement of further work agreed with the trust with reasons for changes from the statement of priorities. Final audit product.	Not in report Not in report Not in report

Meeting study objectives

Objective (CR)		Documentation (D)		Reviewer's comments
CR5	That communication with the trust is likely to lead to the implementation of recommendations.	D7	<p>Communication plan which identifies the key individuals (or groups of individuals) to reach, the methods, and a schedule plus other documents to show how it was achieved in practice.</p> <p>The plan should include arrangements for: involving relevant staff throughout the audit including:</p> <ul style="list-style-type: none"> • communication during the audit on progress • discussion of overview findings • agreement to further work • discussion of the results of the whole audit and agreement to the action on recommendations. 	<p>Not in report</p> <p>Not in report</p> <p>Not in report</p>
		D8	<p>Relevant staff will include clinicians as well as managers, and may include other staff for example, theatre staff and specialist pain nurses.</p> <p>Action plan, or similar document, which records the recommendations and the action trust staff have agreed to take on them.</p>	<p>Yes, OK</p>

Handling sensitive issues

Issue (CR)		Module	It is not appropriate ..	It is appropriate...	Reviewer's comments
CR6	Pre-operative assessment	6	To recommend that non-anaesthetists take over the whole process of pre-operative assessment.	To recommend that non-anaesthetists carry out part of the process (e.g. pre-operative screening) before the anaesthetist's assessment.	OK
CR7	Deployment and supervision	7	To recommend specific changes to staff deployment and supervision.	To draw a trust's attention to comparative information and results of checks of compliance with the profession's standards.	OK
CR8	Choice of drugs	9	To recommend which drugs anaesthetists should or should not use, or to calculate potential savings from using one drug rather than another.	To comment on the trust's processes for monitoring the use and cost of drugs and for introducing new drugs.	N/A
CR9	Consultant staffing levels for maternity services	11	To say what staffing levels should be.	To examine how staffing levels are determined and to provide trusts with comparative information to help them plan staffing cover for maternity units.	N/A
CR10	Effectiveness of treatments used in the chronic pain service	12	To recommend which treatments doctors should or should not use.	To draw trusts' attention to published evidence of effectiveness and to comparative information, to help them review their services.	N/A

CR11	Generally	All	To challenge clinical judgement or comment on individuals' clinical practices.		N/A
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Summary of worksheet 5.18

Description of indicator

Reviewer's comments

Module 6 Pre-operative assessment

Screening of patients before they are admitted and their fitness for surgery assessed by an anaesthetist.
Use of criteria to determine medical suitability of patients for day surgery.

Module carried out

Module 7 Anaesthetic staffing and service standards in operating theatres

Planned and actual consultant theatre sessions as percentages of all theatre sessions.
Proportion of operations that are done outside scheduled sessions
Proportion of theatre sessions attended: (a) by trainees, and (b) by staff grade doctors and clinical assistants, at which they are accompanied by a consultant.
Monitoring and audit of patterns of anaesthetist deployment in theatres.

Module carried out

Module 8 Anaesthetists' assistants and recovery staff

Number and cost of staff per session/year.
Number of theatre sessions cancelled or unscheduled in the first place due to lack of theatre or recovery staff.

Not considered in this audit because a separate audit of theatres is being undertaken

Module 9 Anaesthetic drugs and equipment

Agents
Existence of a procedure, which has the agreement of staff other than just anaesthetists, to introduce a new drug for use by anaesthetists.

OK Module not indicated

Monitoring of the pattern and cost of drug use, by drug type and location.
Availability of equipment for low flow anaesthesia, including agent monitors.

Monitoring and audit of the practice of low flow anaesthesia.

Equipment

Existence of a planned replacement programme for equipment.

Proportion of anaesthetic machines used in operating theatres that are 8 years old or more.

Nomination of one consultant to take a lead on equipment.

OK, further work not indicated

Module 10 Post-operative pain relief

Monitoring and audit of the levels of pain experienced by:

(a) in-patients, and

(b) day patients,

while recovering from surgery.

Nomination of a consultant (not necessarily an anaesthetist) with overall responsibility for co-ordinating the post-operative pain relief service.

One hospital covered only by a pain team. Unclear why module was not triggered for second site (St Mary's)

Yes

Module 11 Anaesthetic services for women in labour

Number of caesarean sections and epidurals for normal delivery births consultant session.

Services offered and provided for normal-labour epidural analgesia.

Nomination consultant to take the lead for obstetric anaesthetic services.

Outside normal range – unclear why module was not triggered for further work. Auditor has recommended that trust develops an action plan to respond to Royal College recommendations, but does not appear to have considered the VFM implications.

Module 12 Services for people with chronic pain

Balance on the income and expenditure account.

Extent of multi-disciplinary working

Ratio of new attenders at the chronic pain clinic to follow up attendances.

OK Further work not indicated

Module 13 Managing anaesthetic services

Planning Co-ordination of anaesthetic service plans with plans from other specialties which involve anaesthetists.

Priorities for allocation of anaesthetic resources.

OK

no evidence in report

Medical staff planning

Plan which identifies the number and mix of experience of anaesthetists needed over the next three to five years.

OK

Productivity and supervision

no evidence in report

Consultant vacancies

OK

Managing consultants

Consultants' contracted workload

Very brief coverage in report

Review of consultants' work programmes

Very brief coverage in report

Consultants' actual work

Not clear why the specific investigation to test this – the rota analysis and questionnaire for rota co-ordinators were not used.

Financial management

Budget and accounting arrangements

Further work indicated, but not of significance

4 Content

	Y/N
Does it cover the scope set?	Yes
Does it use data well?	Limited use of what should have been available
	Yes
Are the recommendations supported?	Yes
Are the recommendations practical?	Yes
Has the report eliminated or dealt with information that will already be familiar to the audited body?	

Does the report identify worthwhile benefits for the authority:

- | | |
|--------------------|------------|
| (a) financial? | <i>N/A</i> |
| (b) non-financial? | <i>Yes</i> |

Does the project add value over and above what might have been expected from the original study i.e. is it worthy of 'good practice' status for the benefit of other auditors?

No

Was it worth producing this report?

What is presented is reasonable and of benefit to the trust. However, there are indications in the report that better use could have been made of the material by investigating in greater depth and by pursuing other issues not taken beyond overview.

5 Communication and presentation

	Y/N
Is the report satisfactory as to:	
Structure?	Yes
Length?	Short
Style and tone?	Yes
Use of diagrams or tables?	More charts could have been included and examples of good practice
Clarity?	Yes
Are the recommendations persuasive?	Could be more persuasive if the investigations had been in more depth
Is the report constructive?	Yes

Were there any sections of the report that were inconsistent with the rest?
[Please state]

No

Could more exhibits have been used to improve or clarify any parts of the report?
[Please state]

Yes

Pre-operative assessment. Local versions of figures 6.1 and 6.2 in the audit guide would have been useful in the report.

Monitoring and audit of anaesthetists deployment in theatres. There is comparative data available that could have been used in this section. Also an individual report produced by the 'anaesthetic practice software' that provided tables and charts

Is there an action plan, **where appropriate**, with dates?

Yes

6 Good and bad examples

Please attach any particularly good examples or items in need of significant improvement (taken from this report) with notes to say why you have chosen them, for potential inclusion in the overall product reading report.

7 Overall assessment

What is your overall judgement on the report, based on your assessment of the above categories and the guidance given to auditors in the study guide?

The report, on its own, would rate a PASS. However, it is not possible to assess whether the audit has met Audit Commission standards as set out in the core requirements by reading the report alone. A final assessment should be made after core requirements CR2 and CR5 have been considered at the QCR site visit.

Commentary:

This audit was presented for early product reading. The assessment was that the report needed substantial work to bring it up to a good standard. Subsequently a revised report was prepared which was much improved on the previous version. I wrote to the auditor and told him that on its content the report was probably worth a Good rating.

However, I reiterated concerns I had on the original report the auditor had not engaged the client sufficiently or made the most of all the opportunities. I gave two examples:

- there was low completion of the theatre survey forms (25%) whereas in audits where the auditor and client have a good relationship, this should be above 95%.
- there was an opportunity to support the department's objective to widen the scope of the acute pain team by carrying out module 10 of the guide

I said that if these concerns were confirmed in the proper product reading, when other documents and information would be available to the reviewer, they could affect the marking I indicated.