

Abbey King's Park Hospital, Stirling

Local Report ~ *March 2007*

Anaesthesia – Care Before, During and After Anaesthesia

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Anaesthetists are involved in the care of two out of every three patients admitted to hospital. The NHS Quality Improvement Scotland (NHS QIS) Anaesthesia Project Group concentrated on the provision of anaesthesia care for patients having operations or procedures, in particular focusing on key elements that have a direct impact on the quality of care a patient receives before, during and after anaesthesia. The Group developed four standards, covering the organisation of anaesthesia services, and preoperative, intraoperative and postoperative care. This report presents the findings from the peer review of performance against the standards.

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1 Setting the scene

NHS Quality Improvement Scotland (NHS QIS) was set up by the Scottish Parliament in 2003 to take the lead in improving the quality of care and treatment delivered by NHSScotland. NHS QIS does this by setting standards and monitoring performance, and by providing NHSScotland with advice, guidance and support on effective clinical practice and service improvements.

Reviewing the independent healthcare sector

The Care Commission, taking account of the national care standards developed and issued by Scottish Ministers, is responsible for regulating the independent healthcare sector. Standards set by NHS QIS will apply, where appropriate, in both the NHS and independent healthcare sectors. The national care standards for independent hospitals (revised September 2005) state under Standard 12.4 that ‘the care and treatment you receive from the hospital takes account of all relevant NHS Quality Improvement Scotland standards.’

NHSScotland contracts services from the independent sector where appropriate. In September 2005, a health department letter was issued – HDL(2005)41 – which outlined the role of NHS QIS in ensuring the quality of clinical services that NHSScotland contracts from the independent healthcare sector. It has been agreed that, where applicable, NHS QIS will include the independent healthcare sector in its review programmes. The timing of visits will be co-ordinated with Care Commission inspection visits and information will be shared. At this stage, these will be separate visits to reflect the distinct purpose of each exercise and the different statutory responsibilities involved.

About this report

The Clinical Standards for Anaesthesia – Care Before, During and After Anaesthesia were published in July 2003. These standards have been used to assess the quality of services provided by NHSScotland and those independent hospitals from which NHSScotland contracts services.

This report presents the findings from the peer review of **Abbey King’s Park Hospital, Stirling**. This review visit took place on **22 November 2006**, and details of the visit, including membership of the review team, can be found in Appendix 2.

1.1 How the standards were developed

In January 2002, an Anaesthesia Project Group was established under the chairmanship of Professor Gavin Kenny, Professor of Anaesthesia and Head of Department, University Department of Anaesthesia, Glasgow Royal Infirmary. Membership of the Group included both healthcare professionals and members of the public. This Group was responsible for developing the anaesthesia standards. A Scotland-wide consultation process was undertaken as part of the standards development process. The views of health service staff, patients, carers and the public were sought, and all the relevant evidence available at the time was taken into account.

1.2 How the review process works

The anaesthesia standards have been used to review the performance of NHS boards across Scotland. The same review process is being used for the independent sector.

The review process has two key parts: local self-assessment followed by external peer review. First, each independent hospital assesses its own performance against the standards. Then an external peer review team further assesses performance, both by considering the self-assessment data and visiting the independent hospital to validate this information and discuss related issues. The review process is described in more detail below (see also the flow chart on page 9).

Self-assessment

On receiving the standards, each independent hospital assesses its own performance using a framework produced by NHS QIS. This framework includes guidance about the type of evidence (eg guidelines, audit reports) required to allow a proper assessment of performance against the standards to be made.

The independent hospital submits the data it has collected for this self-assessment exercise to NHS QIS before the on-site visit, and it is this information that constitutes the main source of written evidence considered by the external peer review team.

External peer review

An external peer review team then visits and speaks with local stakeholders (eg staff, carers) about the services provided. Review teams are multidisciplinary, and include both healthcare professionals and members of the public. All reviewers are trained. Each review team is led by an experienced reviewer, who is responsible for guiding the team in their work and ensuring that team members are in agreement about the assessment reached.

The composition of each team varies, and members have no connection with the independent hospital they are reviewing. Both of these factors facilitate the sharing of good practice across NHSScotland and its contractors, and ensure that each review team assesses performance against the standards rather than make comparisons between one independent hospital and another.

At the start of the on-site visit, the review team meets key personnel responsible for the service under review. Reviewers then speak with local stakeholders about the services provided. After these meetings, the team assesses performance against the standards, based on the information gathered during both the self-assessment exercise and the on-site visit.

The visit concludes with the team providing feedback on its findings to the independent hospital. This includes specific examples of local initiatives drawn to the attention of the review team (recognising that other such examples may exist), together with an indication of any particular challenges.

Assessment categories

Each review team assesses performance using the categories 'met', 'not met' and 'not met (insufficient evidence)', as detailed below:

- **'Met'** applies where the evidence demonstrates the standard and/or criterion is being attained.
- **'Not met'** applies where the evidence demonstrates the standard and/or criterion is not being attained.
- **'Not met (insufficient evidence)'** applies where no evidence is available for the review team, or where the evidence available is insufficient to allow an assessment to be made.

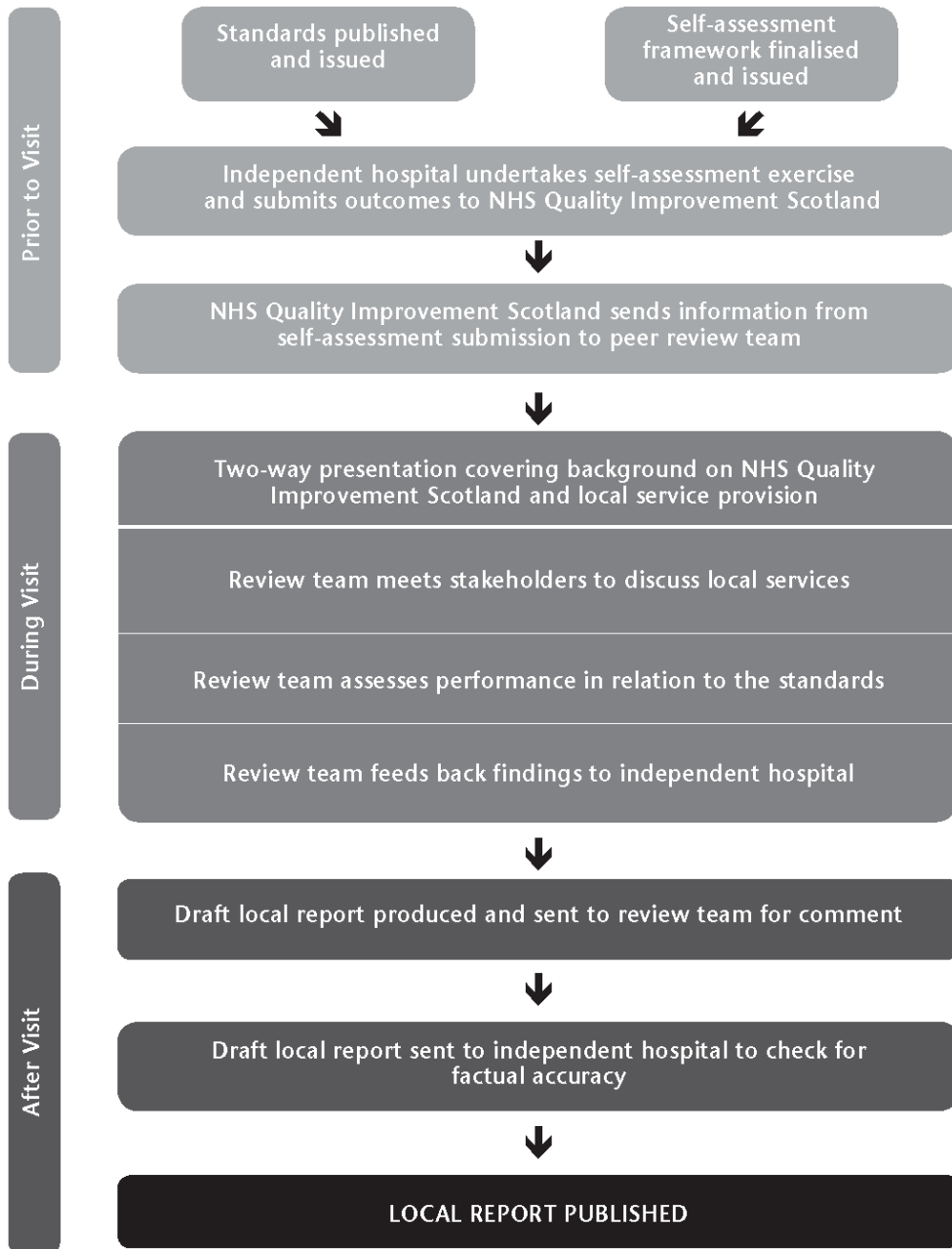
A final category '**not applicable**' is used where a standard and/or criterion does not apply to the hospital under review.

1.3 Reports

After each review visit, NHS QIS staff, with clinical input as appropriate, draft a local report detailing the findings of the review team. This draft report is sent to the review team for comment, and then to the independent hospital to check for factual accuracy. The local report will then be published and made available on the NHS QIS website.

Part of the remit of NHS QIS is to report whether the services provided by either NHSScotland or by independent hospitals on behalf of NHSScotland meet the agreed standards. This does not include reviewing the work of individual healthcare professionals. In achieving this aim, variations in practice (and potential quality) within a service will be encountered and subsequently reported.

The review process



2 Summary of findings

2.1 Overview of local service provision

Abbey King's Park Hospital, Stirling, is part of Abbey Hospitals Limited, a member of the Covenant Healthcare Group of Companies providing independent healthcare in Britain. There are eight independent private hospitals in Scotland, two of which come under the management of Abbey Hospitals Limited. Abbey King's Park Hospital's catchment area is the Forth valley.

There are 21 bedrooms in Abbey King's Park Hospital, (including two mother and toddler rooms), two general theatres, each with an anaesthetic room and a two-bay recovery area. There are no high dependency beds in Abbey King's Park Hospital.

Anaesthesia services are provided by around 30 consultant anaesthetists who provide care on an individual patient basis. The anaesthetists are supported by a team of permanent nurses, trained to provide anaesthesia assistance and care in theatre, recovery and ward areas. Twenty-four hour medical cover is provided by resident medical officers.

During 2005, a total of 2,112 patients were anaesthetised at Abbey King's Park Hospital.

Approximately 20% of anaesthesia services provided by Abbey King's Park Hospital are under contract to NHS Forth Valley.

As part of the NHS QIS anaesthesia peer review visit programme, an anaesthetic and monitoring equipment check was undertaken. This was to validate the evidence in the hospital equipment checklist which is included as part of the self-assessment return. The format of the equipment check was similar to that carried out by the Royal College of Anaesthetists (RCA). The RCA reviews anaesthetic service provision as part of the visits it carries out to hospitals to assess the quality of training in the NHS for doctors training to be anaesthetists.

2.2 Summary of findings against the standards

A summary of the findings from the review, including examples of local initiatives drawn to the attention of the review team, is presented in this section. A detailed description of performance against the standards/criteria is included in Section 3.

Organisation of anaesthesia services

Consultant anaesthetists granted practising privileges at Abbey King's Park Hospital provide anaesthesia on an individual patient basis. The majority are employed by NHS Forth Valley and undertake their continuous professional development at Stirling Royal Infirmary. Anaesthetic assistance is provided by a well-established team of nurses within Abbey King's Park Hospital.

A formal, documented, mentored training programme is followed for nursing staff; however, there is no formal sign-off process to record that induction has taken place for consultants.

There is no protected time for audit and education meetings within Abbey King's Park Hospital, although there are considerable opportunities for attendance at external training courses. The medical advisory committee regularly receives a summary of audit of patient record completeness and also reviews reported clinical incidents. Feedback on lessons learned from these is disseminated to all staff. Although systematic multidisciplinary audit does not take place, there was evidence of changes in practice following ad hoc audit.

It was reported that all theatre nurses are competent in their areas of specialty; however, not all nursing staff have yet qualified to a level at least equivalent to the Scottish Vocational Level III in Operating Department Practice as required by the Standards of the Scottish Medical and Scientific Advisory Committee (SMSAC) published in 2003. SMSAC does, however, recognise that it might take up until 2008 to meet national compliance with this standard.

Anaesthetic and monitoring equipment is regularly maintained and nursing staff receive comprehensive, formal and documented instruction on its use. Equipment training for consultant anaesthetists is not formally documented.

There is no multidisciplinary acute pain service in Abbey King's Park Hospital and each anaesthetist is responsible for the pain control of their patients. Staff reported that the consultants are always contactable for advice on pain control.

Preoperative care

Procedure-specific patient information leaflets are provided to all patients undergoing elective surgery prior to admission. There is, however, limited information on anaesthetic options for surgery and postoperative pain relief, and the review team encouraged the hospital to adopt the RCA leaflets. Options for anaesthesia and associated material risks are discussed between the anaesthetist and every patient during their preoperative assessment; there was no evidence of consistent recording of these discussions on the anaesthetic chart.

Nurse-led preoperative screening, guided by local protocol, is undertaken for all patients having major surgery or with a known medical condition. Other patients are telephoned by nursing staff before their surgery and a medical history taken. Any anaesthetic risk identified would be referred to the anaesthetist who is to give the anaesthetic and an anaesthetic assessment arranged if indicated.

Abbey King's Park Hospital has a policy based on the American Society of Anesthesiologists' Practice Guideline for Preoperative Fasting which takes account of the need for continuation of regular drug therapy. Written confirmation of the regular drug therapy is, however, not always available to the anaesthetist prior to the patient's surgery.

Intraoperative care

Appropriate anaesthetic equipment is available in Abbey King's Park Hospital, which is checked before use and after regular servicing. Records of these checks are kept in the daily anaesthetic check book. A suitable range of equipment, including capnographs, is available in the anaesthetic room to secure and maintain a patient's airway and oxygen delivery. There is also a trolley, with equipment for advanced difficult airway management, located next to the anaesthetic room.

There is patient monitoring equipment to permit monitoring during induction and maintenance of anaesthesia to the level described by the RCA and Association of Anaesthetists of Great Britain and Ireland (AAGBI).

Guidelines and action plans for dealing with anaesthetic emergencies are prominently displayed on the anaesthetic room walls. The drugs and equipment required to follow the guidelines are available in the anaesthetic rooms and recovery area, and checked weekly.

There is ongoing training for relevant members of the anaesthetic team on the management of emergencies. Consultant staff undertake training as part of their continuous professional development at their employing NHSScotland hospital and all theatre staff are trained in advance life support.

Example of a local initiative...

Theatre staff at Abbey King's Park Hospital annually undertake basic and advanced resuscitation training and attend the Stirling Anaesthetic Simulator Centre, housed in Stirling Royal Infirmary for training in dealing with anaesthetic emergencies.

There is a local transfusion protocol which is largely in keeping with SIGN Guideline 54: Perioperative Blood Transfusion for Elective Surgery, although, the protocol recommends different transfusion thresholds. There is also a local protocol to guide the management of massive blood loss, which is displayed on the anaesthetic room walls.

Postoperative care

There is a two-bedded fully equipped and staffed recovery room at Abbey King's Park Hospital. All patients are cared for on a one-to-one basis by qualified and trained recovery staff until fully conscious and able to maintain a clear airway. The recovery area is equipped with patient monitoring to the level described by the RCA and AAGBI. Where children are cared for, the recovery area is screened from the area used by adults. There is a system in place to allow the presence of parents immediately after recovery from anaesthesia.

All patients have their pain assessed, recorded and treated. In recovery, this is recorded on the theatre care plan. The vital signs chart is also used to record pain scores. Patients receiving patient controlled analgesia or epidural analgesia have a separate observation chart completed, which incorporates pain and sedation scoring.

There are no high dependency beds in Abbey King's Park Hospital; all patients who unexpectedly require such care would be transferred to Stirling Royal Infirmary.

3 Detailed Findings Against the Standards

Standard 1.1: Organisation of Anaesthesia Services

Standard Statement

Induction of Staff: All new members of the anaesthesia team undergo an induction process.

Abbey King's Park Hospital

Essential Criterion

1.1.1: A formal and documented induction process is compulsory for all members of the anaesthesia team, which covers the information recommended in the Association of Anaesthetists of Great Britain and Ireland Risk Management and Clinical Negligence and Other Risks Indemnity Scheme Human Resources, Initial/Continuing Staff Competence documents.

STATUS: Not met

There is a formal, documented induction process in place for all nursing staff. This includes allocation of a mentor from existing staff and assessment against a set of competencies. For the first 2 weeks of employment, the new staff are always supervised and the induction programme lasts 6 weeks in total.

Consultant anaesthetists who are granted practising privileges are given an orientation tour of the facilities by another consultant anaesthetist. New consultants are made aware of the Abbey King's Park Hospital's anaesthetic chart and various protocols for patient care. At the time of the review visit, formal signed-off documentation of this induction for all new consultant anaesthetists was not held by Abbey King's Park Hospital.

Standard 1.2: Organisation of Anaesthesia Services

Standard Statement

Audit and Education: There is a programme of audit and educational activity.

Abbey King's Park Hospital

Essential Criteria

1.2.1: There is dedicated time for audit and education meetings.

STATUS: Not met

Abbey King's Park Hospital provides a mandatory advanced life support training course for all theatre nursing and bank staff. Nursing staff are also encouraged to attend various courses for their continuing professional development and reported that time and funding is made available for them to do this as required. Nursing staff maintain a record of their training in a personal portfolio.

Consultant staff undertake their continuing professional development at the NHSScotland hospital where they are employed and are asked to provide evidence of annual appraisal to Abbey King's Park Hospital.

Audit of patient records for completeness takes place on a regular basis and individuals are advised of shortfalls in performance against standards. However, there is no dedicated time for audit. No specific clinical audit meetings are held, although multidisciplinary quality assurance and theatre quality control meetings take place every 2 weeks.

1.2.2: There are regular anaesthesia morbidity and mortality reviews.

STATUS: Met

Specific anaesthesia morbidity and mortality reviews do not take place. However, the Abbey King's Park Hospital medical advisory committee, which meets every 2 months, discusses all clinical incidents. The review team considered this an acceptable approach for a hospital the size of Abbey King's Park Hospital.

1.2.3: There is a system for reporting, analysing and acting on critical incidents.

STATUS: Met

Critical incidents are recorded on an incident form and discussed at the medical advisory committee. Minutes from these meetings are accessible to all staff and feedback from the medical advisory committee is given to all heads of department

who may disseminate any learning points to their staff. The review team noted that feedback to staff appeared to vary between departments.

The review team encouraged Abbey King's Park Hospital to also review potential incidents which were avoided (near misses) and to ensure that all learning points from incidents and near misses are shared directly with all members of the team.

Desirable Criteria

1.2.4: There is systematic multidisciplinary audit.

STATUS: Not met

Ten sets of medical records are audited for completeness every 2 months and findings presented at the medical advisory committee. However, audit of clinical practice does not occur in a systematic multidisciplinary manner.

1.2.5: Patients' attitudes and comments about the anaesthetic service are included in the audit process.

STATUS: Not met

All patients receive a copy of the Abbey King's Park Hospital patient satisfaction questionnaire which asks about facilities and treatment by hospital personnel. Summaries of the responses are presented to the medical advisory committee. The review team noted that the questionnaire does not contain specific questions about the anaesthetic service. In addition, there is very limited space for recording attitudes and comments about the anaesthetic service. Staff reported that this had been recognised and would be rectified.

Standard 1.3: Organisation of Anaesthesia Services

Standard Statement

Matching Anaesthetists' Skills to Patient Needs: Each patient receives care from an anaesthetist of the appropriate training and grade for the intended procedure.

Abbey King's Park Hospital

Essential Criteria

1.3.1: There is a local protocol to define when non-consultant anaesthetists should request consultant advice and help.

STATUS: Not applicable

Anaesthesia is provided by consultant anaesthetists at Abbey King's Park Hospital. There are no non-consultant career grade anaesthetists or trainee anaesthetists employed at the hospital.

1.3.2: There is an explicit mechanism to identify and contact the supervising consultant for each patient.

STATUS: Not applicable

Anaesthesia is provided by consultant anaesthetists at Abbey King's Park Hospital on an individual patient basis. There are no non-consultant career grade anaesthetists or trainee anaesthetists employed at the hospital.

The majority of consultant anaesthetists working in Abbey King's Park Hospital are members of the hospital's anaesthesia group and provide cover for each other if necessary.

Standard 1.4: Organisation of Anaesthesia Services

Standard Statement

Anaesthetic Assistance: The presence of a trained and dedicated anaesthetic assistant for the anaesthetist is available at all times.

Abbey King's Park Hospital

Essential Criteria

1.4.1: All nurses and operating department practitioners assisting the anaesthetist are trained to a level at least equivalent to the Scottish Vocational Qualification Level III in Operating Department Practice.

STATUS: Not met

There is an anaesthetic training programme in use at Abbey King's Park Hospital which includes assessment of competencies. The content and documentation of training is based, in part, on the Scottish Vocational Qualification (SVQ) Level III in Operating Department Practice.

The majority of theatre nursing staff and regular bank theatre staff are multiskilled and can work as anaesthetic assistants, scrub nurses or in the recovery bay. Each nurse only works in one specialty for the duration of their shift. Nursing staff reported that this approach works well. Each consultant anaesthetist regularly works with the same assistant, and consultant staff interviewed reported that all the theatre nurses are competent in their areas of specialty. However, at the time of the review visit, not all theatre nurses were formally trained to a level at least equivalent to the Scottish Vocational Qualification Level III in Operating Department Practice. Training is ongoing.

The Scottish Medical and Scientific Advisory Committee strategy document Anaesthesia Assistance. A Strategy for Training, Recruitment and Retention and the Promulgation of Safe Practice, published in 2003, states that a timeframe of 5 years should be allowed for all nurses intending to provide anaesthetic assistance in order to achieve the national standard.

1.4.2: There is a dedicated trained anaesthetic assistant present for all procedures requiring the presence of an anaesthetist.

STATUS: Not met

For procedures requiring the presence of an anaesthetist, a dedicated trained anaesthetic assistant is present. However, not all anaesthetic assistants have been trained to the level equivalent to SVQ Level III in Operating Department Practice as described in 1.4.1.

Standard 1.5: Organisation of Anaesthesia Services

Standard Statement

Anaesthetic Record Sheet: The hospital anaesthetic record contains the data listed in the minimum anaesthesia data set.

Abbey King's Park Hospital

Essential Criteria

1.5.1: The anaesthetic record provides space to record the data listed in the minimum data set.

STATUS: Met

Abbey King's Park Hospital anaesthetic chart provides space to record the data listed in the minimum data set.

1.5.2: The supervising consultant anaesthetist is recorded on the anaesthetic record sheet.

STATUS: Not applicable

Anaesthesia is provided by consultant anaesthetists at Abbey King's Park Hospital. There are no non-consultant career grade anaesthetists or trainee anaesthetists employed at the hospital.

1.5.3: The anaesthetic record contains space to record the explanation of anaesthesia techniques and material risks as laid out in the Consent to Anaesthesia standard (2.2).

STATUS: Met

The anaesthetic chart contains prompts to record the explanation of anaesthesia techniques and material risks, and there is adequate space to record this discussion. Staff reported that each individual consultant completes this form in their own way.

Standard 1.6: Organisation of Anaesthesia Services

Standard Statement

Access to Emergency Theatre: There is adequate daytime emergency theatre resource to accommodate the hospital's emergency and urgent workload.

Abbey King's Park Hospital

Essential Criteria

1.6.1: There is dedicated provision of adequate daytime theatre resource to accommodate the hospital's emergency and urgent workload.

STATUS: Met

Abbey King's Park Hospital only admits patients for elective surgery and there is, therefore, no requirement for daytime emergency theatre resource. The theatres are operational from 8am–8pm and if any patients required to return to theatre out-of-hours, the theatre staff team would be called back.

Standard 1.7: Organisation of Anaesthesia Services

Standard Statement

Efficient Use of Anaesthetic Resources: There is efficient use of anaesthetic staff and theatre resources.

Abbey King's Park Hospital

Essential Criteria

1.7.1: The anaesthesia service has a strategy to keep session cancellations to a minimum.

STATUS: Not applicable

The anaesthesia service in the independent sector is organised in a different way to that in NHSScotland hospitals. No consultant anaesthetists are employed directly by independent private hospitals on a contracted sessional basis. Care by consultant anaesthetists is arranged on an individual patient basis.

1.7.2: Advance notice of planned staff absences is provided, allowing theatre sessions to be covered or rescheduled.

STATUS: Met

There is a policy for advance notice for staff leave which ensures that theatre sessions are always appropriately covered.

Consultant anaesthetists only schedule theatre sessions when they know they are going to be available. If an anaesthetist was unexpectedly absent, another anaesthetist from the Abbey King's Park Hospital's anaesthesia group would cover.

1.7.3: Where appropriate, anaesthesia staff from unused surgical sessions are reallocated to sessions lacking an anaesthetist.

STATUS: Not applicable

In Abbey King's Park Hospital, theatre time is not allocated to surgeons on a contracted sessional basis. Theatre time is booked for a consultant surgeon on an individual patient basis. If the consultant was unexpectedly absent, then the procedure would be cancelled.

Desirable Criterion

1.7.4: A proportion of career-grade anaesthetists are contracted to provide some fixed flexible sessions, to cover for absences.

STATUS: Not applicable

All consultant anaesthetists provide anaesthesia on an independent practitioner basis. There are no consultant anaesthetists employed directly by Abbey King's Park Hospital.

Standard 1.8: Organisation of Anaesthesia Services

Standard Statement

Maintenance of Anaesthetic Equipment: Anaesthetic and monitoring equipment undergo regular maintenance and replacement.

Abbey King's Park Hospital

Essential Criteria

1.8.1: There is regular maintenance of anaesthetic and monitoring equipment.

STATUS: Met

Abbey King's Park Hospital has local service contracts for the regular maintenance of anaesthetic and monitoring equipment in accordance with the manufacturer's recommendations. Staff reported that they are satisfied with the service received.

Desirable Criterion

1.8.2: There is a planned equipment replacement programme that defines equipment lifespan and disposal procedures.

STATUS: Not met

There is no single programme for forward planning of equipment replacement expenditure. Equipment needs are assessed annually by department managers, and capital expenditure requests and written justifications are prepared for corporate approval at the time of setting the annual budget. The anaesthetic equipment is selected by the consultant anaesthetists to match that in use at Stirling Royal Infirmary.

Standard 1.9: Organisation of Anaesthesia Services

Standard Statement

Use of Anaesthetic Equipment: All anaesthetic staff receive formal and documented instruction in the use of anaesthetic and monitoring equipment.

Abbey King's Park Hospital

Essential Criteria

1.9.1: All anaesthetic staff receive formal and documented instruction on the use of equipment.

STATUS: Not met

All anaesthetic nursing staff receive formal and documented instruction on the use of equipment as part of their induction. Consultant anaesthetists receive training in equipment use at their NHSScotland employing hospital; however, the process for documenting equipment training at Abbey King's Park Hospital has not yet been formalised for all consultant anaesthetists.

Nursing staff reported that the local service company also provides comprehensive training sessions for any new equipment purchased and engineers would stay on site until all staff are confident in the use of the new equipment. Annual reviews of training needs are also conducted by the local service company.

1.9.2: Instruction manuals for equipment are easily accessible and read by users.

STATUS: Met

Instruction manuals for equipment are readily accessible and attached to the equipment. They are referred to by staff when required.

Standard 1.10: Organisation of Anaesthesia Services

Standard Statement

The Acute Pain Service: Each hospital has a multidisciplinary acute pain service.

Abbey King's Park Hospital

Essential Criteria

1.10.1: There is a multidisciplinary acute pain service.

STATUS: Not met

At the time of the review visit, there was no multidisciplinary acute pain service.

The relevant consultant anaesthetist is responsible for the pain control of patients under their care and will initiate the pain control in theatre. All senior nursing staff administer pain control according to an analgesia ladder and it was reported that they would not hesitate to contact the relevant consultant if pain is poorly controlled. Consultant staff reported that they perceived acute pain to be well managed as they did not often have to return to the hospital to treat poorly controlled pain.

1.10.2: There is a named consultant, with a designated sessional commitment, responsible for management of the acute pain service.

STATUS: Not met

At the time of the review visit, there was no multidisciplinary acute pain service nor a named consultant responsible for the management of such a service.

Due to the nature of the independent hospital sector, there are no consultants with contracted sessional commitments. Individual consultant anaesthetists are responsible for the pain control of their patients.

1.10.3: The acute pain service provides continuing education of hospital staff and patients.

STATUS: Not met

At the time of the review visit, there was no multidisciplinary acute pain service nor any specific pain education in-house for patients or staff. Nursing staff are encouraged to attend external training courses on pain control as appropriate.

Patients receive information sheets which include limited information on pain control options. The consultant anaesthetist discusses the options available with the patient at their preoperative assessment.

The review team acknowledged that there is considerable pain control experience within the anaesthetic and nursing team; however, it recognised the provision of education in acute pain as a challenge.

1.10.4: There is cover for the acute pain service on a 24-hour basis.

STATUS: Not met

At the time of the review visit, there was no multidisciplinary acute pain service. The consultant anaesthetists are responsible for the acute pain management of their individual patients and are contactable on a 24-hour basis for advice on their individual patients.

Desirable Criteria

1.10.5: There is liaison between the acute and chronic pain services.

STATUS: Not met

At the time of the review visit, there was no multidisciplinary acute pain service. No chronic pain service is provided at Abbey King's Park Hospital.

1.10.6: There is audit of the safety and efficacy of analgesic therapies to promote continuous quality improvement.

STATUS: Not met

At the time of the review visit, there was no multidisciplinary acute pain service. Audit of the safety and efficacy of analgesic therapy is not routinely conducted at Abbey King's Park Hospital.

Standard 2.1: Preoperative Care

Standard Statement

Preoperative Information: All patients are provided with easily understood information on anaesthesia and perioperative care before admission to hospital.

Abbey King's Park Hospital

Essential Criteria

2.1.1: All patients undergoing elective procedures are provided with jargon-free, easily understood information materials (covering anaesthesia and postoperative pain relief) before admission to hospital.

STATUS: Not met

Procedure-specific patient leaflets are provided to all patients undergoing elective procedures prior to their admission. There is a systematic process for review of patient information leaflets which involves consultants in the preparation and review of leaflets for their specialty. A research and development team in Abbey King's Park Hospital meets every month and considers three patient information leaflets at each meeting. Staff reported that changes to patient information have also been made in response to feedback received directly from patients, although this is an ad hoc process.

The review team noted that these leaflets do not contain a specific section on the options available for anaesthesia, and the section on postoperative analgesia was considered insufficient by the review team. The review team encouraged Abbey King's Park Hospital to make use of the specific information on anaesthesia that is freely available from the Royal College of Anaesthetists (RCA).

Staff reported that consideration is being given to providing patient information in a variety of languages. Translation facilities can be provided if requested.

2.1.2: Patients undergoing urgent or emergency surgery receive verbal information.

STATUS: Met

It is standard practice for patients undergoing urgent surgery to receive verbal information.

There is no emergency surgery undertaken at Abbey King's Park Hospital.

Desirable Criterion

2.1.3: There is audit of the effectiveness of preoperative information provided to patients.

STATUS: Not met

Patients receive a feedback questionnaire; however, this does not ask specifically about the preoperative information provided. Staff reported that this was being addressed and the patient satisfaction questionnaire would be amended. A summary of the feedback is reviewed by the medical advisory committee and action would be taken on any specific comments on preoperative information.

Standard 2.2: Preoperative Care

Standard Statement

Consent to Anaesthesia: All patients have an entitlement to receive information regarding medical treatment, and a right to give or withhold consent to treatment.

Abbey King's Park Hospital

Essential Criteria

2.2.1: The anaesthetic techniques to be used and material risks associated with the procedure are discussed with the patient and recorded on the anaesthetic record.

STATUS: Not met (insufficient evidence)

The anaesthetic chart contains prompts to record the explanation of anaesthetic techniques and the material risks involved in the proposed anaesthetic technique. There is adequate space on the chart to record this discussion. However, the review team did not have evidence that the discussion was being recorded for all patients.

2.2.2: When a patient lacks the capacity to make some or all decisions for themselves because of mental disorder or inability to communicate because of physical disability, the principles outlined in the Adults with Incapacity (Scotland) Act 2000 are followed.

STATUS: Met

Abbey King's Park Hospital follows the consent policy produced by Covenant Healthcare, which does not specifically include reference to the Adults with Incapacity (Scotland) Act 2000. However, staff reported that the relevant forms are available and the principles of the Act had been followed on the very rare occasion when such a patient was treated. All consultant staff are familiar with the Act and have received training in their employing NHSScotland hospital. Relevant training for other staff was stated as being ongoing.

Desirable Criterion

2.2.3: There is audit of documentation in the anaesthetic record of anaesthetic techniques and material risks which have been discussed with the patient.

STATUS: Not met

At the time of the review visit, there had been no audit of documentation in the anaesthetic chart of the anaesthetic techniques and material risks which have been discussed with the patient.

Standard 2.3: Preoperative Care

Standard Statement

Preoperative Anaesthetic Assessment: All patients are assessed by an anaesthetist before an operation requiring the services of an anaesthetist.

Abbey King's Park Hospital

Essential Criteria

2.3.1: All patients are assessed by an anaesthetist preoperatively.

STATUS: Met

All patients at Abbey King's Park Hospital are assessed by an anaesthetist preoperatively.

2.3.2: Opportunity for preoperative assessment by the anaesthetist is provided in the patient care pathway.

STATUS: Met

All patients who are to have major surgery, or have a known medical condition, attend for preoperative screening one week before their scheduled elective surgery. If any problems are highlighted, the consultant anaesthetist on duty will be contacted for advice and, if indicated, an appointment arranged with the consultant who is to give the anaesthetic.

All other patients are telephoned at home by ward nursing staff a few days before admission and a medical history is taken. If any problems are identified, a preoperative appointment with the consultant who is to give the anaesthetic will be arranged.

2.3.3: Where there is nurse-led preoperative screening, this is guided by local protocol.

STATUS: Met

There is a local protocol, including a checklist, for the nurse-led preoperative screening at Abbey King's Park Hospital.

2.3.4: Where patients attend a dedicated preoperative anaesthetic assessment clinic, an anaesthetist is present.

STATUS: Not applicable

There is no dedicated preoperative anaesthetic assessment clinic at Abbey King's Park Hospital. Patients identified at risk during screening would be seen by the anaesthetist who is to give them the anaesthetic.

Desirable Criteria

2.3.5: The anaesthetist who is to give the anaesthetic visits the patient before the operation.

STATUS: Met

It is standard practice for all patients to be visited in their ward room before their operation by the anaesthetist who is to give the anaesthetic.

2.3.6: Prior to undergoing a procedure that includes anaesthesia, the patient or the GP provides the anaesthetist with a written record of the patient's current medication.

STATUS: Not met

Patients are asked to bring details of their current medication with them when they attend for preoperative assessment and on the day of their surgery. Normally they bring a printed copy of their repeat prescription; however, not all patients do this and some may only bring the actual medication. Consideration could be given to contacting GPs for this information.

The consultant anaesthetist discusses current medication with patients prior to undergoing a procedure that involves anaesthesia.

Standard 2.4: Preoperative Care

Standard Statement

Preoperative Fasting: All patients are fasted from solids and fluids immediately prior to anaesthesia, according to a locally agreed protocol.

Abbey King's Park Hospital

Essential Criteria

2.4.1: There is a locally agreed hospital policy based on the American Society of Anesthesiologists' Practice Guideline for Preoperative Fasting.

STATUS: Met

Abbey King's Park Hospital fasting guidelines for surgical patients are based on, and vary slightly from, the American Society of Anesthesiologists' Practice Guideline for Preoperative Fasting. All patients receive similar instructions, irrespective of the time of their surgery. Adult patients are advised that they may drink water to assist with taking regular medication, no later than 2 hours before their operation. Other liquids, excluding milk can be taken up to 4 hours before their operation and all solid food and milk should be taken no later than 6 hours before their operation.

2.4.2: The locally agreed policy takes account of the need for continuation of regular drug therapy, as appropriate.

STATUS: Met

The Abbey King's Park Hospital fasting guidelines take account of the need for continuation of regular drug therapy. Any medication which should not be taken will have been identified at the preoperative screening and the consultant surgeon or anaesthetist will have discussed this with the patient.

Standard 3.1: Intraoperative Care

Standard Statement

Preparation for Anaesthesia: All patients receive care in a safe environment. The patient's identity and all anaesthetic equipment are checked before the procedure commences.

Abbey King's Park Hospital

Essential Criteria

3.1.1: All anaesthetic equipment is checked before use according to the Checklist for Anaesthetic Apparatus recommendations of the Association of Anaesthetists of Great Britain and Ireland.

STATUS: Met

All anaesthetic equipment is checked by the anaesthetist before use according to the Checklist for Anaesthetic Apparatus recommendations of the Association of Anaesthetists of Great Britain and Ireland (AAGBI). A checklist is attached to each anaesthetic machine and a record of every check is kept in the daily anaesthetic check book in the anaesthetic room.

3.1.2: There is a record kept that anaesthetic machines are checked following servicing.

STATUS: Met

All anaesthetic machines are checked following servicing and this is recorded in the daily anaesthetic check book in the anaesthetic room. However, the servicing labels are not kept and consideration could be given to retaining these in the anaesthetic check book.

3.1.3: All anaesthetic machines have mechanisms to prevent delivery of hypoxic gas mixtures.

STATUS: Met

The review team confirmed that all anaesthetic machines at Abbey King's Park Hospital have mechanisms to prevent delivery of hypoxic gas mixtures.

3.1.4: The anaesthetist confirms the identity of the patient and the consent to anaesthesia and surgery before inducing anaesthesia.

STATUS: Met

It is standard practice for the anaesthetist to confirm the patient's identity and consent to anaesthesia and surgery.

3.1.5: Where children are cared for, a system is in place to allow the presence of parents at induction of anaesthesia.

STATUS: Met

Systems are in place to allow the presence of one parent at the induction of anaesthesia. The parent and child are accompanied by a paediatric trained nurse from the ward into the anaesthetic room. The nurse then accompanies the parent back to the ward after induction of anaesthesia. The review team commended the use of paediatric trained nurses with children.

Standard 3.2: Intraoperative Care

Standard Statement

Perioperative Monitoring: All patients are monitored appropriately during anaesthesia.

Abbey King's Park Hospital

Essential Criteria

3.2.1: An appropriately trained and experienced anaesthetist is present continuously during anaesthesia.

STATUS: Met

A consultant anaesthetist is present continuously during anaesthesia.

3.2.2: Patients are monitored during induction and maintenance of anaesthesia to the level described by the Royal College of Anaesthetists and Association of Anaesthetists of Great Britain and Ireland.

STATUS: Met

The review confirmed that there is patient monitoring equipment present to permit monitoring during induction and maintenance of anaesthesia to the level described by the RCA and AAGBI.

3.2.3: There is a capnograph available in all locations where anaesthesia is provided.

STATUS: Met

Capnographs are available in all locations where anaesthesia is provided in Abbey King's Park Hospital.

3.2.4: When tracheal intubation is performed, a capnograph is used.

STATUS: Met

A capnograph is used when tracheal intubation is performed in Abbey King's Park Hospital.

Standard 3.3: Intraoperative Care

Standard Statement

Management of the Airway: All locations where anaesthesia is provided have equipment to aid management of the patient's airway.

Abbey King's Park Hospital

Essential Criteria

3.3.1: Preoperative assessment routinely includes assessment of the airway.

STATUS: Met

The preoperative assessment routinely includes assessment of the airway and this is recorded on the patient's anaesthetic chart.

3.3.2: In all locations where anaesthesia is provided, a suitable range of equipment, including a capnograph, is available to secure and maintain a patient's airway and oxygen delivery.

STATUS: Met

The review team was satisfied that, in all locations where anaesthesia is provided, a suitable range of equipment, including a capnograph, is available to secure a patient's airway and oxygen delivery.

3.3.3: There is at least one portable storage unit with equipment for advanced difficult airway management within each theatre suite.

STATUS: Met

There are portable storage units with equipment for advanced difficult airway management available in each theatre suite.

Standard 3.4: Intraoperative Care

Standard Statement

Anaesthetic Emergencies: Adverse reactions and uncommon conditions occurring during anaesthesia are managed appropriately.

Abbey King's Park Hospital

Essential Criteria

3.4.1: *Guidelines or 'Anaesthesia Action Plans' for adverse reactions and uncommon conditions are displayed prominently in areas where they may need to be consulted.*

STATUS: Met

The review team was satisfied that anaesthesia guidelines and action plans for adverse reactions and uncommon conditions are displayed prominently on the anaesthetic room walls.

3.4.2: *The drugs and equipment required to follow these guidelines or 'Anaesthesia Action Plans' are available and checked regularly.*

STATUS: Met

The drugs and equipment required to follow the anaesthesia guidelines and action plans are available in the anaesthetic rooms and recovery area, and checked weekly. Records of the checks are held in the recovery book.

Desirable Criterion

3.4.3: *Training sessions for management of anaesthetic emergencies are undertaken by relevant members of the anaesthesia team.*

STATUS: Met

There is ongoing training for the relevant members of the anaesthetic team on the management of emergencies. Consultant staff undertake training as part of their continuous professional development at their employing NHSScotland hospital. All theatre staff are trained in advance life support. In addition, theatre staff annually undertake basic and advanced resuscitation training and attend the Stirling Anaesthetic Simulator Centre, housed in Stirling Royal Infirmary. The review team commended the use of the Anaesthetic Simulator Centre for staff training.

Standard 3.5: Intraoperative Care

Standard Statement

Perioperative Blood Transfusion: Anaesthetists are responsible for intraoperative blood transfusion. Blood transfusion is sometimes required for the safe performance of surgical procedures. The decision to give a patient a blood transfusion balances the risks of transfusing against not transfusing.

Abbey King's Park Hospital

Essential Criteria

3.5.1: There is a local transfusion protocol, including transfusion thresholds, in keeping with the SIGN Guideline Perioperative Blood Transfusion for Elective Surgery.

STATUS: Not met

There is a local transfusion protocol which is largely in keeping with SIGN Guideline 54: Perioperative Blood Transfusion for Elective Surgery. However, the protocol recommends that patients with no history of cardiovascular disease are considered for transfusion when their haemoglobin value is less than 90g/l whereas SIGN Guideline 54 requires transfusion at a haemoglobin value of less than 70g/l. For patients with a history of cardiovascular disease, Abbey King's Park Hospital protocol suggests transfusion at a haemoglobin value less than 100g/l whereas the SIGN Guideline 54 recommends transfusion for this group at a value less than 90g/l.

3.5.2: The local protocol includes the recommendations from the British Committee for Standards in Haematology Guideline The Administration of Blood and Blood Components and the Management of Transfused Patients, to ensure blood and blood products to be given to a patient are checked before administration.

STATUS: Not met

Staff confirmed that blood and blood products to be given to a patient are checked before administration in accordance with the British Committee for Standards in Haematology Guideline, The Administration of Blood and Blood Components and the Management of Transfused Patients. However, the current written protocol is different from the guideline. This was being updated at the time of the review visit. In addition, training in the Scottish National Blood Transfusion Service's better blood transfusion programme was in the process of being rolled out at the time of the visit.

3.5.3: There is a local protocol to guide the management of massive blood loss.

STATUS: Met

There is a local protocol to guide the management of massive blood loss, which is displayed on the anaesthetic room walls.

Desirable Criterion

3.5.4: There is audit of perioperative blood transfusion and transfusion thresholds used.

STATUS: Not met

There has been no audit undertaken of perioperative blood transfusion and transfusion thresholds used at Abbey King's Park Hospital.

Standard 3.6: Intraoperative Care

Standard Statement

Thromboembolism Prophylaxis and Spinal and Epidural Anaesthesia: All patients receive appropriate deep vein thrombosis prophylaxis according to a local protocol. All patients also receiving spinal or epidural anaesthesia have dose and timing of the drug prophylaxis adjusted as appropriate.

Abbey King's Park Hospital

Essential Criteria

3.6.1: There is a local protocol for deep vein thrombosis prophylaxis in the perioperative period in keeping with the SIGN Guideline Prophylaxis of Venous Thromboembolism.

STATUS: Met

There is a local protocol for thrombosis risk factor assessment and prophylaxis in the perioperative period which is in keeping with SIGN Guideline 62: Prophylaxis of Venous Thromboembolism.

3.6.2: Local protocols for deep vein thrombosis prophylaxis include timing of anticoagulant administration, to ensure safe spinal and epidural anaesthesia including insertion and removal of epidural catheters.

STATUS: Met

Local protocols are in place for deep vein thrombosis prophylaxis which include timing of anticoagulant administration, to ensure safe spinal and epidural anaesthesia including insertion and removal of epidural catheters.

Standard 3.7: Intraoperative Care

Standard Statement

Prevention of Hypothermia: All patients undergoing surgery have appropriate measures implemented to prevent hypothermia.

Abbey King's Park Hospital

Essential Criteria

3.7.1: Appropriate equipment is available to minimise heat loss and provide active warming of the patient.

STATUS: Met

The review team was satisfied that appropriate equipment is available to minimise heat loss and provide active warming of the patient. This includes the use of forced air warming devices and blood warmers.

3.7.2: Patient temperature is routinely recorded in the recovery room.

STATUS: Met

Patient temperature is routinely recorded in the recovery room using infrared temporal thermometers and underarm probes.

Desirable Criterion

3.7.3: There is audit of patient deep body temperature on arrival in the recovery room.

STATUS: Met

A nurse-led audit of patient deep body temperature on arrival in the recovery room was undertaken during March–April 2006, based on 100 patients. Feedback from the audit was given to consultants, which highlighted the importance of taking the preoperative temperature of all patients.

Standard 4.1: Postoperative Care

Standard Statement

Recovery Area: There is provision of an appropriate recovery area for immediate postoperative care.

Abbey King's Park Hospital

Essential Criteria

4.1.1: Whenever elective or emergency procedures are undertaken there is a staffed recovery facility available.

STATUS: Met

There is a two-bedded fully equipped and staffed recovery room available. It was noted that it is rare for two patients to be in recovery at the same time.

4.1.2: All patients are cared for on a one-to-one basis by qualified and trained staff until fully conscious and able to maintain a clear airway.

STATUS: Met

All patients at Abbey King's Park Hospital are cared for on a one-to-one basis by qualified and trained recovery staff until fully conscious and able to maintain a clear airway.

4.1.3: There is documentation of competencies of individual recovery staff following appropriate training.

STATUS: Met

Recovery staff complete local competency-based recovery training, and a record of this is kept in their individual training folder.

4.1.4: The area is equipped with patient monitoring to the level described by the Royal College of Anaesthetists and Association of Anaesthetists of Great Britain and Ireland.

STATUS: Met

The review team was satisfied that the recovery area is equipped with patient monitoring to the level described by the RCA and AAGBI.

4.1.5: Where children are cared for, the recovery area for children is separate or screened from those used by adults.

STATUS: Met

Where children are cared for, the recovery area for children is screened from the area used by adults.

4.1.6: Where children are cared for, a system is in place to allow the presence of parents immediately after recovery from anaesthesia.

STATUS: Met

Where children are cared for, there is a system in place to allow the presence of parents immediately after recovery from anaesthesia. The parents would then accompany their child back to the ward.

4.1.7: There are local protocols for the management of pain, and postoperative nausea and vomiting.

STATUS: Met

Local protocols are in use for the management of pain, and postoperative nausea and vomiting.

4.1.8: There is an agreed protocol describing discharge criteria from the recovery area.

STATUS: Met

There is an agreed protocol in place describing the discharge criteria from the recovery area. The nurse caring for the patient within the recovery area may discharge all patients who satisfy the discharge criteria. Patients who do not fit the discharge criteria are reviewed by an anaesthetist, surgeon, or the nurse in charge of recovery.

Standard 4.2: Postoperative Care

Standard Statement

Management of Acute Pain: All patients receive effective acute pain management.

Abbey King's Park Hospital

Essential Criteria

4.2.1: All patients have their pain assessed, recorded and treated. Where possible, patients actively participate in this process.

STATUS: Met

All patients have their pain assessed, recorded and treated. In recovery, this is recorded on the theatre care plan. The vital signs chart is also used to record pain scores. Patients receiving patient controlled analgesia or epidural analgesia have a separate observation chart completed, which incorporates pain and sedation scoring.

4.2.2: There are local guidelines, which are in routine use, on drug therapy of acute pain.

STATUS: Met

There is a local protocol, which is in routine use, on drug therapy of acute pain.

4.2.3: There is a local protocol, which is in routine use, to ensure appropriate monitoring of the patient, including sedation scoring.

STATUS: Met

There is a local protocol, which is in routine use, to ensure appropriate monitoring of the patient, including sedation scoring. This protocol has been implemented in the recovery and ward areas and also covers patient controlled analgesia and epidural analgesia.

Desirable Criterion

4.2.4: There is a vital signs chart in use which includes a record of pain score.

STATUS: Met

There is a vital signs chart in use which includes a record of pain score.

Standard 4.3: Postoperative Care

Standard Statement

Postoperative Nausea and Vomiting: All patients are assessed for postoperative nausea and vomiting, and these are treated promptly.

Abbey King's Park Hospital

Essential Criteria

4.3.1: All patients are assessed for postoperative nausea and vomiting.

STATUS: Met

All patients are assessed for postoperative nausea and vomiting. This is recorded on the care delivery chart, vital signs chart and care management chart.

4.3.2: There is a local protocol, which is in routine use, for the prompt management of postoperative nausea and vomiting.

STATUS: Met

A local protocol is routinely used for the prompt management of postoperative nausea and vomiting.

Standard 4.4: Postoperative Care

Standard Statement

High Dependency Unit Care: All patients requiring high dependency care after a procedure are admitted to a high dependency unit (HDU).

Abbey King's Park Hospital

Essential Criterion

4.4.1: A needs assessment has been undertaken, which has demonstrated that there are sufficient staffed and equipped surgical high dependency beds for the clinical activity of the hospital.

STATUS: Not applicable

There are no high dependency beds available within Abbey King's Park Hospital. All patients scheduled to be treated are assessed preoperatively to ensure appropriate care will be available within the hospital. Staff reported that patients who are likely to require high dependency care are not accepted. If a patient requires unexpected high dependency care, there are four beds next to the nurses station that are allocated for higher dependency care. If a patient's condition deteriorates, they are quickly transferred to the high dependency unit (HDU) at Stirling Royal Infirmary. Patients are accompanied by their anaesthetist during the transfer. Staff confirmed that they have a good working relationship with the Stirling Royal Infirmary.

Appendix 1 – Glossary of abbreviations

Abbreviation

AAGBI	Association of Anaesthetists of Great Britain and Ireland
CNORIS	Clinical Negligence and Other Risks Indemnity Scheme
GP	general practitioner
HDU	high dependency unit
NHS QIS	NHS Quality Improvement Scotland
ODP	operating department practitioner
RCA	Royal College of Anaesthetists
SIGN	Scottish Intercollegiate Guidelines Network
SMSAC	Scottish Medical and Scientific Advisory Committee
SVQ	Scottish Vocational Qualification

Appendix 2 – Details of review visit

The review visit to Abbey King's Park Hospital was conducted on 22 November 2006.

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Mrs Karen McKay

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NHS Quality Improvement Scotland Personnel

Dr Avril MacLennan

Project Officer

Mrs Fiona Russell

Senior Project Officer

Mr Alan Ketchen

Project Administrator (observer)

During the visit, members of the review team met with consultant and nursing staff, including theatre, surgical and recovery room staff and clinical audit and administrative staff.

Appendix 3 – Timetable of review visits

Organisation reviewed	Visit date(s)
Abbey Carrick Glen Hospital, Ayr	11 January 2007
Abbey King's Park Hospital, Stirling	22 November 2006
BMI Albyn Hospital, Aberdeen	14 September 2006
BMI Fernbrae Hospital, Dundee	19 October 2006
BUPA Murrayfield Hospital, Edinburgh	14 February 2007
Glasgow Nuffield Hospital	22 March 2007
Stracathro Hospital	week commencing 23 April 2007

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