The Shrewsbury and Telford Hospital NHS Trust

Standard Operating Procedure (SOP)

SOP Title	Staffing Level requirements in Obstetric Anaesthesia, SaTH		
SOP Number	3403		
Care Group	Scheduled Care		
Version Number	V2		
Effective Date	November 2022	Review Date	November 2025
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Approval date	2 December 2022		
Distribution	Anaesthetic & theatre staff		
Location	Maternity theatres and maternity unit		

Document Control				
Version	Date	Author	Status	Comments
V1	November 2022	Dr Gauri Dashputre & Dr Pejhman Rahimi	NEW	New SOP
V2	April 2023	Dr Gauri Dashputre	Updated	Section 9 – updated following suggestion from the Ockenden review committee

SOP Objectives	To provide a safe and effective anaesthesia service that aims to deliver patient centred care which meets the patient's expectations.
Scope	SOP developed to ensure that obstetric patients received the same standards of anaesthetic care as those recommended for the general surgical population.

Performance Measures	Compliance with this guideline / SOP will be audited as part of the Shrewsbury and Telford Hospital NHS Trust's five-year rolling programme of NICE and local guideline audits, unless circumstances require an earlier or more frequent audit. The audit will be carried out using the auditable standards identified in the audit tool at Appendix *. Results will be reported and acted on in accordance with the Trust Clinical Audit Policy (CG25).

Number	Brief	Responsibility
1	**Provision of Obstetric care** Provision of Obstetric care involves multidisciplinary team input. This SOP covers staffing requirements for anaesthetists and anaesthetic teams working in maternity services.	
2	**The Duty Anaesthetist** • Scope of care: Should extend to any women requiring anaesthetic, medical or surgical attention in the antenatal, perinatal, and postnatal period. • The duty anaesthetist should not undertake elective work during the duty periods. • Grade of anaesthetist: Can be a consultant, an SAS doctor, clinical fellow, or anaesthetic trainee. • Supervision: The duty anaesthetist can practice without direct supervision from a consultant or autonomously practising anaesthetist if they have met the basic training specifications and have achieved the RCoA's Initial Assessment of Competence in Obstetric Anaesthesia or equivalent. • Availability: The duty anaesthetist should be immediately available for the obstetric unit 24/7. The duty anaesthetist should be resident on the hospital site. • Communication with supervisor: The duty anaesthetist as well as staff working on the maternity unit, should be aware of the supervisor's identity, location and how to contact them and should have the means to contact them rapidly. The name of the supervisor should be clearly displayed and visible to all staff. • There should be clear guidance on escalation and involvement from the consultant anaesthetists in daytime and out of hours. (Refer to SOP 3220; When to call a Consultant Anaesthetist to Delivery Suite and/or when to inform a Consultant Anaesthetist) • MDT Handovers and ward round participation: Adequate time for formal multidisciplinary team (MDT) handovers between shifts should be built into the timetable. The duty anaesthetist should participate in MDT delivery suite handover and ward rounds. In the case of the anaesthetist being otherwise engaged with work and unable to attend at the time of the MDT labour ward handover or ward rounds, a briefing from the midwifery and obstetric team should be sought at the earliest opportunity to facilitate a shared mental model of the existing workload/potential patients.	Rota master Duty anaesthetist

3	**The Lead Obstetric Anaesthetist**
	
	• Every obstetric unit should have a designated lead anaesthetist with specific programmed activities allocated to this role.
	• Responsibilities of the lead include ensuring overall delivery of the service by:
	  ○ Ensuring guidelines and protocols are in use and are up to date
	  ○ Monitoring staff training
	  ○ Service risk management
	  ○ Ensuring that national specifications are met
	• Auditing: Ensuring the service is audited against agreed standards, including anaesthetic complication rates, as set out in the RCoA QI Compendium.
		Clinical director of anaesthetics department
		
		Lead obstetric anaesthetist

	• MDT meetings / Governance / Labour ward forums: Ensuring representation of the anaesthetic department at these meetings for service planning, risk management and incident reviews. • Quality Improvement (QI) projects: ensuring the continuity of QI projects aiming to maintain and improve the care in the unit.	
4	**Consultant or other autonomously practising anaesthetist** • Availability for emergency care: As a basic minimum for any obstetric unit, a consultant or other autonomously practising anaesthetist (Specialist grade) should be allocated to ensure senior cover for the full daytime working week; that is, ensuring that Monday to Friday morning and afternoon sessions, are staffed. This cover is to provide urgent and emergency care, not to undertake elective work. • Additional programmed activities should be allocated for: o Elective caesarean birth list o Antenatal anaesthetic clinics o Review of referrals o Identification and follow-up of patients with anaesthetic morbidity and arrangement of investigations and further referrals o Provision of support system for anaesthetists in training who rotate through the department every three months (or more frequently) with aspects such as initial orientation, training, and supervision into daytime and out of hours. • Elective caesarean delivery list: There should be a named consultant or other autonomously practising anaesthetist responsible for every elective caesarean delivery list. This anaesthetist should be immediately available and should have no other concurrent clinical responsibilities. • Response time: Consultant or other autonomously practising anaesthetist should be always contactable: on-site attendance on delivery suite or maternity theatres should not extend beyond 30 minutes. • Scope of care: Primary responsibility is care of the woman. A separate healthcare professional should be responsible for neonatal resuscitation and the care of the new-born baby.	Rota master, Clinical Director of anaesthetics department On-call consultants
5	**Anaesthetic Assistance:** • Standards of care: Women requiring anaesthesia in the peripartum period should have the same standards of perioperative care as for any surgical and medical patient. • Scope of responsibilities: practitioner must be immediately available and should not have any other duties during the time of the anaesthetic intervention. • Training standards and competency: All anaesthetic assistance should comply fully with current national training standards and should demonstrate the relevant competencies to perform the role. • Care of pregnant women: Anaesthetic practitioners should demonstrate additional knowledge and skills specific to the care of pregnant women. • Familiarity with working practices and environment: Anaesthesia assistants should be familiar with the environment and working practices of that unit and work there on a regular basis to maintain that familiarity.	Theatre manager, theatre rota manager, individual theatre practitioners

6	**Postanaesthetic recovery staff** • Standards of care: Women requiring postoperative care should receive the same standards of care as the non-obstetric population. • Familiarity with working practice and environment: Recovery staff should be familiar with the area for recovery of obstetric patients and be experienced in the use of different early warning scoring systems for obstetric patients. • Training requirements: Staff should have been trained to the same standard as for all recovery practitioners working in other areas of general surgical work, should maintain their skills through regular work on the theatre recovery unit and should have undergone a supernumerary preceptorship in this environment before undertaking unsupervised work.	Theatre manager, theatre rota manager, individual recovery practitioners
7	**Other members of the team** • Adult resuscitation team: Team trained in resuscitation of the pregnant patient should be immediately available. • Secretarial support: There should be secretarial support for the department of anaesthesia, including the obstetric anaesthetic service. • Other allied healthcare professionals: Ensure access to other allied healthcare professionals, such as clinical pharmacists, dieticians, outreach nurses and physiotherapists if required.	Operations managers for anaesthetics, theatres, and division
8	**Documentation defining safe staffing levels** Hospital should have approved documentation defining safe staffing levels for anaesthetists and anaesthetic practitioners (this SOP), including contingency arrangements for managing staffing shortfalls. Annual reviews of compliance with these standards should be performed.	Audit lead for obstetric anaesthesia
9	**Staff management** Professional development of the staff should be encouraged, and a pleasant working environment fostered. Provision of Obstetric care is multidisciplinary. To ensure that teams can function effectively, they need to train together and have an appropriate infrastructure and necessary resources in place to deliver a high-quality service. The staff should be supported by the trust to have continual education and training to ensure knowledge, skills and performance is up to date. Staff members should be supported to put into practice principles of clinical governance to ensure high quality care. They should use evidence-based approaches in clinical care with adherence to the guidelines. Learning should be encouraged through experience to improve the practice. Systems should be in place for thorough risk assessments and reporting of incidents and near misses. Any autonomously practising anaesthetist providing cover for the labour ward regularly or on an ad hoc basis must undertake continuing professional development (CPD) in obstetric anaesthesia and must have enough exposure to obstetric patients to maintain appropriate skills. This should primarily be achieved through annual participation in SATH PROMPT courses. Where	Clinical director, lead for obstetric anaesthesia, all anaesthetic consultants Lead for education and training in obstetric anaesthesia Lead for risk management in obstetric anaesthesia Job planning and appraisal systems

	needed, the anaesthetist may also be allocated to supernumerary sessions on the labour ward or in elective caesarean lists while reviewing appropriate CPD during the appraisal Regular audits should be carried out to monitor and improve quality of care against recommended standards. Regular appraisals and job planning should be undertaken to monitor staff performance.	Lead for audit obstetric anaesthesia Lead for audit in obstetric anaesthesia
10	**Reference** RCOA: Guideline for the Provision of Anaesthesia Services for an Obstetric Population 2022. OAA-Anaes.ac.uk: Raising the standards, RCOA quality improvement compendium, 4th edition.	