

Standard Operating Procedure for the use of the second Obstetric Theatre on Labour Ward, Singleton Hospital.

Speciality: Maternity

Approved by: Quality and Safety

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1. PURPOSE

The purpose of the SOP is to ensure safe care is provided for pregnant or postpartum women requiring emergency surgery on Labour Ward when the main obstetric theatre is occupied.

2. INTRODUCTION

The maternity team with the support of other key services and wider teams, are committed to providing safe and effective care to the women, babies and their families using our services.

An elective obstetric theatre list is available during 3-week days in the main theatre department in Singleton Hospital for all planned, uncomplicated obstetric caesarean sections. This obstetric list has two dedicated midwives per session and is staffed by main theatres to manage the elective workload.

There are two obstetric theatres located on the Labour Ward at Singleton Hospital, which are available for emergency and unplanned obstetric operative procedures, as well as an overflow for elective caesarean work or high-risk elective work that is not suitable to be undertaken in main theatre due to potential neonatal team requirement. Current provision of theatre staff on the obstetric unit includes:

Weekdays (excluding bank holidays) 08.00am to 18.00pm - x 2 scrub practitioners and x1 Anaesthetic practitioner to be on site on Labour Ward

Out of hours (evenings, nights, weekend and bank holidays) – x 2 scrub nurses, x 2 anaesthetic practitioners, x 1 band 3 HCSW covering any required theatre activity in Singleton Hospital. There is also 1 x scrub practitioner on-call. There is no dedicated obstetric theatre cover/presence on Labour Ward unless required.

As with many obstetric units with similar birth rates to Swansea Bay UHB, the 2nd obstetric theatre is used on an infrequent basis. The second theatre is only required when the main theatre is occupied and an unexpected emergency arises requiring immediate transfer to theatre.

There are two factors linked to the use of the 2nd theatre In Singleton.

- I. The 2nd theatre is not permanently staffed and requires support from main theatre. Out of hours, there is only one team available on site to safely staff obstetric theatres.
- II. The age of the theatre and limited space for expansion means that this theatre does not meet all the Infection Control requirements in line with national theatre guidance.

These risks are reflected in the Maternity services risk register with a current score of 20.

3. SCOPE

The scope of this SOP is to safely mobilise staff to simultaneously open two obstetric theatres on Labour Ward during an emergency situation, when significant risk is posed to a mother or baby.

4. PROCESS

- I. Good multidisciplinary handovers must be maintained to manage current labour ward activity, elective activity and potential cases on the antenatal ward or community, which could affect the acuity.
- II. When a decision is made to use the main theatre the team must risk assess the clinical activity to minimise the risk of needing to undertake a second operative procedure during this time.
- III. **Working Hours.** When a second theatre is required during day the Labour Ward Coordinator should communicate this to the theatre team and Anaesthetist as soon as possible. Either the Labour Ward Coordinator or the theatre staff present (situationally dependent) should call the Main Theatre department on 35438, 36067, 36060 or 35432 and notify the Theatre Co-ordinator of the situation and that a theatre team is urgently required. This will consist of:
 - X1 Anaesthetic practitioner
 - X2 Scrub practitioners
 - X1 HCSW
- IV. If there is insufficient time to wait for staff from the Main Theatre department to attend (i.e. Patient is in process of being transferred or is already in the 2nd theatre), theatre staff and Anaesthetists currently on labour ward should consider short term division of work from existing main obstetric theatre activity, to receive patient and commence emergency preparations of equipment (if it is safe to do so).
- V. The Main Theatre Co-ordinator will assess availability of staff appropriate to skill mix and current theatre activity and endeavour to send the staff outlined in iii to CDS as promptly as possible. This may result in the temporary suspension of elective surgical activity. Any difficulties leading to delays in supplying staff to Labour Ward should be communicated to Obstetric theatre staff/Labour Ward co-ordinator.
- VI. **Out of Hours.** Theatre staff are based in main theatres and attend Labour Ward when requested by the Labour ward Coordinator.

When a decision has been made to open a 2nd theatre concurrent to Labour Ward main theatre, Theatre staff/Labour Ward coordinator should:

 - a) Notify theatre staff who are situated in main theatres (currently x 1 Anaesthetic practitioner and x 1 HCSW). Their actions are:
 - Contact on-call member of staff in to attend theatre, directing them to Labour Ward not main theatre for changing.
 - Contact night duty bed manager to notify that Main theatres will be temporarily closed and made secure whilst staff are responding

to Labour Ward emergency. During this time, theatre staff will be contactable on mobile cisco phone 35438.

- Collect main cupboard key and mobile 35438 Cisco phone.
 - Ensure theatre entrances are closed and secure.
 - Make way to Labour Ward as quickly as possible.
- b) When arrived at Labour Ward theatre staff will confirm their appropriate situational allocation with team and proceed in their roles. If it becomes necessary to supply additional equipment from main theatres stores, a member of the theatre team may be required to leave the Labour Ward to obtain this equipment. It is important, therefore, that all staff are aware of current key code for main theatre door.
- c) Release of theatre staff back to the theatre department should be made in conjunction with the Labour Ward coordinator.
- d) Datix the opening of a second theatre and consider staff debrief.

NB. In the event that there is an ongoing case or emergency in the Main Theatre department, at the same time a request for out of hours theatre support is made by Labour Ward, a risk assessment regarding immediate allocation of resources should be agreed by the Labour Ward co-ordinator, Theatre staff, Anaesthetic and Surgical/Obstetric Consultant. Bed manager and Manager On-Call to be informed of situation. Should a 2nd operating theatre be required by labour ward at this time, it is the overall responsibility of the Obstetric Consultant on-call to risk assess clinical need, to ensure safe care is delivered to all patients. A request for additional short-term nursing and HCSW staff from ward areas may be considered.

5. STANDARD OPERATING PROCEDURE (SOP) RESPONSIBILITIES

The responsibility for the procedures described in this SOP applies to:

- Maternity Staff
 - Labour Ward coordinator
 - Midwives
 - MCA
 - HCSW
- Obstetric Staff
 - Consultant
 - Registrar (including on-call gynae registrar)
 - SHO
- Theatre Staff
 - Scrub Nurse

- On-call scrub nurse
- Anaesthetic Practitioner
- HCSW

- Anaesthetic Staff
 - Consultant
 - Registrar

- Neonatal Staff
 - Consultant Neonatologist
 - Registrar
 - Neonatal nurse
 - Neonatal support staff

- Operational Staff
 - Bed Manager
 - Manager on-call

Maternity Services

Checklist for Clinical Guidelines being Submitted for Approval

Title of Guideline:	Standard Operating Procedure for the use of the second Obstetric Theatre on Labour Ward, Singleton Hospital.
Name(s) of Author:	Tracey Edey, Rob Collins, Jane Phillips
Chair of Group or Committee approving submission:	Quality and Safety
Brief outline giving reasons for document being submitted for ratification	
Details of persons included in consultation process:	Tracey Edey, Intrapartum Lead Rob Collins, Obstetric Theatre manager Jane Phillips, Head of Quality Improvement Neath Port Talbot & Singleton
Name of Pharmacist (mandatory if drugs involved):	
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