Newsletter For Afpp Members

Safety Matters! Lessons learned from perioperative 'Never Events'

The London study day held on 30 November was a successful event and with 22 delegates on a waiting list, plans are being made to hold the event again in the New Year.

Comments from delegates include:

Tweet us!

"A very good day with lots of ideas to take back to my trust to implement & improve practice."

> "It has 'stoked my fire' to go back to work to share with the department what I have gained today!"



AfPP are on twitter. Follow us @SaferSurgeryUK

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Merry Christmas

There will be some changes to our office opening times over the festive season.

AfPP HQ will close on 23 December at 4.30pm and reopen on 30 December at 8.00am. It will also be closed on Wednesday 1 January 2014.

Wishing you all a Very Merry Christmas and a Happy New Year!





2013 Hilda Winifred Mears Award: Aurangabad trip report

Qualifying as an Operating Department Practitioner

back in 2005 I could never have imagined that eight years later I would be preparing a theatre ready for a list of paediatric cleft lip and palate patients in a hospital in the Maharashtra region of India.







As the recipient of the 2013 Hilda Winifred Mears Award I was able to travel with the Northern Cleft Foundation's team as they journeyed to the Dr Hedgewar Hospital in Aurangabad to perform life changing surgery on those who would otherwise be unable to access this form of speciality treatment.

The Northern Cleft Foundation (NCF) is a UK based charity founded in 2001 by Dr George Teturswamy, a consultant anaesthetist from Blackburn. The NCF charity has previously visited a number of cities in India to perform their charitable work including Mysore, Hyderabad, Irinjalakuda and Nagpur. In 2012 the NCF were introduced to an organisation called SEWA UK, a humanitarian charity of Indian origin, and successful links were formed that resulted in Aurangabad being the next destination for the Northern Cleft Foundation.

Excited anticipation seemed to be the mood amongst the team as we flew out of the UK. Although many had been on previous trips before with the NCF this was a new destination, a new hospital and a new challenge. I had started a new job at the Christie NHS Foundation Trust in Manchester only four weeks prior to this trip so had recent experience of working in a new environment however I didn't know what to expect at the Dr Hedgewar Hospital and neither did the team.

The reception we received in Aurangabad was fantastic; we were even recipients of an unexpected presentation by the medical

director and

representatives from The Dr Hedgewar Hospital as we arrived at the airport. The warm and friendly welcome was to set the tone for the entire trip.

Day one and a 5:45am wakeup call by our hotel reception was followed by a short bus journey through Aurangabad which brought us to the Dr Hedgewar Hospital. The hospital was founded in 1989 on land donated by the Maharashtra government. It began with seven doctors and a philosophy to re-establish values in medical practice including honesty, teamwork, service orientation and care with cure. Through an impressive program of non -government funded development it now has over 45 doctors and eight operating theatres as well as facilitating numerous community projects enabling the hospitals objectives of providing quality and affordable healthcare with a focus on the poor and to work as an instrument of social change to be achieved.

The Northern Cleft Foundation had the honour of being one of the first teams to work in some of the hospitals new operating theatres and as such we had a short inauguration ceremony to official open them. The previous evening's discussions regarding the numbers and types of patients expected, the equipment which would be available and the theatre environment itself was now to be revealed!

I was allocated to theatre two along with an experienced paediatric anaesthetic consultant. As a multi skilled practitioner keen to maintain my skills in both scrub and anaesthestics the exposure to paediatric anaesthesia on this trip would undoubtedly benefit my continuing professional development. I was aware that I had an opportunity to increase my knowledge and skills in this



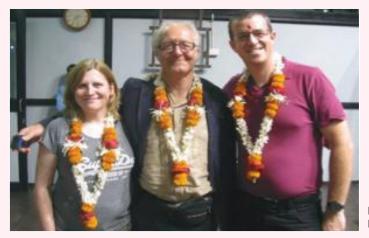




specialised area by working alongside many experienced clinicians and practitioners. The NCF is a consultant led team who are keen to share their expertise with the local clinicians and staff as well as the surgical and anaesthetic trainees who make the trip.

I was relieved on day one to see that the anaesthetic machine in theatre was similar to those we have in the UK and not the old Boyles machines that had been present on previous trips. There was the flurry of activity as we all assumed our roles in preparing the theatres for the lists. The local theatre nurses had prepared some pre packed bags of syringes and venflons etc and made biurets and fluids readily available. There was also an emergency tray in each theatre with a bag and valve mask and some emergency drugs. The preparation of a safe perioperative environment has always been important in the delivery of a high standard of patient care but I reflected especially so in those environments that are new and unfamiliar to you. The standard of care the Northern Cleft Foundation team delivers is the same high standard as delivered in the UK, it was important not to send for our first patient until everyone in the team was ready and the theatre environment safely prepared.

We had a small delay to our list as we waited for an oxygen cylinder to be brought to theatre. The local nurses pointed out that we had a pipeline supply but we explained as is our practice in the UK we required an oxygen cylinder supply as a backup for safety reasons. This also gave us time to put up an improvised count sheet on the theatre wall as there wasn't a swab board in theatre. These and other small differences in practices led to friendly discussions and exchanges of ideas over the course of the week as we worked together in partnership with the local nursing staff. The local scrub nurses were very keen and enthusiastic to learn as much as they could. They were very interested in the sharps pads that we had brought with us and readily adopted them along with the swab count, using the count sheets we had put together. There were even attempts by the local nurses to teach us to count to five in Hindi. Nothing was too much trouble for the local team as requests for equipment and supplies were enthusiastically facilitated wherever possible. A few brief power failures and a minor problem with an autoclave were soon overcome as everyone pulled together. Alongside increasing my knowledge and skills in paediatric anaesthesia one of the areas of practice that this trip has had an impact on is resource management. Utilising resources appropriately has become increasingly important within the NHS in recent years and this experience in India definitely reinforced this point. With limited resources available we all were careful to utilise everything and waste nothing.





From an anaesthetic perspective the trip generated plenty of challenges for the team. We had patients with varying degrees of cleft deformity ranging in ages from three months to 57 years. We also came across patients with Pierre Robin syndrome, a patient with Goldenhar syndrome and one young patient with Treacher Collins Syndrome, all cases requiring expert airway management. In terms of difficult intubation kit we had a number of different laryngoscope blades available including Macintosh, Miller and a McCoy. We also had the usual bougies and airway adjunts along with a glidescope which we had on standby for all potentially difficult cases and of course we had expertise. The patient with Treacher Collins came to us in theatre two and I had every bit of kit that I thought we might need along with three consultant anaesthetists and three anaesthetic registrars. A mac 2 blade, a stylet and that expertise made for a smooth intubation.

Over the course of the week we successfully operated on 86 patients utilising three theatres, often worked 12 hours a day. It was hard work but incredibly rewarding and the teamwork was exceptional. I learnt a great deal from all those I worked with. Patient care is at the heart of everything we do as healthcare professionals wherever in the world that care is delivered. I would definitely recommend utilising the skills we have as theatre practitioners to participate in voluntary work overseas. The Hilda Winifred Mears Award made this trip possible for me and I am very grateful to the AfPP for their support.

I feel privileged to have worked with such an incredible team alongside our dedicated friends at the Dr Hedgewar Hospital. The partnership between the Northern Cleft Foundation and the Hospital, together with the support of SEWA UK, looks set to continue to develop and flourish for many years to come. Hopefully the success of this first trip by the Northern Cleft Foundation to Aurangabad will lead towards developing a cleft lip and palate service in the area and helping the many patients who would otherwise have difficulty accessing such a specialised area of care.

Claire Phillips ODP

The Christie NHS Foundation Trust, Manchester

AfPP offer a range of awards and bursaries for further details go to: **www.afpp.org.uk/careers/awards**

Applications for the **2014 Hilda Winifred Mears Award** is open, the closing date is 14 April 2014.

Left: Our consultant oral maxilliofacial cleft lip and palate surgeons for the trip. Miss Victorial Beale, Mr Christopher Penfold and Mr David Drake

Looking back: moving forward

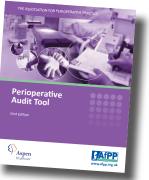
AfPP is celebrating its 50th Anniversary next year. Will you be celebrating a 50th occasion? Let us know and join our party.

Take a look at this photograph of congress helpers from 1998 – are you in there? Do you know anyone? If you do please get in touch. Contact stephanie.oates@afpp.org.uk



NEW! AfPP's Perioperative Audit Tool

This is the first edition of the revised tool (previously the Risk and Quality Management System) and it continues to be based on a model of comparison against recognised benchmarks for quality practice. The tool provides a framework for departments to examine service performance and



identify potential improvements in delivery of service using a peer review process.

This tool is not designed to accredit an individual's capability, but is intended to assess the whole perioperative process and to show that processes and procedures have met a defined set of criteria to assist in the delivery of safe and effective healthcare at a single point in time. It should be used to identify and implement effective risk management strategies for all involved in patient care to ensure positive health outcomes.

Healthcare is always in the spotlight and this useful tool will assist any theatre department to ensure that the only reason they are singled out is because they have achieved exceptional standards within their environment.

Membership renewals

Is your membership due for renewal this month? We have 37 members who are due to renew on 1 January 2014 by cheque or card payment.

To renew by card please call the membership team on 01423 881300 or renew online at www.afpp.org.uk/home Alternatively, if you would like to pay by cheque please make this payable to 'The Association for Perioperative Practice' and post to AfPP, Daisy Ayris House, 42 Freemans Way, Harrogate, HG3 1DH.

If you would like to set up a direct debit please call us to request a form or download a copy from our website at www.afpp.org.uk/join

There are **218 members** due to renew by direct debit on 1 January 2014. If you already pay by direct debit **YOU DO NOT NEED TO DO ANYTHING**. Your membership (and insurance if applicable) will be renewed automatically. The payment will be taken from your bank within the first few working days of the month.

Re-elected

Adrian Jones has been re-elected to serve on the Board of Trustees for a further three years. **Thank you all for you support.**



Members £95.00 • Non-members £125.00

EORNA 2013

AfPP President Sue Lord and Vice President Mona Guckian Fisher attended the recent EORNA (European Operating Room Nurses Association) board meeting in Turkey, held during 21-24 November.

EORNA Board meetings (two days) are held twice a year in spring and autumn.

These meetings are held in different venues around Europe, thus enabling all members of the group to share professional knowledge and national culture with colleagues. All officers meet a day before and a day after the main meeting to coordinate the business and responsibilities of each Officer. The official language of EORNA is English.





Right, from Left to right: Liz Waters (INO Ireland), Caroline Higgins (President EORNA), Mona Guckian Fisher (Vice President AfPP) and Sandra Morton (INO Ireland)



8-10, 20

Call for abstracts

EORNA would like to invite colleagues to submit abstracts for consideration of the Scientific Committee. Accepted abstracts will form part of the scientific programme of oral and poster presentations in Rome 2015. We encourage you to take the opportunity to share best practice, coursework, research, new developments or innovations in clinical practice. Online abstract submission opens in December 2013 and the deadline is 1 June 2014.

Mandate to the NHS: April 2013 to March 2015

Published on 12 November, This document sets out the ambitions for the health service for April 2014 to March 2015. It ensures that the Mandate remains up to date and relevant, and was produced following a public consultation.

The NHS Mandate is structured around five main areas where the government expects NHS England to make improvements:

- preventing people from dying prematurely
- enhancing quality of life for people with long-term conditions
- helping people to recover from episodes of ill health or following injury
- ensuring that people have a positive experience of care
- treating and caring for people in a safe environment and protecting them from avoidable harm

The Mandate reaffirms the government's commitment to an NHS that remains available to all, based on clinical need and not ability to pay – and that is able to meet patients' needs and expectations now and in the future.

Available from: https://www.gov.uk/government/publications/nhs-mandate-2014-to-2015



Dates for your diary

Study Day Events

Topic: How safe are we: the Safe Zone Date: Saturday 15 February 2014

Venue: Hexham General Hospital, Northumberland

Topic: A day on preparation

Date: Saturday 22 February 2014 Venue: Oxford Brookes University, Swindon

Topic: Enhanced surgical skills workshop for Assistants in

Surgical Practice (only 12 places) Date: Saturday 22 February 2014 Venue: Manor Learning & Conference Centre, Walsall Healthcare NHS Trust

AVAILABLE TO BOOK ONLINE

AVAILABLE TO BOOK

ONLINE

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Topic: 'Who's' calling the shots? Date: Saturday 1 March 2014 Venue: Chorley & South Ribble District Hospital,

AVAILABLE TO BOOK ONLINE

Date: 20-22 June 2014 Venue: University of Sussex, Brighton

Date: 15-17 August 2014 Venue: University of York

Education Centre, Preston

AVAILABLE TO BOOK **FROM 13 JANUARY 2014**

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Further details of all regional study days are available on the AfPP website at

www.afpp.org.uk/events

Bookings for, and enquiries about, events should be made by emailing events@afpp.org.uk

CONTACTS

MARKETING AND COMMUNICATIONS

t. 01423 882 947 e. communications@afpp.org.uk

MEMBERSHIP TEAM

t. 01423 881 300 e. membership@afpp.org.uk

PROFESSIONAL ADVICE

t. 01423 881 300 e. advice@afpp.org.uk

TELL US WHAT YOU THINK



Sue Lord, President president@afpp.org.uk



Dawn L. Stott, Chief Executive ceo@afpp.org.uk

CONTRIBUTIONS WE NEED YOUR CONTRIBUTIONS FOR THE NEWSLETTER

Please send us any reports on your study days – with photographs if possible. Any other information which you think would of interest to members would also be greatly appreciated. All information and articles for the newsletter should be sent Newsletter Editor, Daisy Ayris House, 42 Freemans Way, Harrogate, HG3 1DH Tel: 01423 881300 Fax: 01423 880 997 Email: editor@afpp.org.uk

COPY DEADLINES

Issue JANUARY Copy by 6 JANUARY Publication 17 JANUARY Issue FEBRUARY Copy by 3 FEBRUARY Publication 21 FEBRUARY Issue MARCH Copy by 3 MARCH Publication 21 MARCH



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