

## Recommendations

1. The oversight of, and duties delegated to, nurses during their preceptorship period must be reviewed and monitored
2. All staff must have competencies in basic, intermediate or advanced adult life support appropriate to their role, and compliance should be monitored by the Trust Board
3. The Medical Director should ensure that relevant staff are suitably trained in respect of the pathway for managing narrow complex tachycardia
4. The CCG and Trust Executive should review resourcing in ED to ensure adequate performance against waiting times including time to triage and time to be seen by a clinical decision-maker
5. Escalation processes should be reviewed and staff should be encouraged to refer complex or unusual cases to senior staff for expert review at an early stage
6. A specific escalation process should be in place for pregnant and recently-pregnant patients presenting as an emergency. If already in place, this should be reviewed against a sample of other hospitals' policies and procedures. NNUH have offered to share their procedure as an example.
7. The Medical Director should consider issuing clearer guidance relating to senior review and review existing national guidance regarding when consultants should attend patients in person
8. All patients having an anaesthetic outside the operating theatre must have AAGBI and RCOA guideline standards applied with regard to monitoring, anaesthetic assistance, and recording of interventions and observations. This would be best facilitated by completion of a standard anaesthetic chart.
9. Post-anaesthetic instructions must be clearly documented and those caring for patients after an anaesthetic should be trained to observe, monitor and provide appropriate interventions
10. The RCoA publication 'Raising the Standard' audit recipe book should be used to audit current local practice against accepted national best practice with a view to ensuring the quality of care provided to patients undergoing anaesthesia outside the operating theatre environment
11. The Anaesthetic Department should apply for the Royal College of Anaesthetists Anaesthesia Clinical Services Accreditation (ACSA)
12. Care should be taken to ensure that patients understand and consent to the treatment being provided, even in an emergency setting. Written consent should be obtained for interventional procedures and anaesthesia where possible. Methods of obtaining consent in an emergency should be audited and processes reviewed.
13. Medical records should be created, collated and stored in accordance with legislation and national guidance.
14. When filed and scanned, care should be taken to ensure that critical information (patient details, date and time) remain clearly visible on the filed /scanned copies