



## CSOP 028 – Emergency Surgical Skills Procedure Review

Version No: 2.0

Effective date: 15/04/2024

### APPROVALS

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Next Review Date:	Dr Justin Squires, Deputy Clinical Lead		
	March 2026		

### HISTORY

Effective Date	Version No.	Summary of Amendment
June 2017	1.0	Creation of document
Jan 2021	1.1	Review, no changes required
April 2024	2.0	<p>Addition of annual summary. Debrief form will form part of TAAS Portal entry. Statements mandatory. Reflection form introduced. External reviewer feedback form introduced.</p> <p>Change from 'Deputy Clinical Lead' to Surgical Procedure Lead (SPL).</p> <p>Peer reviewer process updated.</p> <p>Post incident admin streamlined: clinical notes, coronial statement, reflection form.</p> <p>Feedback to clinical team/TAAS, case review and M&amp;M process updated.</p> <p>TAAS Portal debrief form requirement removed.</p>



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### DEFINITIONS/ACRONYMS:

Abbreviations/Acronym	Definitions
TAAS	The Air Ambulance Service
SOP	Standard Operating Procedure
MTC	Major Trauma Centre
M&M	Morbidity and Mortality Meeting
MNSI	Maternity and Newborn Safety Investigation Programme
SPL	Surgical Procedure Lead
CGG	Clinical Governance Group
CS	Clinical Supervisor
CLO	Clinical Liaison Officer
PM	Post-Mortem

### ANNEX/APPENDIX

Document Reference Number	Document Title
Annex A	Surgical procedure reflection form
Annex B	Guidance for surgical procedure statements
Annex C	Peer review feedback form for surgical procedures



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### 1. Purpose

To describe the process of documentation, peer review and feedback for emergency surgical procedures performed by TAAS clinical teams.

### 2. Introduction

Clinical governance is essential to safeguard high standards of care and to continuously improve the quality of the service we provide. TAAS subscribes to the philosophy of 'learning from excellence'. This philosophy means learning points are not only 'areas for improvement' but also encompass the identification of areas of excellence, from which we may all learn.

TAAS clinicians are trained to perform surgical cricothyroidotomy, resuscitative thoracotomy, escharotomy, emergency amputation and resuscitative hysterotomy. These emergency surgical procedures are rare, high-pressure events in the pre-hospital setting. Reflection and debrief by practitioners can support crew welfare, identify SOP improvements, highlight additional equipment needs, and provide guidance for colleagues to enhance future practice.

Peer review helps identify potential improvements in performance, but also provides credibility and quality assurance for the work we undertake. All emergency surgical procedures will be peer reviewed by an external pre-hospital organisation +/- relevant in-hospital expert.

Excellent documentation of these procedures and a robust review process has also been shown to be of paramount importance when a case is reviewed by an external agency (e.g. HM Coroner, Police or MNSI).



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### 3. Post Procedure Actions

If a discussion on the phone for clinical advice has not already taken place, the crew can either phone or email the Clinical Supervisor (CS) on-call to inform them of the case. Notification of the on-call Clinical Supervisor is not mandatory but may be prudent depending on the case in question.

The surgical procedure should be documented on TAAS Portal using the relevant surgical procedure tab, which records Key Performance Indicators (KPIs) and a narrative summary of the clinical case/procedure. TAAS Portal will notify the TAAS surgical procedure lead (SPL) and generate an email to the clinical crew with links to a reflection form (Annex A) and statement template (Annex B). TAAS recommends that a platform is taken offline post incident to allow these to be completed.

As soon as possible after the case, the crew should debrief the event together. Each crew member should complete a reflection form (Annex A) within 1 week of the procedure and email this to the SPL.

As per the TAAS document 'TAAS Position Statement on the FPHC Report on Psychosocial Care and Mental Health' (July 2023), once an adverse incident has been identified by the TAAS management team, the crew will be contacted within 24hrs. This is done as a co-ordinated response to avoid duplicate welfare calls from multiple sources. Following this, an assessment will be made as to whether a full TRiM response is required.

Crew members are also required to write a formal statement regarding the case, which should be completed as contemporaneously as possible and within 1 week of the procedure. This requirement reflects the high likelihood of a statement request from HM Coroner, Police, or another external agency such as MNSI. A contemporaneous statement also provides an opportunity to record information not written elsewhere in the clinical notes. The statement should be emailed to the SPL and [statements@theairambulance.org.uk](mailto:statements@theairambulance.org.uk) for review by the clinical and operational leadership team.



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### 4. Peer Review

An appropriate peer reviewer will be identified by the SPL and TAAS clinical leadership team. The peer reviewer will be sent an anonymised copy of the TAAS Portal clinical notes and reflection form from each TAAS crew member. The reviewer will be encouraged to use the peer review feedback form (Annex C) to streamline and standardise feedback to TAAS.

Peer review of the case will be by an external pre-hospital organisation +/- appropriate in-hospital expert. All cases will be peer reviewed by a nominated clinician at either MAAC, WMAS MERIT, LNAA, or other service with a similar operational model to TAAS. Cases with clinical or surgical complexity, high profile cases, or cases with a more formal external agency review will also be peer reviewed by an in-hospital expert for the respective surgical procedure.

The SPL will relay the peer-review feedback to the clinical crew and report to the next CS meeting and/or CGG. If any significant learning points are identified (both to highlight areas of good practice or potential issues), these will be emailed out (as generalized rather than case specific points) to all clinical staff, and the relevant SOP updated if indicated. It is expected that most SOP updates could occur at the next scheduled review, but matters deemed urgent can prompt a more emergent update by the SPL.

The case may be discussed with the clinical crew at a two-weekly case review meeting chaired by a CS but may also be presented at a M&M meeting within 3 months with dissemination of learning and action points.

The case will be flagged by TAAS Portal to the TAAS clinical liaison officer (CLO) who will chase post-mortem (PM) outcomes. PM findings will be uploaded to the patients' clinical record and passed to the SPL and clinical team in advance of the M&M presentation if possible.

An annual summary of the emergency surgical procedures undertaken by TAAS and associated learning will be shared with all staff. A quarterly summary of emergency surgical procedure KPI's will be shared with all staff in parallel to PHEA and other sentinel intervention KPI reports.



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### 5. Summary of process

1. Procedure performed (Clinical Supervisor may be contacted before or after if required)
2. TAAS Portal entry as definitive clinical record or in addition to PRF/ePRF entry
3. TAAS management team to contact crew within 24h for welfare check +/- TRiM
4. Reflection form completed by all crew members (within 1 week) and emailed to SPL
5. Formal statement completed by all crew members (within 1 week) and emailed to SPL
6. SPL sends TAAS Portal summary and reflection forms for peer review (within 4 weeks)
7. Peer review feedback shared with crew (within 6 weeks) +/- wider organisation (as necessary)
8. Two-weekly CS led case review discussion (within 4 weeks) with clinical crew and/or M&M presentation (within 3 months) by clinical crew
9. Quarterly KPI report and annual surgical procedure report shared within TAAS

**End of Document**



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### Annex A – Surgical procedure reflection form

- This form should be sent to the surgical procedure lead within 1 week of the procedure being performed
- These reflections will not be routinely shared within TAAS or externally without consent of the author
- Organisational learning resulting from these reflections may be shared within TAAS, but will be done so in an anonymised fashion

Name	Procedure	Date
<b>Were any technical problems encountered?</b>		
<b>Were there any non-technical issues at the scene?</b>		
<b>Was any feedback received from anyone at the scene?</b>		
<b>What learning points have you taken away personally?</b>		
<b>What learning points are there for TAAS or the wider pre-hospital system?</b>		
<b>Were there any governance issues relating to other agencies at scene?</b>		



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### Annex B - Guidance for surgical procedure statements

- A statement should be completed by each member of the clinical team as contemporaneously as possible, and within 1 week of the procedure
- The statement should be formally written and state the facts of what happened rather than any opinion or reflection
- The statement should be written with the expectation that HM Coroner, Police or other external agency will be reviewing the content
- Medical terminology should be kept to a minimum, but if necessary, should include a clear non-medical explanation

#### Surgical Procedure Statements should include:

- Name, job title, GMC/HCPC number, employer, TAAS role
- Date, job number, clinical team
- Tasking ambulance service (primary tasking or crew request)
- Timeline (tasking and dispatch, clinical interventions, conveyance and handover)
- Examination findings and indication for procedure
- Surgical findings and interventions, other resuscitative interventions
- Who did what on scene / allocation of roles
- Outcome (PLE or handover time and to whom) and Complications

#### Statement structure and template

My name is (NAME), my GMC/HCPC registration number is (number). At the time of the incident, I was contracted to work for The Air Ambulance Service (TAAS). My qualifications are (POST NOMINALS). I have been asked to prepare a statement regarding a patient I treated who I now know to be called (NAME). We were tasked to an incident at (TIME) hours on (DATE) by (AMBULANCE SERVICE) who had received a 999 call at (TIME) hours.

We arrived on scene at (TIME) hours. Our team consisted of (TEAM MEMBER) and myself. On our arrival (AMBULANCE SERVICE) handed over the patient had (PRESENTING COMPLAINT). On





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their arrival (BYSTANDER INTERVENTIONS, OTHER DETAILS). The (AMBULANCE SERVICE/POLICE) had (CLINICAL INTERVENTIONS).

On my arrival I made a clinical assessment of (PATIENT) confirming (CLINICAL ASSESSMENT, DIAGNOSIS). Following my clinical assessment (TREATMENT, OUTCOME).

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### Annex C – Peer review feedback form for surgical procedures

Reviewer	Procedure	Date
<b><u>Were the indications appropriate?</u></b>		
<p><b>Mechanism &amp; Diagnosis</b></p>    <p><b>Timeline &amp; Physiology</b></p>    <p><b>Chain of Survival (including operator expertise, equipment, proximity to definitive care)</b></p>		
<b><u>Was the injury survivable?</u></b>		
<b><u>Was the technical performance of the procedure of an appropriate standard?</u></b>		
<b><u>Associated procedures: airway management, IV access, transfusion etc.</u></b>		
<b><u>Was the procedure documented to an appropriate standard?</u></b>		
<b><u>Are there any further learning points identified for TAAS or the TAAS crew at scene?</u></b>		