Policy for the Care of Adult Patients with a Tracheostomy

Approved By: Policy and Guideline Committee
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Supersedes:
B2/2004 - Policy for the Changing/Decannulation of Tracheostomy Tubes and Insertion of Mini-Tracheostomies in Adult Patients By Non-Medical Staff
B15/2008 - Care of a Tracheostomy Policy and Procedures for Adult Patients
Trust Lead: Ros White, Tracheostomy Advanced Nurse Practitioner
Deteriorating Patient Board
Board Director Lead: Medical Director
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### REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW.

V1 - This document has been completely re-written to replace the following two policies which will be archived on approval of this document:

- Policy for the Changing / Decannulation of Tracheostomy Tubes and Insertion of Mini-Tracheostomies In Adult Patients By Non Medical Staff B2/2004
- Care of a Tracheostomy Policy and Procedures for Adult Patients B15/2008

### KEY WORDS

Tracheostomy, altered airway, suction, tracheotomy, interventional, decannulation
1 INTRODUCTION AND OVERVIEW

1.1 This document sets out the University Hospitals of Leicester (UHL) NHS Trust Policy and Procedures for caring for adult patients with tracheostomies.

1.2 This document does not cover the care of patients who have had a laryngectomy. A separate policy is being prepared for the care of these patients.

1.3 The aim has been to create broad-based, flexible and auditable document that can be applied throughout UHL that will allow a degree of professional judgement. It is recognised that tracheostomy and laryngectomy are different procedures and staff should be aware of the differences in care. For support with laryngectomy care please contact the Head and Neck Specialist Nurses and Specialist Speech and Language Therapists.

1.4 A tracheostomy is the formation of an artificial opening into the anterior trachea, usually between the 2nd and 3rd tracheal rings.

1.5 Indications for tracheostomy include;

a) To bypass potential or actual obstructions to the airway.

b) To facilitate mechanical ventilation and weaning from mechanical ventilation.

c) To provide access for removal of respiratory secretions where the patient is unable to clear them spontaneously.

d) To minimise the risks of aspiration in patients with laryngeal incompetence.

e) To maintain a patent airway where the natural airway is compromised

1.5 This policy has been developed to be used in parallel with The National Tracheostomy Safety Project (NTSP) guidelines 2013. This can be accessed on:


2 POLICY SCOPE

2.1 This policy applies to all health care staff caring for adult patients with a tracheostomy (including bank, agency and locum staff) and who are employed by the University Hospitals of Leicester NHS Trust. This includes medical, nursing, Allied Health Professionals (AHP) and support worker roles such as Assistant practitioners and Nursing Associates.

2.2 This policy and associated procedures apply to all adult inpatients within UHL who have a tracheostomy.

2.3 This policy applies to adult outpatients with a tracheostomy, during consultations at the University Hospitals of Leicester.

2.4 This policy does not cover tracheostomies in children (as defined by the Children’s Act 2004), infants and neonates. Please refer to local children’s guidelines available on Insite via the Policy and Guideline Library (PAGL).

2.5 UHL is a teaching hospital and provides placement or work based learning for Pre-registration students such as Medicine, Nursing, Midwifery, Paramedic, Radiography, Physiotherapy, Occupational Therapy and Pharmacy and Trainees in the workplace such as Assistant Practitioners and Nursing Associates. This policy applies to these learners in the following circumstances:
a) If tracheostomy care is a specific competency requirement of their placement or programme then the pre-registration student / trainee is able to perform the skill under direct supervision of their mentor / supervisor once they have received the relevant underpinning theory and passed a simulated practice.

b) If the pre-registration student / trainee has passed an LCAT competency assessment in practice they may be able to perform the skill with indirect supervision at the discretion of their mentor / supervisor and the Registered Professional delegating the task.

c) If tracheostomy care is not a specific competency requirement of their placement or programme then the pre-registration student / trainee must only participate in the process as an observer.

d) Please also see section 6 for education and training requirements.

3 DEFINITIONS AND ABBREVIATIONS

3.1 Tracheostomy; an artificial opening into the trachea. Patency is maintained by insertion of a tracheostomy tube.

3.2 Percutaneous tracheostomy; a tracheostomy formed by piercing the trachea through the skin and dilating the tract until a tracheostomy tube can be passed.

3.3 Surgical tracheostomy; surgical formation of an opening into the trachea to allow a tracheostomy tube to be passed.

3.4 Laryngectomy; surgical removal of the larynx. The trachea is formed into an end stoma. There is no connection from the mouth to the airway and a patient breathes solely through the stoma. For support with laryngectomy care please contact the Head and Neck Specialist Nurses and Specialist Speech and Language Therapists.

3.5 Altered Airway; collective term for tracheostomy and laryngectomy. Any airway which does not follow the normal anatomical route.

3.6 Levels of Tracheostomy Care are defined as General, Interventional and Medical. Please see Section 5.1, 5.2 and 5.3 for more details.

4 ROLES –

4.1 Executive Lead: Medical Director.

4.2 Medical Lead: Dr Iain McLaren, Consultant Anaesthetist.

4.3 CMG Clinical Directors and Heads of Nursing

   a) To ensure their areas of responsibility have a workforce who is fit for purpose by ensuring staff on nominated Tracheostomy wards have the necessary education in tracheostomy care and have achieved competency in tracheostomy care.

   b) To ensure the appropriate dissemination of the Tracheostomy Policy.

   c) To ensure the necessary infrastructure to support the Tracheostomy Policy.

4.4 Line Managers

   a) Line managers should ensure their staff are compliant with the policy.
b) It is the responsibility of line managers to facilitate the necessary training for staff to become competent in line with section 6 of this document.

c) Line Managers of nominated tracheostomy wards must ensure that a nurse that is competent in all general level tracheostomy care is on duty for each shift

4.5 All staff

a) It is the responsibility of all staff to ensure they are competent to perform skills they can reasonably be expected to perform as part of their specific job role and in relation to general, interventional or medical care (see 6.1, 6.2 and 6.3 for more details).

b) Staff must not undertake a task they are not competent to perform unless they are being taught and supervised by a competent professional. Advice regarding nominated tracheostomy wards can be sought from the CMG Matrons / bleepholders.

c) Refer patients with a tracheostomy admitted to their ward to the Critical Care Outreach Team (CCOT) to ensure the staff and patient receive support and guidance on the patient’s care needs

d) It is the responsibility of all staff to ensure the necessary care is delivered in a timely way. If they are not competent to deliver the care themselves they must communicate this to a competent individual who is in a position to deliver the care. Depending on the level of care required this may be a colleague within their department, Outreach, the Tracheostomy Nurse Practitioner, SLT or medical staff.

e) In an emergency, help must be sought from the Critical Care Outreach Team or the Resuscitation Team.

4.6 All Staff who undertake Interventional Tracheostomy care: (please see section 5 for more details)

a) Must be supported by their line manager and carry out this activity as an integral part of their key responsibilities within their role.

b) Competency to carry out interventional tracheostomy care is specific to the member of staff rather than the location of the patient within the Trust. This policy does not cover staff to carry out these activities outside the Trust unless specified in their job description. Examples of interventional tracheostomy care are listed in section 5.2.

c) An individual may be competent to carry out specific interventional procedures without having been deemed competent to carry out all of them.

4.7 It is the role of the:

4.7.1 Managing consultant.

a) The consultant in charge of the patient’s admission is responsible for the overall management of the patient, including the tracheostomy.

b) Where the patient is under the care of a consultant who would not usually manage a tracheostomy, it remains their responsibility to ensure provision is made for care of the tracheostomy and that they make the appropriate referrals to support this care.

4.7.2 Tracheostomy Advanced Nurse Practitioner

a) To oversee the management of tracheostomy care of individual patients.

b) Provide strategic advice and support to communicate changes in practice where required.
c) Act as a conduit of information between the Tracheostomy Working Group and the Deteriorating Patient Board.

d) They will also liaise between the Tracheostomy Working Group and the Education team.

4.7.3 The Respiratory Physiotherapist will

a) Identify and treat any issues with respiratory concerns such as reduced lung volume, retained secretions and altered exercise tolerance.

b) Work with the intensive care team to optimise the use of tracheostomy in ventilated patients to assist with weaning from a ventilator.

c) Work with members of the MDT to facilitate use of speaking valves.

d) Plan and implement weaning plans for decannulation.

e) Carry out tracheostomy changes and decannulations.

f) Work with patients requiring long term ventilatory support either within the hospital or at home.

4.7.4 The Critical Care Outreach Team will;

a) Review all patients discharged from ITU with a tracheostomy until they are decannulated or long term care of their tracheostomy has been established.

b) Review all patients admitted from home with a tracheostomy until care of their tracheostomy has been established within the hospital regardless of the area to which they are admitted.

c) Coordinate the use of tracheostomy emergency boxes throughout the Trust

d) Support ward staff in caring for patients with tracheostomies.

e) Provide emergency support for patients with a tracheostomy.

4.7.5 The Head and Neck Clinical Nurse Specialist (CNS) team

a) Will offer support and guidance for those patients who have had an insertion of tracheostomy for short term airway management following surgery for head and neck cancer.

b) The head and neck CNS may seek further support from the Tracheostomy ANP if they require assistance with complex airway management.

4.7.6 It is the role of the Speech and Language Therapist (SLT) to:

a) Use specialist skills to inform differential diagnosis regarding the nature and cause of communication and swallowing difficulties.

b) Carry out specialist instrumental assessment for swallowing difficulties such as Fibreoptic Endoscopic Evaluation of Swallowing (FEES) and Videofluoroscopy (VF) where appropriate and available.

c) Provide screening, assessment and advice on laryngeal injuries and dysphonia, and tracheostomy speaking valve use.
d) Assess and manage swallowing and communication in ventilator dependent and tracheostomised patients, contributing to the MDT assessment of weaning and ability to safely swallow oropharyngeal secretions and oral diet and fluids.

e) Be involved in education and training to others, update MDT on any changes in best practice regarding swallowing and communication, and lead on the separate guidelines regarding commencing oral intake on intensive care (see document C34/2007)

5. **POLICY IMPLEMENTATION AND ASSOCIATED DOCUMENTS**

For the purpose of this policy, tracheostomy care will be divided into **general** care, **interventional** care and **medical** care.

5.1 **General Care**;

Provision of ongoing care a patient needs on a daily basis, which can reasonably be expected to be carried out by non-specialised healthcare staff. This may include support staff if they have received appropriate training. Detailed descriptions of procedures are found the National Tracheostomy Safety Project (NTSP) guidelines 2013. This can be accessed via:


a) Cleaning inner tubes.

b) Tracheal suction.

c) Changing neck tapes.

d) Cleaning skin around the tube.

e) Changing dressings.

f) Administering nebulisers.

g) Use of heat and moisture exchangers.

5.2 **Interventional Care**;

Interventional care is that which requires further training and is performed by specialist staff. It only applies to registered staff. It applies to staff across all the professional disciplines.

Procedures will be assessed individually so a practitioner may be allowed to do some procedures before others.

a) Changing tracheostomy tubes.

b) Re-siting displaced tracheostomy tubes.

c) Assessing and changing the style of tube.

d) Assessing and initiating the use of tracheostomy adjuncts eg tracheostomy speaking valves.

e) Assessing and planning tracheostomy care.

f) Assessing **when** to carry out decannulation.
g) Decannulation.

h) Tracheal endoscopy via the tracheostomy.

i) Assessment of swallowing.

5.3 Medical Care;

Care which would normally only be carried out by a doctor. There may be occasions where aspects such as nasendoscopy may be carried out by an Advanced Nurse / non-medical Practitioner where appropriate training has taken place.

a) Formation of tracheostomy.

b) Assessment of whether to decannulate.

c) Nasendoscopy

5.4 Nominated Tracheostomy Wards

a) Patients must be cared for on nominated tracheostomy wards. (National Tracheostomy Safety Project (NTSP) 2013) This would allow for training to take place and skills to be used often enough to be maintained. There should be a nominated ward within all departments that may admit patients with a tracheostomy. It is neither feasible nor desirable to admit all patients to a specialised ENT ward. This would potentially compromise the care of the admitting condition where it is not directly related to their tracheostomy.

b) Staff must have undertaken appropriate education and training and be assessed as competent at the appropriate level. Staff working on the nominated tracheostomy wards should be trained to at least general level and those working within ITU, Outreach Team, ED, ENT and Maxillofacial departments should be trained to interventional level. Other areas may choose to train some staff to interventional level and this should be agreed with their line manager as part of the appraisal / revalidation process.

5.5 Care Planning

5.5.1 All patients with a tracheostomy must have a long term plan outlining the following aspects:

a) Reason for insertion

b) Method of insertion

c) Type of tube with rationale

d) Potential complications of tracheostomy care and tube changes.

e) Earliest date at which the tube should be changed and by whom.

f) Criteria for weaning.

g) Management plan if long term or permanent tracheostomy.

5.5.2 All care must be clearly documented in the patient’s notes.

5.5.3 Emergency algorithms with the patient’s specific details should be available at the bedside. (Available in NTSP 2013) Figures 1 and 2.
5.5.4 Where the patient has a tracheostomy, the patency of the upper airway must be clearly stated in the notes, on all handovers and at the bedside.

5.5.6 All patients must have a named professional responsible for the ongoing management of their tracheostomy. This will normally be their managing consultant but patients with long term tracheostomies may be referred on to the Tracheostomy Advanced Nurse Practitioner for specific care.

5.5.7 Patients discharged home with a tracheostomy must have arrangements in place for ongoing care and follow up.

5.6 Tube selection and provision.

a) A sufficient variety of tubes must be available within the Trust to allow for appropriate tube selection specific to the patients’ needs for all but the most specialised cases. These should include tubes of different styles and lengths and adjustable length. (National Confidential Enquiry into Patient Outcome and Death, Tracheostomy Care; On the Right Trach?, 2014).

b) All tracheostomy tubes used for adult patients must have an inner tube unless there is a specific reason, documented in the notes, why this is not appropriate.

c) All tracheostomy patients must have the necessary equipment to carry out an emergency tube change at the bedside. The equipment must be in a container which can be taken from one department to another with the patient. This must include replacement tubes in the same size and a size smaller, appropriate to the patient’s needs.

5.7 Procedures

a) All tracheostomy procedures must be undertaken using The National Tracheostomy Safety Project (NTSP) guidelines. This can be accessed on http://www.tracheostomy.org.uk/Resources/Printed%20Resources/NTSP_Manual_2013.pdf

b) When carrying out interventional care, due planning must be in place for potential complications. Consideration must be given to informing Intensivists or other medical backup before commencing the procedure.

c) Formation of a tracheostomy should be recorded in the same way as a theatre procedure, regardless of where it takes place, in line with the Safer Surgery Policy. B40/2010

d) Intervventional care may be contraindicated if the patient’s condition poses a greater risk than the benefit of the intervention.

e) Responsibility for the first tracheostomy tube change remains with the person who originally sited the tracheostomy although they may choose to delegate the task to a competent practitioner who is experienced in first tube changes.

f) Prior to commencing oral intake it is best practice to have a swallow assessment conducted. This will usually be conducted by a specialist or consultant dysphagia practitioner (In UHL these are the Speech and Language Therapists). Since the process of assessing the safety of the swallow is not without risk, the screening, assessment and management of dysphagia must be carried out by an appropriate dysphagia-trained practitioner (The National Tracheostomy Safety Project (NTSP)
The Inter Professional Dysphagia Framework (IDPF) endorsed by RCSLT, RCN, RCP, DOH & NPSA, sets out the competence based inter-professional consensus on the identification and a management of dysphagia. In UHL it is recognised that SALT have competencies to 'specialist' and 'consultant level', which are the requirements for SALT working with patients with tracheostomy.

Outcomes of the assessment of swallowing secretions and oral intake must be clearly documented in the medical notes. Documentation must convey to other members of the MDT the findings of the assessment and the resulting recommendations. The entry should also ensure accurate reporting of any adverse reaction the patient experienced with the procedure and actions taken or still required. (NTSP).

g) If the patient is on the critical care or high dependency units, please refer to the UHL guideline "Guidelines for screening and assessment of Oro-Pharyngeal dysphagia in patients on the adult critical care and high dependency units". Trust ref. C34/2007

h) Assessment of swallowing may also be conducted by appropriate speciality medical staff at consultant or speciality registrar level.

5.8 Associated Documents – Figures 1 – 4 on pages 11 – 13 have been taken directly from the National Tracheostomy Safety Project (NTSP) guidelines (2013)

**Figure 1 - Emergency Tracheostomy Management – Patent Upper Airway – Page 11**

**Figure 2 - Emergency Laryngectomy Management – Page 12.** (Although this Policy does not cover the care of laryngectomy this flowchart is included here for patient safety, ease of reference and help staff differentiate between the two types of airway interventions)

**Figure 3 - Tracheostomy patient information sign – page 13**

**Figure 4 - Laryngectomy patient information sign – page 13**
Emergency laryngectomy management

Call for airway expert help
Look, listen & feel at the mouth and laryngectomy stoma
A Mapleson C system (e.g. ‘Waters circuit’) may help assessment if available
Use waveform capnography whenever available: exhaled carbon dioxide indicates a patent or partially patent airway

No
Is the patient breathing?

Yes
Apply high flow oxygen to laryngectomy stoma
If any doubt whether patient has a laryngectomy, apply oxygen to face also*

Assess laryngectomy stoma patency

Most laryngectomy stomas will NOT have a tube in situ
Remove stoma cover (if present)
Remove inner tube (if present)
Some inner tubes need re-inserting to connect to breathing circuits
Do not remove a tracheoesophageal puncture (TEP) prosthesis

Can you pass a suction catheter?

No
Deflate the cuff (if present)
Look, listen & feel at the laryngectomy stoma or tube
Use waveform capnography or Mapleson C if available

Is the patient stable or improving?

Yes
Continue ABCDE assessment

No

REMOVE THE TUBE FROM THE LARYNGECTOMY STOMA if present
Look, listen & feel at the laryngectomy stoma. Ensure oxygen is re-applied to stoma
Use waveform capnography or Mapleson C if available

Call Resuscitation Team
CPR if no pulse / signs of life

No
Is the patient breathing?

Yes
Continue ABCDE assessment

Primary emergency oxygenation
Laryngectomy stoma ventilation via either
Paediatric face mask applied to stoma
LMA applied to stoma

Secondary emergency oxygenation
Attempt intubation of laryngectomy stoma
Small tracheostomy tube / 6.0 cuffed ETT
Consider Aintree catheter and fibreoptic ‘scope / Bougie / Airway exchange catheter

Laryngectomy patients have an end stoma and cannot be oxygenated via the mouth or nose
Applying oxygen to the face and stoma is the default emergency action for all patients with a tracheostomy


*
Any patient with an altered airway must have the relevant sign below, specifying their airway patency. This must be attached to the tracheostomy emergency equipment box.

Figure 3

This patient has a TRACHEOSTOMY
There is a potentially patent upper airway (Intubation may be difficult)

Surgical / Percutaneous

Performed on (date) ........................................
Tracheostomy tube size (if present) ..............
Hospital / NHS number .................................

Notes: Indicate tracheostomy type by circling the relevant figure.
Indicate location and function of any sutures.
Laryngoscopy grade and notes on upper airway management.
Any problems with this tracheostomy.

Emergency Call: Anaesthesia ICU ENT MaxFax Emergency Team

www.tracheostomy.org.uk

Figure 4

This patient has a LARYNGECTOMY
and CANNOT be intubated or oxygenated via the mouth

Follow the LARYNGECTOMY algorithm of breathing difficulties

Performed on (date) .................................
Tracheostomy tube size (if present) ..............
Hospital / NHS number .................................

Notes:
There may not be a tube in the stoma.
The trachea (wind pipe) ends at the neck stoma

Emergency Call: Anaesthesia ICU ENT MaxFax Emergency Team

www.tracheostomy.org.uk
6 EDUCATION AND TRAINING REQUIREMENTS

6.1 All health care staff who are expected to care for patients with a tracheostomy must receive training at the appropriate level, e.g. general, interventional or medical. Prior evidence of learning and competency at general and interventional level may be accepted instead of further training, following a one off Leicester Clinical Assessment Tool (LCAT) assessment.

6.2 It is recognised that not all health care staff working within the Trust have received training in tracheostomy care as part of their Pre-registration course. Content of training courses vary from one university to another and from one country to another therefore a baseline training needs assessment may be required for Newly Registered staff who join the Trust.

6.3 The following LCAT Assessment forms are available from the Tracheostomy Nurse Practitioner or Nursing Education and Practice Development Team.

**General Care:**
- Competency for Changing Tracheostomy Dressing and Cleaning Surrounding Skin.
- Competency for Cleaning Tracheostomy Inner Tubes
- Competency for Managing Tracheostomy Cuffs.
- Competency for Humidification of Tracheostomies
- Competency for Changing Tracheostomy Neck Tapes
- Competency for Performing Suction via a Tracheostomy

**Interventional Care:**
- Competency for Changing a Tracheostomy Tube
- Competency for Replacing Displaced Tracheostomy Tube
- Competency for Tracheostomy Decannulation
- Competency for Assessing for Change in Tube Style
- Competency for Initiating the Use of Tracheostomy Speaking Valves
- Competency for Tracheal Endoscopy via a Tracheostomy.

6.4 The LCAT forms are version controlled and will be updated and issued from the Tracheostomy working party via the Tracheostomy Nurse Practitioner.

6.5 Training and assessing will be available from a variety of sources including the Outreach Team, Tracheostomy Nurse Practitioner, Head and Neck Team, SLT and Physiotherapy. This list is not intended to be exhaustive. Other areas will be able to provide training as appropriate.

6.6 Training will include;

a) The completion of a competency based training and assessment for each skill undertaken.

b) Evidence of assessment and competency signed by an appropriate assessor.

c) Details of ongoing individual responsibility for updating knowledge and skills. Evidence of this will be provided annually as agreed with the line manager as part of the appraisal / revalidation process.

d) Recognition and basic awareness of an altered airway must be included in resuscitation training.
6.7. There may be special circumstances and further training required relating to tracheostomy care within a particular speciality. This must be discussed and acted on with the Line Manager.

6.8. To be able to assess the knowledge and competencies of others in tracheostomy care the assessor must:
   a) Be confident and competent in performing the skill
   b) Practice the skill regularly
   c) Have a sound knowledge of current policies and procedures.
   d) Ideally be identified by the line manager as an LCAT assessor.

7. PROCESS FOR MONITORING COMPLIANCE

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Lead</th>
<th>Tool</th>
<th>Frequency</th>
<th>Reporting arrangements Who or what committee will the completed report go to.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency equipment at the bedside.</td>
<td>Tracheostomy Nurse Practitioner</td>
<td>Audit of Equipment on one day throughout the Trust.</td>
<td>Annually</td>
<td>Feedback via CMG quality boards and Deteriorating Patient Board</td>
</tr>
<tr>
<td>Education of Staff</td>
<td>Tracheostomy Working Group</td>
<td>Individual appraisal / revalidation. HELM records.</td>
<td>Every 3 years</td>
<td>Feedback via CMG quality boards and Deteriorating Patient Board</td>
</tr>
<tr>
<td>Tracheostomy patients located on nominated tracheostomy wards</td>
<td>Heads of nursing</td>
<td>Outreach team Datix incidents of inappropriate location</td>
<td>Ongoing</td>
<td>Feedback via CMG quality boards and Deteriorating Patient Board</td>
</tr>
<tr>
<td>Analysing datix incidence trends with regard to tracheostomy.</td>
<td>Heads of Nursing</td>
<td>Datix incidents</td>
<td>Ongoing</td>
<td>Feedback via CMG quality boards and Deteriorating Patient Board</td>
</tr>
</tbody>
</table>

8.EQUALITY IMPACT ASSESSMENT

If the policy will have any impact on equality, this should be described here. Otherwise the statements below should be inserted (see section 6.6 of the UHL Policy for Policies for more detail):

8.1. The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.

8.2. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.
9 SUPPORTING REFERENCES, EVIDENCE BASE AND RELATED POLICIES

9.1 References:
This policy has been written to be used in parallel to the National Tracheostomy Safety Project Manual Comprehensive Tracheostomy Care (2013) This can also be accessed on http://www.tracheostomy.org.uk/Resources/Printed%20Resources/NTSP_Manual_2013.pdf

Reference should also be made to the National Confidential Enquiry into Patient Outcome and Death, Tracheostomy Care; On the Right Trach?, 2014

9.2 Related Policies and Guidelines:

Safer Surgery Policy Trust Reference B40/2010

10 PROCESS FOR VERSION CONTROL, DOCUMENT ARCHIVING AND REVIEW

10.1 This document will be uploaded onto SharePoint and available for access by Staff through I Nsite. It will be stored and archived through It will be archived through the Trusts PAGL system

10.2 This Policy will reviewed 18 months from approval or sooner in response to any risks identified by the Tracheostomy Nurse Practitioner and Tracheostomy Working Group.