

**ACSA**

Anaesthesia Clinical Services Accreditation



Royal College of  
**Anaesthetists**

**ACCREDITATION**

# Anaesthesia Clinical Services Accreditation (ACSA) **A GUIDE FOR DEPARTMENTS**

March 2019



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# 1 Introduction and background

This guide is aimed at departments who are looking to engage in Anaesthesia Clinical Services Accreditation (ACSA), to provide an overview of the processes involved, the work required and the benefits to be gained.

Throughout this document you will find 'top tips' from some of our accredited departments. The sharing of good practice is something ACSA promotes heavily and no one can advise you better than those that have been through the process before.

## 1.1 What is ACSA?

Anaesthesia Clinical Services Accreditation (ACSA) from the Royal College of Anaesthetists (College) engages anaesthesia departments in quality improvement through peer review. The scheme is voluntary and carries a subscription fee for engagement. Participating departments benchmark their performance against a set of standards based on the College's [Guidelines for the Provision of Anaesthetic Services](#) (GPAS), which is produced via a National Institute for Health and Care Excellence (NICE) accredited process, and work towards the goal of becoming accredited.



The benefits of engaging with ACSA were four fold:

- 1 identified where we had deficiencies
- 2 we gained leverage from ACSA to obtain finances to make improvements, eg new drug cupboards to allow us to separate out local anaesthetics from intravenous drugs
- 3 other departments were much more receptive, eg to developing standard operating procedures when we had an external institution asking and a deadline to meet
- 4 identified what we have done well over the years, it is easy to concentrate on the negatives and forget what you have achieved as a department. This galvanises you to continue improving!

**Alder Hey Children's NHSFT**



## 1.2 Why engage with ACSA?

ACSA accreditation is a marker of care for patients:



Patients may not notice the ACSA plaque on the wall, but they will experience the improvements made by the department in order to achieve accreditation. Whether it is ensuring that they have an appropriate preoperative assessment before surgery, that information provided to them is clear and accessible or that there are robust systems in place to ensure their safety, patients are at the heart of the ACSA standards. Through the inclusion of lay reviewer on every review visit, we ensure that the patient voice is heard.

**RCoA Lay Committee**



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Overall the experience was an extremely valuable one for our department and has resulted in beneficial changes, including providing us with independent evidence/support for workforce changes.

### National Hospital for Neurology and Neurosurgery

Engagement with ACSA also provides the following benefits to organisations:

- a proactive, structured and supported process for improving services
- a means to self-assess local guidelines and practice against nationally recognised, evidence-based standards
- engagement in quality improvement and service development from all staff within the department and management level
- the benefit of an onsite peer review with direct feedback on service delivery
- access to a network of accredited departments to share best practice and service improvement initiatives
- the expertise of a 'College Guide' to guide you through the accreditation process
- access to the ACSA 'Good Practice Library', a database that includes examples of good practice from sites which have had their review visit
- an ACSA report to support funding and resource bids
- year-on-year comparison with local, regional and national standards of performance.

To see more quotes from accredited departments about how ACSA has benefited them please go to [Section 5](#).

#### TOP TIP #1

Using ACSA as a lever has been very useful in a number of different circumstances as it has enabled us to provide evidence for funding in several areas. We will continue to use ACSA guidance, as well as information from our report, to ensure we get the appropriate resources required to maintain our service and ensure high quality anaesthesia is provided.

Aintree University Hospital NHSFT

### 1.3 What do official bodies think of ACSA?

- Welcoming the award of a hospital receiving its ACSA in April 2018, NHS England National Medical Director, Professor Steve Powis, said: *'I would encourage medical directors to consider going through this accreditation process as it will help more hospitals provide even higher quality patient care.'*
- In England, Care Quality Commission (CQC) recognises accredited departments as low-risk. Professor Sir Mike Richards, when he was Chief Inspector of Hospitals, CQC stated: *'I strongly support the work on accreditation being undertaken by the Royal College of Anaesthetists. The ACSA accreditation programme should in due course be a very useful source of information on the quality of anaesthetic service for the Care Quality Commission.'*
- In Scotland, *'Healthcare Improvement Scotland (HIS) recognises the value of professional accreditation. Our quality of care approach recognises ACSA standards and will take ACSA accreditation into consideration as part of the package of information about an organisation that informs review and inspection activity.'*
- In Wales, *'Health Inspectorate Wales (HIW) recognises ACSA standards and takes account of the ACSA accreditation status of services as part of its surgical inspection methodology introduced in 2017.'*

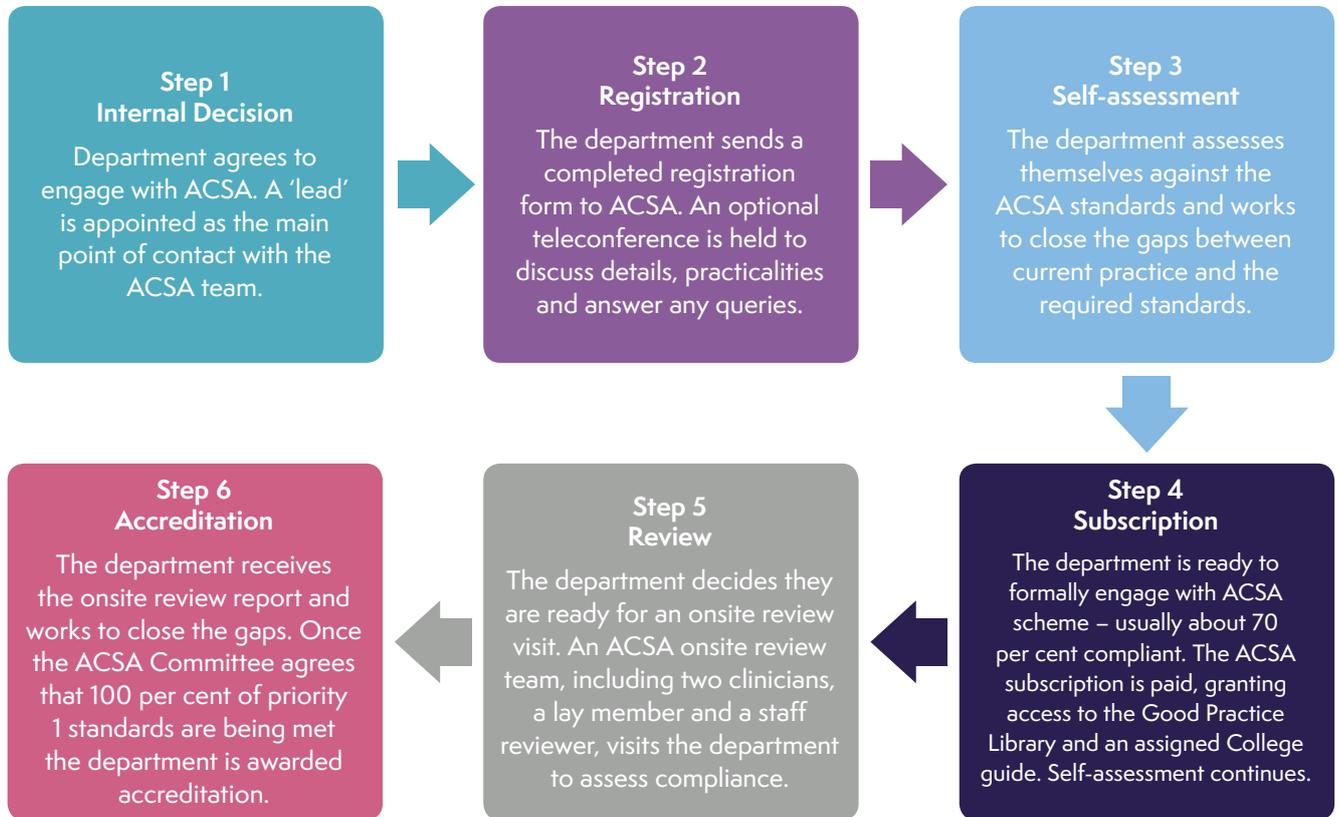
#### TOP TIP #2

The ACSA standards are mapped against CQC key lines of enquiry (KLOE), HIW and HIS domains.

The College has information sharing agreements in place with the CQC, HIW and HIS. We do not share ACSA reports or other information submitted by departments with the regulators. We do confirm a department's status within the ACSA scheme: registered, subscribed, visited, accredited or not engaged.

## 2 The ACSA process

The figure below is a flowchart detailing the ACSA process from agreement to engage through to accreditation being awarded. Further information is available under the relevant headings.



### 2.1 Internal decision

Departments must make a collective decision to participate in the ACSA scheme. Involving as many people as possible from the start will make it easier to identify issues and spread the workload. Wider input and a whole-team approach is the key to implementing sustainable improvements and management support is essential.

If you would like to find out more about ACSA before to help inform this decision, there are several ways to go about this:

- attend a regional event – these are held across the country and we invite neighbouring trusts/boards to attend

**TOP TIP #3**  
 It's too much work for one person! You need a core team of people overseeing it. The whole department must be engaged with this as it will involve all the specialty leads in some capacity.

**Wirral University Teaching Hospital NHSFT**

**TOP TIP #4**  
 I would encourage inviting the senior department management team to attend one of the ACSA regional events, which the College run in conjunction with many of the accredited departments. This was extremely helpful in gaining the extra support required to make the necessary progress in ensuring progressive change to meet the standards.

**Aintree University Hospital NHSFT**

- we can hold a short teleconference together with one of our clinical representatives – these are an opportunity to discuss any queries you have about the ACSA process or specific standards you may need clarification on
- we can visit you and give a free onsite presentation to your department. A clinical representative and senior member of the ACSA team will give a short presentation, allowing time for questions
- contact the team directly via [acsa@rcoa.ac.uk](mailto:acsa@rcoa.ac.uk) or on 020 7092 1697.

TOP TIP  
#5

- 1 Ask your department for their three top issues that affect their work or patient care.  
Don't mention ACSA at this point.
- 2 Analyse what the problems are and compare to the ACSA requirements.
- 3 Present the issues to the department and discuss how ACSA could be used to improve things.
- 4 Once you have the majority on board, discuss with lower management how accreditation will benefit the department
- 5 Take it to divisional management and eventually onto executive team as you gain support/momentum.  
This should help secure funding

**Alder Hey Children's NHSFT**

## 2.2 Registration

The [registration form is available on the website](#). Completing it holds no commitment but provides the ACSA team with an indication of the scope of service you're looking to accredit. It also means that you will be included on the mailing list for ACSA news and events. The form will ask you to provide contact details for the person responsible for co-ordinating participation in ACSA at your department. We call this the 'ACSA lead' and they will be the person responsible for liaising with the ACSA team. Note that there can be one more than one lead.

All departments seeking accreditation will be assessed against domains 1–4 of the ACSA standards.

- 1 The Care Pathway.
- 2 Equipment, Facilities and Staffing.
- 3 Patient Experience.
- 4 Clinical Governance.

Domains 1–4 cover all aspects of general anaesthetic care provided in all hospitals in the UK and include standards that cover both adult and paediatric services. The ACSA standards also contain a fifth domain which focuses on the provision of additional levels of specialised care delivered in specialist hospitals or general hospitals with a large and separate sub-specialty unit.

The anaesthesia subspecialties currently included within ACSA domain five are; cardiothoracic services, neuroanaesthesia and neurocritical care, ophthalmic services and vascular services.

Specialist hospitals will have to include the relevant subspecialty but for general hospitals, subspecialties are optional so please liaise with the ACSA team if this is something you wish to include.

TOP TIP  
#6

The ACSA lead should have a deputy to share the burden and for succession planning.

**Harrogate Hospital**

TOP TIP  
#7

It is unquestionably not a one person job. Depending on the size of the hospital it helps to have a team. Agree adequate SPA time to do this if there is a lot of work.

**York Hospital**

Start early – there are some easy wins, but identify your most timing consuming projects – such as audits not completed, adequacy of patient information, equipment deficits, training needs etc.

**Wirral University Teaching Hospital NHSFT**

TOP TIP  
#8

Delegate to sub speciality leads and work with them on the gap analysis to create solutions to problems.

**Harrogate Hospital**

TOP TIP  
#9

## 2.3 Self-assessment

The self-assessment document is a useful resource for you to conduct a gap analysis prior to requesting a review visit. Once a visit has been set, it is also the document that you are required to submit to the ACSA team to be circulated to your visiting review team. You can access the self-assessment on the ACSA website.

It is recommended that you divide the ACSA standards into sections, assigning each section to a particular individual or team to complete. This is in order to increase buy-in, and also to ensure that any actions that are planned and changes that are made are sustainable (ie are not dependent upon a single individual). You will therefore need to agree how the standards are divided between individuals and teams prior to beginning your self-assessment. It is particularly recommended that you involve your trainee cohorts. Many of the standards require audit evidence to demonstrate compliance and these can form the basis of quality improvement projects.

We had a small amount of job planned time in newly appointed consultants job plans to do ACSA. Other standards we shared out amongst the department. Trainees and locum consultants are also keen to help, it is good for CVs to have undertaken some important work on policies and standards.

**St George's Hospital**

TOP TIP  
#10

Once I reduced the number of standards that needed working on to 60 or so, I analysed which standards required work that would be suitable for trainees. For more junior trainees, areas that required audit seemed appropriate. More senior trainees I got involved with writing some of the simpler policies with consultant supervision.

**Central Manchester University Hospitals NHSFT**

TOP TIP  
#11

It is important to collaborate with your colleagues and measure agreement between you about which standards are 'met', 'not yet met' or 'not applicable'. You may find that there are some areas in which you disagree, and you can discuss these. If you are unsure and require clarification on a standard, make sure you have first consulted the GPAS references for that standard. Reading through these should elucidate what the standard is looking for but if you require any further explanation do not hesitate to contact the ACSA team.

It may be useful to meet with colleagues who have completed other sections of the self-assessment form to identify whether there are some themes that you can bring out in the standards that remain unmet (for example, if there are unmet standards clustered around a particular patient group or part of the patient pathway). Depending on the number of standards that are 'not met' and their complexity, you can choose whether to hold a single meeting or a series of meetings to discuss the gap analysis and decide actions.

We gave monthly updates on making progress and stumbling blocks. We produced an excel dashboard with links to the evidence we were collecting for each standard and colour coded it when met, partially met and unmet so we had a visual reminder of where we were up to. We also had a shared drive for the core team to add to supporting evidence.

**Wirral University Teaching Hospital NHSFT**

TOP TIP  
#12

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For each standard marked 'unmet' you may want to identify the following:

- what is the standard number and what domain is it in
- what are the actions required (current situation and possible solutions)
- who is the implementation lead
- what are the resource requirements (financial, human or time).

All of these actions should be SMART (ie Specific, Measurable, Agreed, Realistic, Time-bound) and should have a review date and/or deadline.

For each standard marked 'unmet' you may want to consider the following barriers to change:

- lack of awareness and knowledge
- poor motivation
- non-acceptance and counter beliefs
- lack of skills
- practicalities
- barriers beyond your Control, eg your building layout.

### The prioritisation of standards

Every ACSA standard is assigned a priority. Standards are assigned a priority 1 if they must be achieved in order for accreditation to be awarded. Priority 2 standards should be achievable by most departments but are not required to met for accreditation to be awarded. There is however, an expectation that you should be working towards meeting them. Priority 3 standards will be aspirational for most; however, they will provide targets for the highest performing departments to achieve.

### Non-applicable standards

You may find that some of the standards are not applicable to you and the services you deliver. Where this is the case, you can mark a standard as N/A. The ACSA RT may still ask about standards that you mark as N/A if they are unsure about why you have deemed them 'not applicable'

If you do not provide obstetric services, you can mark obstetric specific standards as N/A. Similarly, if your department does not treat any children it is acceptable to mark child specific standards as N/A. If you treat children as emergency patients or those that are 16–17 years old, then the paediatric standards would still be considered applicable to a certain degree. In this instance, you will be required to provide further information on the pathway for these patients as this will assist the review team in taking a view of how those particular standards will apply to you.

Where the standard refers to both children and adults you may disregard the paediatric aspect and mark the standard as 'met' if you feel you meet that standard for adult care or 'not met' if that isn't the case.

### Annual standards review

It is important to note that the ACSA standards are revised and published annually. This is to ensure that the standards reflect the latest guidance and take into account feedback from departments and reviewers on the clarity of standards. Standards could be removed, added, amended with additional wording/clarification or have the priority of the standard altered. All new standards are assigned a priority 2 in the first year they are added but may become a priority 1 in subsequent years.

#### TOP TIP #13

The challenging things are always the parts you need someone else's help to meet- policies like the trust DNAR policy aren't under your control, or changing the estates in theatres to enable appropriate drug storage. I have used the link with the CQC and said as ACSA is recognised by the CQC, this will help us in subsequent CQC inspections.

**St George's Hospital**

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The standards are published around April/May each year and when you have your review visit, you will be assessed against the current version of standards at that time so it is important to ensure you are assessing yourself against the latest version. If your visit date is likely to fall close to the standards publication date, please speak to the ACSA team who will confirm against which standards you will be assessed.

### 2.4 Subscription

When you decide that you are ready for additional support from the scheme, usually around 70–80 per cent compliant against the standards, the next step is to formally engage to the scheme through subscription. The cost of subscription is calculated according to the size of your department, the number of sites and whether you wish to include any subspecialty domains. This also determines the number of days your visit will need to be.

You can apply to accredit the whole trust/board, part of the trust/board or a single hospital. If you are looking to accredit the whole trust/board and it contains several sites then it is advisable to have a discussion with the ACSA team about how best to do this.

The minimum term of engagement is four years and in order to be invoiced you must sign and return a payment agreement covering the four year period. You will be offered the choice to pay the subscription fee on an annual basis or upfront for four years.

Use the College guide, ours was a great source of clarity when standards were ambiguous.

**Wirral University Teaching Hospital NHSFT**

TOP TIP  
#14

The good practice library is both a valuable and easily accessible resource to support bench-marking standards.

**Epsom and St Helier University Hospitals NHST**

TOP TIP  
#15

### What do we get by subscribing?

Once you have signed and returned the payment agreement you are subscribed to the ACSA scheme. This means that you will gain access to an assigned College guide and the ACSA good practice library. All College guides are a current member of the ACSA committee, an ACSA lead of an accredited department, an experienced reviewer or a combination of the above. The role of the College guide is to support you through the ACSA process from point of subscription for the rest of your four-year accreditation cycle. They will be able to provide guidance on how to interpret and evidence standards, prepare for your review visit and support with any challenges you may be struggling with.

The ACSA good practice library is an internal College database that includes details and examples of good practice from departments who have had their ACSA review visit. You can request an example against an ACSA standard and we will send you the documentation we have so you can gain ideas and adapt them to your local needs. The good practice library is a developing resource that is expanding over time so if we do not have an example we will source it from one of our accredited departments.

Your subscription covers all costs related to your onsite review visit and your accreditation plaques (one per site).

We tried to prepare as much before enrolling to reduce the costs of joining the scheme, but this meant we had no deadline to meet, and it didn't help motivation levels. Once subscribed, we set ourselves a deadline of being ready for the onsite review and were able to encourage colleagues to progress the areas they were responsible for.

**Wirral University Teaching Hospital NHSFT**

TOP TIP  
#16

### How to secure funding

The College views ACSA as a supportive tool for anaesthetic departments to drive up quality and in turn, patient safety. Engagement with the ACSA scheme is an excellent way to demonstrate a department's commitment to quality improvement.

For departments in England, the CQC has stated that it regards ACSA as an approved source of information on the quality of anaesthetic service and the standards are mapped to their KLOEs. The programme also has the support of NHS England National Medical Director, Professor Steve Powis who advocates going through the accreditation process to provide even higher quality patient care.

I engaged with senior clinical managers, including the medical director, as a means of facilitating recognition and understanding of the capital expenditure likely to be required to maintain and improve safety and high clinical standards. My experience is that ACSA was an effective vehicle for persuading the executive board to fund anaesthetic machines and a surgical admission suite when other measures failed.

**Epsom and St Helier University Hospitals NHST**

TOP TIP  
#17

For departments in Scotland and Wales, the ACSA scheme is supported by the regulators in those nations. Both HIS and HIW take ACSA accreditation status into account as part of their inspection methodologies.

A better quality of service is arguable more cost efficient and the costs of ACSA subscription is considerably lower than comparable schemes in use for other clinical areas.

As a trust, we had recently been through a CQC inspection, and the ACSA process was seen as a method of ensuring quality was improved and maintained within anaesthesia AND theatres. This, coupled with the relatively low cost in comparison to other trust investment ideas, was seen as a positive way forward to ensure quality was maintained.

**Aintree University Hospital NHSFT**

TOP TIP  
#18

## 2.5 Review

As a rule, you should aim to set visit date within 12 months of subscribing to the ACSA scheme. An onsite review will only take place by prearrangement and on a date that is mutually agreed. At least three months' notice is required in order to coordinate the various logistics but the sooner you let the ACSA team know the better. Following a request for an onsite review by an engaged department, the ACSA team will contact reviewers who are eligible and once a team has been allocated your review visit will be confirmed. Reviewers are selected on the basis of specialty interest, availability and location. If you are seeking accreditation in a subspecialty then we will ensure that the review team have appropriate experience to assess this domain.

Choose a time outside of the summer holidays and discourage the department from taking leave for the duration of the visit. This enables full engagement and releases the relevant people to come and speak to the review team.

**Harrogate Hospital**

TOP TIP  
#19

Don't worry about not meeting everything before the review. The most difficult standards were easy to overcome once the review visit had been completed. The report raised the ones that needed attention and that we hadn't been able to achieve, eg increasing acute pain job planning and acute pain nurse, all of which happened afterwards without a problem.

**Wirral University Teaching Hospital NHSFT**

TOP TIP  
#20

Upon agreement of an onsite visit date the department will be sent the following documents to complete:

- self-assessment against the latest set of ACSA Standards – this is the document that will need to be completed and returned ahead of the review visit for the review team to go over
- review information form – this is to be completed and submitted alongside your self-assessment. It provides contextual information for the review team and confirms staffing and bed numbers
- a copy of the standards with full GPAS references and a summary of changes from the last set of standards

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- a draft agenda – to be amended by the ACSA lead to confirm logistics for the visit (eg areas to visit, individuals and groups to speak to)
- a briefing note and poster – these are helpful for raising awareness of the onsite visit
- a review presentation template – to prepare for the morning session of day one.

**Please note: if the proposed review date is cancelled with less than eight weeks' notice, the College may recover any travel costs already incurred from the department.**

### Before the review

It is vitally important that you submit your self-assessment according to the deadline communicated by the ACSA team. This is usually around four to six weeks before the visit is due to take place so that the review team have time to meet and plan how the standards will be assessed.

The review team will use the completed self-assessment to determine which areas to assess at the visit and will also come up with a list of information that they would like to request in advance (eg copies of policies, minutes etc). The idea behind this is to reduce the amount of paperwork to look at during the actual visit. After the meeting, the ACSA team will send you a list of 'classroom standards' and the list of the documentation they would like to request. You are made aware of the classroom standards in advance of the visit so that you can prepare evidence to present in the classroom session of the visit.

Documentation that is commonly requested includes:

- anonymised and redacted anaesthetic charts
- a copy of the induction pack/department handbook for staff
- rotas
- patient leaflets available
- meeting minutes (departmental, morbidity and mortality, labour ward)
- copies of policies
- audit data.

#### TOP TIP #21

We wrote a departmental standard operating procedure which helped to explain how the department runs. This meant that we could also include some of the things that we did already (like post op visits) but that there was no policy or evidence for.

**York Hospital**

#### TOP TIP #22

I found creating a departmental operational policy useful as a place to collate an overview of the department and reference to valuable policies/guidelines and this can be updated annually as things evolve. It's useful to bring trainees and new members of the department up to speed and we had an abridged version for locums.

**Harrogate Hospital**

#### TOP TIP #23

Our audit lead keeps a record of the key departmental audits and does a monthly spot Audit, eg of anaesthetic charts and keeps an excel spreadsheet of this. Really useful and ensures we meet a number required standards on an ongoing basis. This is probably one of the most useful things we did.

**National Hospital for Neurology and Neurosurgery**

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### Review agenda

The agenda of a review visit will vary slightly depending on the length of the visit. The main elements comprise of:

- an introductory presentation and classroom session: the host department will provide a presentation to the review team using a template provided and the requested classroom standards will be discussed in detail allowing the reviewers to go through the evidence for these standards
- discussions with staff groups which are split into several sessions:
  - senior nurses and key staff who assist the anaesthetic team
  - trainees and staff grade, associate specialist and specialty doctors
  - clinical director and managers
  - consultants and service leads.
- accompanied walkabout of clinical areas: the review team will make their way around the department to visit all sites where anaesthesia is given
- discussion, clarification and testing of compliance with standards: the review team will lead the discussion as required
- sessions for the review team only: these give the review team protected time to discuss things between themselves
- feedback from the review team to the department and debrief of the visit: the review team will summarise areas of good practice and improvement they have noted against the ACSA standards. The department will not be informed of any accreditation decision on the day but will be given a clear indication of areas to address. The accreditation decision is confirmed once the report has been written and finalised by the ACSA committee.

### Practical arrangements

The departmental lead will be responsible for confirming the onsite agenda and arranging the following to ensure the smooth running of the visit:

- a dedicated meeting room
- refreshments including tea/coffee/water and lunch
- a computer with intranet access to view policies and documents
- appropriate attire for the walkabout of clinical areas (scrubs/theatre shoes etc)

#### TOP TIP #24

There is flexibility within the agenda to alter timings in order ensure the visit flows smoothly. The idea is to maximise the number of individuals who can attend the various sessions so you will need to think about how people can be freed up to attend.

#### TOP TIP #25

Engage with all ancillary and management staff to make them aware of the visit well ahead of schedule because they will need to be involved in the walkabout process and/or discussions with the review team.

**Harrogate Hospital**

#### TOP TIP #26

Brief all key players before the walkabout. Our department really bought into the visit and were able to talk to the reviewers about their clinical area. In the week leading up to the visit is it key to engage the entire department so that everyone is on side and aware of its importance.

**York Hospital**

#### TOP TIP #27

Plan the visit well in advance as there is always more to do than you think. Get all the logistics right (the room, the food, access to IT etc) as there is plenty to stress about without worrying about these issues. Our visit ended up being on a teaching /clinical governance day which meant the department was more free of clinical duties than usual. This worked quite well for us. On the visit have two of you available. One to show the team around and one to trouble shoot, find people etc.

**York Hospital**

## 2.6 Accreditation

### Your ACSA report

Following the onsite review, the report-writing process is led by the staff reviewer with the contributions of the rest of the team to ensure its accuracy. The report will include the following details:

- introductory background to the department
- summary of good practice
- summary of areas for improvement
- details of the staff spoken to and clinical areas visited
- compliance with ASCA standards
- met/unmet/non-applicable standards
- detailed recommendations to help achieve any unmet standards, where appropriate

The report should make clear which changes must be implemented in order for the department to be considered for accreditation. The conclusions and recommendations will enable you to write a business case detailing where investment is needed (if necessary) and will provide supporting evidence to take to your executive board, or equivalent.

**Due to the number of stages involved it will be a while before you receive your finalised report. You will have received feedback at the end of your review visit and seen a draft of the report when you check it for factual accuracy. You will therefore have a good indication of any areas to address and there is nothing to stop you working towards addressing these straight away. This means that evidence submission can take place quicker when you receive your finalised report.**

**TOP TIP  
#28**

There are several levels of review during the report-writing process and edits may be made between each stage according to the feedback received. The process is outlined as follows:

- the report is written by the staff reviewer with input from the review team
- the report draft is sent to the reviewers for comment
- the report is proofread internally
- the report is sent to the department (you) for factual accuracy checking and any amendments are made
- the report is reviewed by the ACSA committee who may seek further clarification. The review team's role is to report to the ACSA committee their observations on whether the evidence presented meets the standards set out in the ACSA standards document. However, the final decision of whether or not the department meets these standards, and/or is awarded accreditation is solely that of the ACSA committee. The committee therefore reserves the right to change a standard from 'met' to 'not met', if the evidence presented in the report and/or subsequent to the visit does not, in their collective opinion, meet the standard required
- the report is finalised and sent to you with an accreditation decision. You will be either 'accredited' or 'not yet accredited', which means that accreditation is conditional upon implementation of a number of recommendations. It is very rare that a department is accredited straight away. It is also important to understand that ACSA is not a 'pass/fail' exercise and there should always be an opportunity for a department to gain accreditation if they are willing to work through any 'unmet' priority one standards and change them to 'met'.

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### Evidence submission

Following publication of the finalised report, you will review the unmet standards and submit the requested evidence to ACSA as you work through them. You will be provided with an evidence tracker that will document all the priority one standards highlighted as 'not met' in your report. All evidence will be circulated to the original review team and the ACSA committee to determine whether the evidence submitted is sufficient for the standard to be met. As/when standards are accepted as met the evidence tracker will be updated accordingly.

Once all priority one standards are accepted as met, then accreditation will be awarded and you will receive:

- a plaque to display in your anaesthetic department
- a letter of acknowledgement from the RCoA president
- continued access to your appointed College Guide for the duration of the four year accreditation cycle
- use of the ACSA quality mark, denoting your commitment to quality and patient care, when advertising to potential employees and trainees.

When awarded, continued accreditation will depend upon receipt by the College of the annual subscription fee and acceptance of your annual compliance submission by the ACSA Committee. On the anniversary of your accreditation, you will be asked to complete a compliance document against the latest set of ACSA standards. This is essentially a self-assessment as you completed for your initial visit but will also ask you to include further detail on any standards that were marked as 'met with recommendations' (you will see these in your report and evidence tracker) as well as any new standards. Once returned you will then be asked to submit evidence or a small selection of standards which will be reviewed by the ACSA Committee. If accepted you will be deemed compliant for year 2 of your accreditation cycle.

The process highlighted above will repeat at years 3 and 4 in the same way, again against the latest set of standards at that time. It is therefore recommended that you start reviewing yourself against the standards as early as possible once they have been published to continue to quality improvement process. After 4 years, the accreditation cycle starts again with an onsite visit.

### Revisits

It is expected that a department should be able to meet the unmet standards highlighted in their report within 12 months of the report being finalised but we recognise that some changes take time to embed. A revisit under the current standards and undertaken by a new team, will be considered by the ACSA Committee if accreditation is not achieved within 24 months of receiving your finalised report. This is determined on a case-by-case basis and will be communicated to you by the ASCA team. If accreditation is unlikely to be awarded before 18 months you may be asked to submit supporting documentation against other standards to assure the ACSA committee that you are maintaining compliance against other standards.

#### TOP TIP #29

Keeping up to date is more of the same, when new standards come in then I ask the most appropriate person for evidence.

**St George's Hospital**

## 3 Roles and responsibilities

### 3.1 The ACSA Committee

The ACSA committee is chaired by Dr Russell Perkins, RCoA Council Member and clinical lead for ACSA. Membership of the committee includes members of RCoA Council and representation from the following groups; Lay Committee, Clinical Quality and Research Directorate, Clinical Directors Network, experienced reviewers and members of College staff responsible for the running of the ACSA scheme.

The group oversees the ACSA scheme and is responsible for the following:

- development and annual review of the ACSA standards, including the evidence required for each of the standards and help notes
- development and refinement of the accreditation process
- providing a central reference point for enquiries about the ACSA standards
- appointment of reviewers
- awarding accreditation and providing feedback to departments.

### 3.2 College staff

The ACSA scheme is supported by the Clinical Quality team who are based at the College and support the smooth running of the ACSA project by:

- developing documents and paperwork
- promoting the scheme to departments considering engagement
- supporting departments to complete and return their self-assessment
- organising review training days, information days and regional events
- scheduling and coordinating onsite reviews
- providing a point of contact for reviewers and engaged departments
- attending onsite reviews as staff reviewers
- managing the development and circulation of reports following onsite reviews.

### 3.3 Reviewers

The ACSA review team includes two senior clinical reviewers, a lay representative, and a member of the Clinical Quality team in the capacity of a staff reviewer. Up to two observers may also attend.

Clinical reviewers are highly experienced consultant anaesthetists who have:

- completed the application process and been approved by the ACSA Committee
- attended the training day and committed to refreshing their training at least every three years
- attended ACSA review visits initially in the capacity of an observer. Before attending as a lead clinical reviewer, reviewers should have attended an additional review in the second clinical reviewer role.

Lay reviewers are people who:

- provide a non-clinical viewpoint
- give voice to the needs of patients and seek improvements in their care
- are current or prior members of the Lay Committee, a group convened by the College to provide an independent non-clinical viewpoint
- have been approved by the ACSA Committee and completed reviewer training.

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Staff reviewers are members of the Clinical Quality team responsible for:

- ensuring the smooth running of the ACSA visit
- guiding discussions to ensure standards are accurately assessed
- recording the decisions made by the review team and taking additional notes
- producing the report together with input from the review team.

In order to perform their role effectively, reviewers must be an arbiter of the ACSA standards. This requires:

- assurance that the ACSA standards document is a valid tool for measuring high quality service provision
- in-depth knowledge of the ACSA standards and their supporting reference material
- knowledge of the type/amount of evidence required for each standard (agreed standards are provided to the reviewers prior to the onsite review).

All ACSA reviewers attend a training day at the College designed to provide them with the skills required to undertake an onsite review. Following training reviewers are required to observe review visits in order to ensure that they are comfortable with the role they are undertaking. It is expected that reviewers will attend a training day at least once every three years.

### 3.4 Feedback on the standards

ACSA leads and reviewers are invited to feed information back to the ACSA Committee (via the College ACSA team) when they believe that a particular standard:

- a does not measure what it is supposed to measure
- b is unrealistic or difficult to measure
- c is unclear or open to misinterpretation.

Feedback will be forwarded for discussion by the ACSA Committee, and the standard will be considered for revision or rewording if required.

## 4 Frequently unmet standards

These standards are commonly assessed as 'not met' at onsite reviews. The standard wording is from the ACSA standards published in 2018.

Number	Text	Top tip
1.1.1.5	There are documented and agreed policies and documentation for the handover of care of patients from one team to another throughout the perioperative pathway.	<p>Ensure there is a formal structure of handover between all teams in the perioperative pathway and between shifts (4.1.0.5). This should be understood by staff and be clearly documented.</p> <p>Handover checklists and audits into the quality of handover are useful to demonstrate compliance with this standard.</p>
1.1.1.10	There is a policy for the post procedural review of all patients.	<p>There should be a formal process to ensure the post procedural review of all patients is consistent. This should be clearly communicated to staff, including trainees.</p> <p>There is often a well-established process for obstetrics and pain but outside of this, departments can struggle to demonstrate that there is a process in place.</p>
1.2.4.6	There are elective caesarean section lists with dedicated obstetric, anaesthesia, theatre and midwifery staff.	<p>It is the anaesthetic workload from elective caesareans that is important. The review team would want to know how many elective sections you undertake. If it were very few then there would not be an expectation of a dedicated list.</p> <p>An audit is required where there is not a dedicated elective caesarean list to establish minimal delays to elective procedures. If there are delays then this audit data together with a recommendation from ACSA could be used to support a business case for separate lists.</p> <p>If you have dedicated elective caesarean lists then the reviewers would want to see copies of rotas and lists showing demonstrating that there are dedicated obstetric, anaesthesia, theatre and midwifery staff.</p>
1.5.1.0	An emergency call system is in place and understood by all relevant staff. This must be both audible and visible.	<p>This standard pertains to being able to summon anaesthetic assistance in an emergency. If there are several locations, including remote areas, the alarm must be both audible and visual so that the location of the emergency can be identified. In remote areas, other robust systems may be appropriate such as bleeping the on call anaesthetist directly.</p>

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Number	Text	Top tip
1.4.2.6	<p>At any given time at least one member of recovery staff present is certified at an appropriate level in life support, eg ILS or equivalent</p> <div data-bbox="336 472 842 792" style="border: 2px solid #008080; padding: 10px; margin-top: 10px;"> <p style="text-align: right; font-weight: bold; color: #008080;">TOP TIP #30</p> <p>The standard reads ILS or equivalent so your own internal training rather than an external course would suffice if the content/ training records are provided and considered satisfactory.</p> </div>	<p>Members of clinical staff working within the recovery area should be certified to a standard equivalent to immediate life support (ILS). If there is no anaesthetist immediately available then at least one of the recovery staff present should also be trained in advanced life support (ALS).</p>
2.2.4.1	<p>Local anaesthetics (ampoules and bags) are stored separately from other drugs and intravenous fluids.</p> <div data-bbox="336 976 842 1216" style="border: 2px solid #008080; padding: 10px; margin-top: 10px;"> <p style="text-align: right; font-weight: bold; color: #008080;">TOP TIP #31</p> <p>Commonly it is the drug cupboards in remote sites or in epidural trolleys where review teams locate inadequate storage.</p> </div>	<p>In any part of the hospital where local anaesthetic agents are kept for use by anaesthetic staff these must be 'stored separately' from other drugs and intravenous fluids – at the least this is behind different doors which in practice means different cupboards. A locked box is considered acceptable as an interim measure. Storage areas should be clearly labelled and where possible the layout standardised across locations/sites.</p> <p>Check, check and double check. This is the most commonly unmet standard at a review visit. It would be worth having someone go round and spot check the storage of drugs in the lead up to the visit to identify any areas where it may be inconsistent.</p>
3.3.1.1	<p>Day surgery patients are given clear and concise written information after discharge including access to a 24-hour staffed telephone line for advice.</p>	<p>Ensure leaflets given to all day surgery patients include a phone number, which is staffed 24-hours a day so they can access advice.</p> <p>Ideally, the phone number should be for the relevant acute surgical area and not be an answer phone.</p> <p>A number for A+E/111/GP out of hours is not considered acceptable.</p>
4.1.0.2	<p>The whole theatre and maternity team engage in the use of the World Health Organization (WHO) process including team brief and debrief in all settings where anaesthesia is administered. The full five steps of surgical safety are included.</p>	<p>In order for this standard to be met, the full five steps of surgical safety should be included. Review teams frequently find that there is a lower rate of compliance with the debrief portion of the process. The WHO process and its five steps should be fully embedded with all staff and in all settings where anaesthesia is administered.</p> <p>Audit data of compliance is useful to evidence this standard and can be used in gap analysis to identify any issues. This should be disseminated to staff including recommendations and areas for improvement. It is also recommended that never events be fed into this audit.</p>

## 5 Quotes from accredited departments



**Worcestershire  
Acute Hospitals**  
NHS Trust

**Dr Karen Kerr, Worcestershire Acute Hospitals NHS Trust (October 2018)**

*'Our engagement with the ACSA process has been both fulfilling and rewarding for the whole department and beyond. We are proud and delighted to receive ACSA accreditation, which reflects our determination to improve and develop our department's approach to quality and safety in patient care. The challenge has been met by a group of extremely hard working, dedicated colleagues whose extraordinary efforts have enabled us to expand and improve our service with significant benefits for the trust as a whole. We were pleased to be able to contribute to the good practice library at the College and in turn welcome the opportunity to benefit from this. In achieving the ACSA standards, we have become more cohesive as a department but have also developed closer links with all of the health professionals who have actively and enthusiastically participated in the ACSA process.'*



**Homerton  
University Hospital**  
NHS Foundation Trust

**Dr Sade Okutubo, Homerton University Hospital NHS Foundation Trust (October 2018)**

*'If everyone is moving forward together, then success takes care of itself' Henry Ford.*

*By engaging with the ACSA process, we have found a useful framework for directing our endeavours in providing safe and high quality patient care. We remain firmly focused not just on maintaining but also continually improving our patient centric service with the highest possible standards of provision as rated by our peers. The journey to re-accreditation though challenging and sometimes daunting, remains immensely satisfying. We are privileged to be part of a united, enthusiastic, ever evolving anaesthetic department, always achieving together. We look forward to further engagement with ACSA over the next cycle.'*



**Epsom and St Helier  
University Hospitals**  
NHS Trust

**Dr Bernadette Ewah, Epsom and St Helier University Hospitals NHS Trust (October 2018)**

*'We are delighted to have attained the high standards required for ACSA accreditation. The process brought about a renewed sense of cohesion within the department towards a common goal. The review process highlighted our areas of good practice as well as areas that required further improvement, particularly projects requiring significant financial input. Despite the current austere times, we were fortunate to have senior management engagement. This enabled the funding of high cost projects such as anaesthetic machines and the surgical admission suite beside the operating theatres, which we had been demanding for some time. The review team gave us a very positive feedback. This was energising. From then on, we were determined that nothing would stop us achieving accreditation. The process has enabled us to get it right for our patients and get it right for staff.'*

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**Aintree University Hospital**  
NHS Foundation Trust

### Dr Michael McGovern, Aintree University Hospital NHS Foundation Trust (August 2018)

*'Gaining ACSA accreditation has been an important goal for the department of anaesthetics at Aintree Hospital. We had prided ourselves as a forward-thinking safe department and the ACSA process has helped to highlight how we can improve as a department, continually aiming for better, safer patient care. It has allowed us to develop closer, more collaborative, working with other departments through the trust. Although not an easy process, it has been a richly rewarding and worthwhile one, which has also influenced and empowered our theatre staff to evaluate and develop their practice, further enhancing our development as a department.'*

*We think it is important to mention the visiting team, who were incredibly friendly and supportive through the process, and we offer our immense gratitude for the guidance offered by both our College guide and the excellent ACSA team at the College.'*



**Wirral University  
Teaching Hospital**  
NHS Foundation Trust

### Dr Sheila Carey, Wirral University Teaching Hospital NHS Foundation Trust (August 2018)

*'We are delighted to have accomplished the standards required of the ACSA process and achieve accreditation. This process gave us the opportunity to really scrutinise every aspect of our anaesthetic service delivery and served as a catalyst to make wide-ranging changes as indicated through recommended best practices. A multitude of medical and allied health professionals have been engaged along the way, all of whom were crucial to this achievement. We have managed to develop and expand services, update infrastructure and secure additional staff and training opportunities by adopting these standards – which undoubtedly enhance the quality and safety of the services we deliver. Although requiring hard work and perseverance, the benefits of enrolling in this scheme have been rewarding on many different levels, but ultimately, gaining the external assurance for our patients, that our services are of a high standard, is immensely satisfying.'*



**Alder Hey Children's**  
NHS Foundation Trust

### Dr Steve Roberts, Alder Hey Children's NHS Foundation Trust (July 2018)

*'We are extremely proud and honoured to have received ACSA accreditation. Alder Hey was at the forefront of the development of paediatric anaesthesia, and it is in keeping with this pioneering tradition that Alder Hey becomes the first children's hospital, and only the 22nd UK hospital, to receive this accreditation. The department's success is built on the enthusiasm and professionalism of a highly dedicated team of individuals, who readily acknowledge the outstanding support of their anaesthesia assistants, recovery room staff, preoperative assessment team and specialist pain relief team, as well as the contribution of the staff of the Day Surgery Unit and Play Specialists. Motivation to continually strive to improve the service comes from a strong sense of the department's pioneering tradition combined with a typical Liverpool sense of community and a refusal to tolerate complacency.'*

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**Lancashire Teaching  
Hospitals**  
NHS Foundation Trust

### Dr Zara Townley and Dr Anna Bewlay, Lancashire Teaching Hospitals NHS Foundation Trust (April 2018)

*'As a department we are extremely proud to have received accreditation. The standardisation and governance driven by the process enables a wide variety of staff to engage and work towards a common goal which then provides safe and effective care for our patients. It also allows our trainees and medical students to get involved and deliver some outstanding quality improvement projects. The process also provides a level of standardisation for other national bodies review of trust services. The College were extremely helpful in assisting with any queries or suggestions. The review team were delightful! It was also beneficial to visit other sites who have received accreditation to gain ideas and solutions for some of the standards.'*



**Dorset County Hospital**  
NHS Foundation Trust

### Dr Jon Chambers, Dorset County Hospital (March 2018)

*'Working through the ACSA process and been a positive experience for our whole department. It has enabled us to ensure that the high quality anaesthetic service developed over many years, by colleagues past and present, remains safe, efficient and patient centred. Using the Quality Improvement tools developed by the Royal College of Anaesthetists we have been able to provide assurance that the perioperative care we provide to the local population of Dorset meets national standards. It has also enabled us to demonstrate that our governance and patient safety processes are robust. We are proud of receiving the ACSA recognition and most importantly, the process of peer review and external scrutiny has provided the platform for our whole multidisciplinary theatre team to demonstrate their commitment to delivering high standards of care. We look forward to our continued engagement with the accreditation process.'*

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