

ACCREDITATION STANDARDS 2019

The ACSA standard has **5 DOMAINS:**

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

These are broken down further into **SUBDOMAINS** and **AREAS**

KEY



The ACSA standards have been mapped against the Care Quality Commission Key Lines of Enquiry, Health Inspectorate Wales and Health Improvement Scotland inspection domains.

Guidelines for the Provision of Anaesthetic Services references.

The standard has to be a **definitive statement** which warrants a 'yes' or 'no', 'met' or 'unmet' response.

1. The Care Pathway

1.1 General

1.1.1 Policies

1.1.1.1 All patients should have a named and documented supervisory consultant anaesthetist who has overall responsibility for the care of the patient.

A written policy should be provided describing the department's supervisory arrangements. The name of the supervisory consultant anaesthetist should be observable on the anaesthetic record, on the rota, on display in the department, theatre suite and visible in the obstetric unit. Their name and contact details should be visible and accessible to the rest of the theatre team.

PRIORITY

CQC KLoE, HIW and HIS Domains

GPAS REFERENCES

HELP NOTE

1

Safe
Effective
Well-led
Safe & effective care
Safe, effective and person-centred care delivery

3.4.6
9.1.19, 9.1.20
10.1.4

This additional wording has been produced to clarify the standard where possible and has been agreed by the ACSA Committee.

Each **STANDARD** has a number. If a standard is removed, the number is not re-used, so some numbers are missing where standards have been taken out during the editing process. The standards themselves are grouped into these areas so that the standards are categorised and easy to find.

The text underneath each standard describes the evidence required to determine whether or not that standard is met.

Standards are either listed as Priority 1, Priority 2 or Priority 3.
Priority 1 standards must be achieved in order for accreditation to be awarded.
Priority 2 standards are aspirational, but may not be achievable because of mitigating circumstances (eg resource or geography issues) and may form part of ongoing issues.
Priority 3 standards provide targets for the highest performing departments to achieve.

The standards all have one or more references to the GPAS document.



ACCREDITATION STANDARDS 2019

NOTES TO PROVIDE CLARIFICATION OF ACSA STANDARDS

Please be advised that:

Only certain parts of the cited GPAS reference text may be applicable to the ACSA Standard.

The term 'appropriately trained' refers to someone who has had specific training in the knowledge and skills required to undertake their designated role.

Areas that do not have any anaesthetic input will not be assessed during the onsite review visit.

The obstetric unit only refers to units led by an obstetrician: midwife-led units are not reviewed by ACSA.

Note 1	On the prioritisation of standards	<p>Every ACSA standard has been assigned a priority. Standards are assigned priority 1 if they must be achieved in order for accreditation to be awarded. Priority 2 standards should be achievable by most departments. Priority 3 standards will aspirational for most, however they will provide targets for the highest performing departments to achieve.</p> <p>All new standards are assigned to Priority 2 or 3 in their first year but may become Priority 1 after that.</p>
Note 2	On the use of the term 'policies'	<p>Whilst the ACSA standards utilises the term 'policies', it should be noted that the term is used as an umbrella to refer to a form of locally agreed process that is maintained, kept up-to-date (reviewed at least every three years), can be used as a reference and is used during induction. This could be in the form of a policy document, practice document or even a piece of software that fulfils the function of the standard. The important criteria are that everyone knows the reference point exists and where to find it, and that the reference point is kept up to date in accordance with the trust/board policies. Policy documents should be standardised in format, have clear review dates and have been ratified in accordance with trust/board policies.</p>
Note 3	For hospitals that do not provide services for patients under 18 years of age	<p>If your department does not treat children it is acceptable to mark child specific standards as 'N/A'.</p> <p>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.</p> <p>If you have an emergency department but do not routinely treat patients under 18 years of age or only occasionally treat patients of 16 or 17 years of age, then the paediatric standards are still considered applicable to a certain degree. In this instance, you will be required to provide further information on the pathway for these patients to determine a view of how those particular standards will apply to you.</p>

Note 4	On Staff Grade, Associate Specialist and Specialty (SAS) Doctors	<p>The diverse nature of these posts means that the standards of education, training and experience that can be expected from postholders can vary quite widely. The degree of supervision a SAS doctor requires should be agreed via a robust, local governance process and follow the RCoA guidance on 'Supervision of SAS and other non-consultant anaesthetists'.</p> <p>Where the standard refers to a consultant anaesthetist, it is acceptable for SAS doctors whom this process has agreed can practice without consultant supervision, to fulfil this role.</p>
Note 5	On terminology	<p>Please use the following definitions and explanation to facilitate your understanding of the ACSA standards:</p> <p>Immediate Without any appreciable delay, within a matter of seconds or minutes. Unless otherwise specified, this should be no more than five minutes.</p> <p>Remote sites A remote site is any location where general or regional anaesthesia is administered away from the main theatre suite and/or anaesthetic department. This may be within or away from the base hospital. Common examples include MR or CT scanners, maternity units or dental sedation suites.</p> <p>Supervision Direct supervision: This means that the individual is working directly with a supervisor who is actually with the supervisee or can be present within seconds.</p> <p>Indirect supervision: Indirect supervision falls into three categories: local, distant and remote sites. For local supervision the supervisor is usually within the theatre suite e.g. 'the starred consultant' system, is immediately available for advice and is able to be with the supervisee within minutes of being called. For distant supervision, the supervisor is rapidly available for advice but is off the hospital site or separated from the supervisee by over 10 minutes. Remote sites are as defined above. Supervisees should only be permitted to work in remote sites under distant supervision if they meet certain criteria.</p>

For each standard you decide is 'unmet' you may want to identify the following (your findings can be recorded in the textbox of the self-assessment document or in the excel spreadsheet):

- 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 (Specific, Measurable, Agreed, Realistic, Time-bound) and should have a review date and/or deadline.

For each standard you decide is '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 our control (for example, building layout).



Royal College of Anaesthetists

Royal College of Anaesthetists, Churchill House, 35 Red Lion Square, London WC1R 4SG
020 7092 1500 | www.rcoa.ac.uk/acsa | acsa@rcoa.ac.uk

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	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
1 The Care Pathway								
1.1 Policies								
1.1.1 General								
<p>1.1.1.1 All patients should have a named and documented supervisory consultant anaesthetist who has overall responsibility for the care of the patient.</p> <p>A written policy should be provided describing the department's supervisory arrangements. The name of the supervisory consultant anaesthetist should be observable on the anaesthetic record, on the rota, on display in the department, theatre suite and visible in the obstetric unit. Their name and contact details should be visible and accessible to the rest of the theatre team.</p> <p>This is likely to be tested in the meetings with trainees, SAS doctors and consultants when they will be asked how supervision works in practice in order to judge the evidence of implementation on the ground and assess if the level of supervision is adequate for the environment. There needs to be a rigorous process in place to make sure firstly that the whole theatre/procedural team is aware of the name and way of contacting the supervisory anaesthetist, for example inclusion in the team brief. Secondly that the supervisor is aware of their supervisees and what they are doing. An audit based on the Cappuccini Test (RCoA <i>Bulletin</i> March 2018) can be used to provide evidence for this standard, as well as for standards 2.5.2.2 and 2.5.3.2.</p>	1	Safe Effective Well-led	Safe & effective care	Safe, effective and person- centred care delivery	3.4.6. 9.1.18, 9.1.19. 10.1.4			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.1.1.2 There are policies and documentation for the structured handover of care of patients from one clinical team to another throughout the perioperative pathway including intraoperative handover.</p> <p>A copy of policies and protocols should be provided. Handovers should be visible on the anaesthetic record. A rolling audit of handover quality would be useful to demonstrate compliance with this standard.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'.</p> <p>This includes handover to critical care post operatively; please note handover between shifts is covered in standard 4.1.0.5.</p> <p>Standardisation of handover, using SBAR or other such systems is recommended. A suggested dataset for PACU/ICU handover is:</p> <ul style="list-style-type: none"> ■ patient name/age/occupation (if relevant) ■ operation/procedure and intraoperative events of note ■ ASA grade (relevant comorbidities for NEWS2 scoring adjustment) <ul style="list-style-type: none"> - airway - breathing - circulatory ■ drugs, allergies and intraoperative medication relevant to postoperative management plan ■ postoperative analgesia, antiemetics and investigations ■ tubes in and out (hydration, nutrition and elimination, catheter, NGT etc.) ■ contact details for queries/problems ■ hard copy of Anaesthetic record (if not routine). 	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	3.5.2.2 , 3.5.2.3 4.1.4 , 4.5.4 , 4.5.6			
<p>1.1.1.3 There is a structured handover process between shifts, multidisciplinary where appropriate.</p> <p>Rotas should be provided and include the allocation of time and place as well as which staff should be present at handover.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	3.5.21 , 3.5.22 , 5.5.59			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.1.1.4 There is a policy for the provision of anaesthetic care, with or without transfer, for specialties not available onsite within a clinically appropriate timeframe. This should include access to MRI.</p> <p>A copy of the policy for out-of-hours MRI access should be provided. Patient pathways should be relayed by staff members.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'.</p>	1	Safe Effective Responsive Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Partnerships and resources	5.5.42 , 10.5.13 , 10.5.18 , 16.2.23			
<p>1.1.1.5 There is a trust/board resuscitation policy with specific reference to a do not resuscitate order for the perioperative period.</p> <p>A copy of the policy should be provided. Policy should include provision for review of 'not for resuscitation' orders prior to surgery.</p>	1	Safe Caring Responsive	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	5.5.36 , 5.9.7 , 6.2.18			
<p>1.1.1.6 There is a policy to address patient death in the operating theatre.</p> <p>A copy of the policy should be provided which has specific reference to the pastoral care of the bereaved family and staff members involved.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'.</p>	1	Caring Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance; Partnerships and resources; Quality improvement-focussed leadership	3.5.15 , 3.5.16 , 5.5.45			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.1.1.7 There are policies for the management of immediate and delayed complications of neuraxial blockade.</p> <p>Written policies should be provided, which include provision for access to MRI, with or without transfer, 24/7. Policies should include day surgery and obstetric settings if appropriate.</p> <p>See help note 2 for an explanation on what is meant by the term 'policies'</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery	9.5.6 , 11.6.8 , 11.6.12 , 16.2.23			
<p>1.1.1.8 There are clear escalation processes should emergencies occur simultaneously.</p> <p>Verbal confirmation should be given and evidence should be seen in the staff induction pack.</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery; Workforce management and support	5.5.45 , 9.1.6 , 9.5.23			
<p>1.1.1.9 There are clear criteria and standards for day surgery with regards to the patients attending, discharge pathway and the environment and staff where it is delivered.</p> <p>Policies and guidelines (for adults and children) should be available, including comorbidities and common conditions, and appropriate staff rotas. Audit data should be provided to demonstrate appropriate provision. This could include data for on the day cancellations, unplanned overnight admission, unplanned return or readmission to day surgery unit or hospital, and patient experience.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Caring	Safe & effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery; Policies, planning and governanc	6.2.1 , 6.2.8 , 6.2.9 , 6.5.9 , 6.5.15 , 6.5.18 , 10.3.28 , 10.3.29 , 10.3.30 , 10.3.33			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
1.1.2 Anaesthesia in the non-theatre environment								
<p>1.1.2.1 There are policies for the anaesthetic management of adults and children in remote sites e.g. radiology, MRI suites, endoscopy.</p> <p>A copy of the policy/policies should be provided and include reference to how help will be summoned in an emergency. The modified Five Steps to Safer Surgery/WHO process for each remote area should be provided, and include detail of how help is summoned in an emergency.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies' .</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	7.3.5 , 7.3.15 , 7.3.16 , 7.3.17 , 7.3.18 , 7.3.19 , 7.3.20 , 7.3.21 , 7.3.22 , 7.3.23 , 7.3.24 , 7.3.25 , 7.3.26 , 7.4.1			
<p>1.1.2.2 There is a policy to address the airway management of adults and children in the emergency department.</p> <p>The policy should be provided, its location should be pointed out and should be easily accessible and staff should be able to relay the main points and what is expected of them verbally.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'.</p> <p>Please also see the RCoA/RCEM joint position statement here</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support	5.5.46 , 7.3.9 , 7.3.10 , 7.3.11			
<p>1.1.2.3 Where ECT is provided, the department has been accredited against the relevant national accreditation scheme.</p> <p>Documentation of the accreditation should be provided</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	7.3.27 , 7.3.28 , 7.3.29 , 7.3.30 , 7.3.31 , 7.3.32 , 7.3.33			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.1.2.4 Where sedation is provided by an anaesthetist there is a policy for the provision of this service including all subspecialty areas and the specifications of the facilities provided, including paediatrics.</p> <p>A copy of the policy should be provided.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'.</p> <p>Please refer to the recommended published guidance for the conduct of paediatric sedation.</p>	1	Safe Effective Caring	Safe & effective care	Policies, planning and governance	7.1.3, 7.2.3, 7.2.9, 7.2.10, 7.3.4, 7.3.6, 7.3.7, 7.3.14, 7.3.42, 7.4.6, 7.5.11, 7.5.13, 10.5.20			
<p>1.1.2.5 The trust/board has a sedation committee with anaesthetic representation</p> <p>List of sedation committee members.</p> <p>Hospitals that provide sedation should appoint a sedation committee in line with the recommendations from the Academy of Medical Royal Colleges. There should be anaesthetic representation on this committee.</p>	1	Well-led	Management & leadership	Quality improvement-focussed leadership	7.5.13			
1.1.3 High risk patients								
<p>1.1.3.1 Arrangements are in place for the multidisciplinary management of patients with significant co-morbidities.</p> <p>A brief presentation of an example scenario may be requested at your ACSA review visit.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Impact on patients, service users, carers and families; Policies, planning and governance	2.5.11, 2.5.12, 16.1.13, 16.1.14, 16.5.14,			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.1.3.2 Arrangements are in place for the multidisciplinary management of vulnerable older patients.</p> <p>The department should identify ways in which the care and experience of patients with significant comorbidities can be improved and demonstrate how these improvements have been integrated into relevant clinical pathways and protocols. A copy of the policy should be provided. The policy should include the involvement of physicians.</p> <p>Orthogeriatrician input, frailty scoring, and having a named consultant available for the older patient in the anaesthetic department are examples of ways to demonstrate compliance with this standard.</p>	1	Responsive Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance; Quality improvement-focussed leadership	2.3.16 , 2.3.17 , 3.3.2 , 5.3.3 , 16.1.14 , 16.3.14			
<p>1.1.3.3 Patients designated as high risk are managed either directly or under the immediate supervision of a consultant anaesthetist.</p> <p>Evidence should be seen on the anaesthetic record for adults and children.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'.</p> <p>High risk patients are those regarded as surgical P-POSSUM score of greater than 5%, ASA 3 and 4 or those designated high risk by local policy.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery; Quality improvement-focussed leadership	2.5.23 , 5.3.21 , 5.5.24			
<p>1.1.3.4 There is a policy for the management of morbidly obese patients.</p> <p>A copy of the policy should be provided. The policy should outline local processes and equipment available for the treatment of morbidly obese patients, in line with national guidance.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'.</p>	1	Safe Responsive	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	3.3.3 , 3.3.4 , 3.3.5 , 3.3.6 , 3.3.7 , 5.3.15 , 5.3.16 , 5.3.17 , 5.3.18 , 9.3.8 , 9.3.9 , 9.3.10			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
1.2 Before the procedure								
1.2.1 Pre-assessment								
<p>1.2.1.1 All patients undergoing anaesthesia or sedation have an appropriate preoperative assessment. Verbal explanation should be given of the procedure for triage of patients including how test results and potential problems are flagged in a timely manner to aid list planning.</p> <p>Ideally, all patients should have a formal preoperative assessment, often nurse led, where potential issues are sought for and relevant information flagged. An anaesthetist will then review after admission, before surgery. This may not always be logistically possible or necessary in fit patients for minor surgery. Where no formal preoperative assessment has been conducted, a more rigorous assessment will be necessary on admission.</p> <p>An on the day cancellation audit would be useful evidence to demonstrate this.</p>	1	Safe Effective Responsive	Safe & effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery; Policies, planning and governance	2.1.1, 2.1.3, 2.5.1, 2.5.4, 2.5.23, 2.5.24, 5.5.23, 5.5.24, 5.5.26, 5.5.28, 5.9.6, 6.3.14, 6.5.7, 6.5.8, 9.5.1, 9.5.3, 10.2.7, 16.5.21			
<p>1.2.1.2 There is adequate time allowed for consultant input into the anaesthetic preoperative assessment service. Documented evidence should be provided, e.g. job plan or rota.</p> <p>Where the standard refers to a consultant anaesthetist, it is acceptable for SAS doctors whom this process has agreed can practice without consultant supervision, to fulfil this role (see Note 4).</p>	1	Safe Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support; Quality improvement-focussed leadership	2.5.14, 2.5.16, 6.1.5, 6.5.10			
<p>1.2.1.3 The appropriate level of postoperative care is planned and arranged preoperatively. A verbal explanation should be provided regarding how patients are ranked in urgency when there is competition for beds, how patients are recovered when anaesthetised remotely (outside main theatres), what plans are in place for booking level 2 and level 3 care and the access of obstetric and paediatric patients to level 2 and level 3 care.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	2.1.6, 2.5.29, 5.5.43, 7.1.5, 7.2.6, 9.3.3, 10.2.7, 10.3.21			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.2.1.4 There are agreed local policies for preoperative preparation of patients. Examples include fasting, investigations, cross match, thromboprophylaxis, diabetes, latex allergy, antacid prophylaxis and enhanced recovery after surgery (ERAS).</p> <p>A copy of the policy/policies should be provided and staff should give verbal confirmation that they are fit for purpose and followed. In children, similar policies should be provided including fasting and pregnancy testing in adolescents.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'.</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	2.5.17, 3.2.23, 6.5.7, 6.5.8, 6.5.9, 6.5.11, 9.2.19, 10.3.31, 10.5.21, 10.9.2			
<p>1.2.1.5 A process is in place to ensure that abnormal results of pertinent investigations are flagged to the relevant person within a clinically appropriate timeframe.</p> <p>Verbal or written confirmation that test results reach the right person should be provided as well as confirmation that staff are satisfied that information can be found if it is looked for. Staff should be able to describe a system by which lists can be amended or planned days and/or weeks before based on the results of investigations.</p> <p>This may be assessed in the classroom session where examples can be requested of how this works in practice.</p>	1	Safe	Safe & effective care	SSafe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support	2.5.26, 2.5.27, 2.5.33, 6.5.11			
<p>1.2.1.6 A policy exists for the perioperative management (including regional anaesthesia) of patients with regard to anticoagulant therapy.</p> <p>A copy of the policy should be provided.</p>	1	Safe	Safe & effective care	Policies, planning and governance	2.5.17			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
1.2.2 Consent								
<p>1.2.2.1 Patients and their carers are given adequate information upon which to base their decision regarding anaesthesia, postoperative care and pain relief.</p> <p>There is a record that patients have received information describing the options, risks and benefits of the proposed procedures, including the risk of rare events e.g. mortality. Documentation of discussion of procedures and risk, e.g. on the anaesthetic record. Adequate information in the appropriate format should be accessible.</p> <p>This can be demonstrated through an audit of patient satisfaction regarding the information received, as outlined in standard 3.1.1.2.</p>	1	Caring Responsive	Safe & effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery	2.9.1 , 2.9.4 , 2.9.5 , 2.9.6 , 6.5.12 , 6.9.1 , 6.9.2 , 6.9.3 , 6.9.4 , 6.9.5 , 6.9.6 , 9.9.1 , 9.9.3 , 10.9.2 , 11.9.1			
<p>1.2.2.2 Staff have knowledge of national guidelines and the trust/board policy on informed consent.</p> <p>A copy of the staff induction pack should be provided. Staff taking consent for paediatric anaesthesia have documented knowledge of legislation and good practice guidance involving rights of the child, parental responsibility as applied to consent. Consent is taken by a qualified person.</p>	1	Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	2.9.8 , 10.9.8 , 10.9.11 , 10.9.12			
1.3 On the day of the procedure								
1.3.1 Intraoperative period								
<p>1.3.1.1 All patients, undergoing anaesthesia or sedation are seen by an anaesthetist after admission, prior to the procedure. Children should be seen with their carers.</p> <p>Patient records should have evidence that patients have been seen. Staff should be able to give verbal confirmation that the assessment happens privately. Audit of patient and/or parental feedback and satisfaction.</p>	1	Safe Responsive	Safe & effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery	2.5.7 , 2.5.30 , 5.5.26 , 6.2.7 , 10.2.7			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.3.1.2 A dedicated and appropriately trained anaesthetic assistant is present throughout the entire anaesthetic procedure, including sedation given by an anaesthetist.</p> <p>A written policy should be provided and verbal confirmation should be given that it is used for 100 per cent of anaesthetic procedures in all areas at all times including out of hours and emergencies.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	3.1.11, 3.1.12, 7.1.2, 7.1.3, 9.1.23, 9.1.24, 9.1.25, 9.1.26, 10.1.5			
<p>1.3.1.3 The whole theatre team engage in the five steps to safer surgery (including team brief and debrief) in any situation where anaesthesia or sedation is administered by an anaesthetist.</p> <p>Verbal confirmation from staff. Records of annual audits should be provided.</p> <p>In every setting where anaesthesia or sedation is administered by an anaesthetist the five steps should be followed. This should include modified processes for the particular setting including: category 1 caesarean sections and procedures in non-theatre environments such as radiology, endoscopy, cardiology.</p> <p>To aid compliance with standard 1.1.1.1, names and contact details of the supervising consultant where necessary could be included in the team brief.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	3.5.2, 7.2.17, 7.5.1, 7.7.4, 9.5.20, 10.5.8			
<p>1.3.1.4 Accurate, contemporaneous, clear and complete information about operating lists is printed and displayed and any changes to lists are agreed by all relevant parties.</p> <p>The process should be described and seen by the review team.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support	2.5.36, 3.5.3, 3.5.4, 3.5.5			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.3.1.5 Recommended standards of monitoring are met for each patient.</p> <p>The anaesthetic record in use should contain all elements of the current Association of Anaesthetists 'Recommendations for standards of monitoring during anaesthesia and recovery' dataset.</p> <p>Use of continuous monitoring (e.g. the transition from theatre to recovery) is a recent addition to the Association of Anaesthetists Recommendations for standards of monitoring during anaesthesia and recovery guidelines.</p> <p>If this is not currently available, there should be a plan for the next cycle of equipment renewal to ensure that this is in place.</p>	1	Safe	Safe & effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery	3.2.29 , 3.2.30 , 3.2.31 , 3.2.32 , 5.2.35 , 6.2.17 , 7.2.9 , 7.3.19 , 7.3.22 , 7.3.33 , 10.2.1			
<p>1.3.1.6 Current guidelines for the management of anaesthetic emergencies, including those for children, are appropriately displayed and immediately and reliably available in sites where anaesthesia and sedation are provided.</p> <p>Copies of policies which are required for emergencies that may occur (based on the services being provided) should be appropriately displayed and immediately and reliably available and compatible with human factors use.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p> <p>The department will need to demonstrate guidelines are readily accessible. The intranet may not be adequate unless reliable and immediately available.</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	3.5.18 , 5.5.44 , 5.5.45 , 10.5.19			
<p>1.3.1.7 An appropriate early warning score is in use for all patients including emergencies, obstetric patients and children.</p> <p>Early warning scores, in accordance with NEWS2, should be visible on patient observation charts. Paediatric early warning scores should be visible on all age specific observation charts. Charts should be modified for the obstetric patient.</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery	5.2.12 , 9.3.2 , 10.3.9			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
1.3.2 Services								
<p>1.3.2.1 Access to the following services is available within a clinically appropriate timeframe: haematology, blood transfusion, chemical pathology, blood gas analysis, radiology, electrocardiography and appropriate cardiopulmonary assessment including for emergencies.</p> <p>Verbal confirmation of how services would be accessed during a procedure should be given.</p>	1	Safe	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support	2.2.4, 3.2.10, 5.5.51, 6.2.22, 6.2.23, 9.2.20, 9.2.21, 9.2.22, 9.2.23, 9.2.24, 9.2.25, 10.2.2, 10.2.20			
1.4 After the procedure								
1.4.1 Recovery								
<p>1.4.1.1 After general or regional anaesthesia, or sedation, all patients recover in a specially designated area, which meets Association of Anaesthetists and DH guidelines (e.g. oxygen, suction and monitoring).</p> <p>The recovery area should be seen. Monitoring to include the provision for (and use of) capnography when appropriate.</p>	1	Safe Responsive	Safe & effective care	Safe, effective and person-centred care delivery	4.2.1, 4.2.2, 4.2.5, 4.2.11, 7.1.5, 7.2.27, 7.3.33			
<p>1.4.1.2 There are policies for the management of acute pain and postoperative nausea and vomiting, including for those with special requirements.</p> <p>A copy of the policies should be provided.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'.</p> <p>Specific arrangements and guidelines should be available, where applicable, for the management of subgroups of vulnerable patients as listed in GPAS reference 11.3.6.</p>	1	Caring Responsive Well-led	Safe & effective care Management & leadership	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery; Policies, planning and governance	4.2.18, 10.2.15, 10.5.19, 11.3.6, 11.5.6, 11.5.8, 11.5.9, 11.5.10			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.4.1.3 There is an agreed procedure for the removal of supraglottic airways.</p> <p>A written policy should be provided which includes reference to the use of capnography</p> <p>Where there is nurse led extubation, evidence of training, an SOP and rolling audit of practice must be available.</p>	1	Safe	Safe & effective care	Safe, effective and person-centred care delivery	4.1.2 , 4.1.3 , 4.2.12			
1.4.2 Recovery staff								
<p>1.4.2.1 The recovery room staff, including those working in obstetrics, are appropriately trained and updated in all relevant aspects of postoperative care.</p> <p>A written policy should be provided describing which members of staff, based on their qualifications, should be present in recovery for each of the procedures being undertaken.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	4.1.1 , 9.1.27 , 9.1.28 , 11.4.2			
<p>1.4.2.2 All recovery staff should be trained to an appropriate level in life support and maintain their competencies.</p> <p>Evidence such as training records to show all recovery staff maintain competency equivalent to at least ILS should be provided. Arrangements to ensure that at least one advanced life support provider or an anaesthetist is always immediately available should be described.</p> <p>Your own internal training rather than an external course would suffice as 'equivalent' to ILS if the content/ training records are provided and considered satisfactory.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support; Quality improvement-focussed leadership	4.4.3 , 4.4.4 , 4.4.5			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.4.2.3 Until patients can maintain their airway, breathing and circulation they are cared for on a one-to-one basis by an appropriately trained member of staff, with an additional member of staff available at all times.</p> <p>Verbal confirmation that this is met for 100 per cent of anaesthetic procedures should be given, along with a named consultant anaesthetist or intensivist who is responsible for the patient.</p>	1	Safe	Safe & effective care	Safe, effective and person-centred care delivery	4.1.5, 4.1.6, 4.1.7, 5.1.10, 6.1.6, 6.2.8			
<p>1.4.2.4 Critically ill patients in the recovery area are cared for by appropriately trained staff and have appropriate monitoring and support.</p> <p>A written policy should be provided and this should be seen in the recovery area.</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support	4.3.26, 4.3.29			
1.4.3 Escalation of care								
<p>1.4.3.1 There is a recognised process for the referral of day case patients requiring inpatient admission.</p> <p>A written policy should be provided for adults and children.</p> <p>This refers specifically to day surgery under the escalation of level of care, such as in day surgery when the patient subsequently requires an overnight stay.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery	6.5.16, 6.5.17, 7.2.5, 7.3.29, 7.5.5			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.4.3.2 There is a recognised process for the referral of patients requiring critical care, including paediatric and obstetric patients, to an appropriate facility.</p> <p>A written policy should be provided for adults and children.</p> <p>This refers specifically to unplanned intensive care admissions following surgery.</p>	1	Safe Responsive Well-led	Safe & effective care Management & leadership	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery	7.1.5 , 7.3.13 , 7.5.5 , 9.3.3 , 9.3.4 , 10.3.8 , 10.5.1 , 10.5.13			
1.4.4 Review and discharge								
<p>1.4.4.1 There are agreed criteria for discharge from recovery. After these criteria have been met, an appropriately trained member of staff accompanies patients during transfer.</p> <p>A written policy should be provided for adults and children</p> <p>Where patients are discharged home directly from recovery it is accepted that they would not need to be accompanied by a member of staff.</p> <p>A checklist is useful to demonstrate this.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery	4.2.17 , 4.5.7 , 6.5.18			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.4.4.2 There is a policy for the post-procedural review of all patients</p> <p>All doctors working in the department including trainees are informed and can relay the process for post procedural review for different groups of patients, including how patients are reviewed if their own anaesthetist is not available within the set period. How this information is shared with new staff members should be relayed. Audit data may be useful to demonstrate compliance with this standard.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'.</p> <p>The GPAS references 4.1.11 and 9.5.5 stipulate groups of patients that should be visited within 24 hours of their procedure. What constitutes an appropriate review will depend on the patient, type of surgery and surgical location. The importance of post procedural review is for quality improvement not least through achieving learning for the anaesthetist and so improving patient care. What is important is that all, including trainees, are aware of departmental responsibilities and learning opportunities and that they are safe and appropriate. As well as improve outcomes for patients, post procedural reviews should also provide data that should be used drive quality improvement and can provide supporting evidence to standard 4.2.3.1.</p>	1	Safe Responsive Caring	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support	4.1.11 , 9.5.5			
<p>1.4.4.3 Patients being discharged from the hospital following anaesthesia or sedation should be discharged into the care of a responsible adult.</p> <p>Discharge criteria on a form for adults and children</p> <p>This does not apply to surgically administered local anaesthetic.</p>	1	Safe	Safe & effective care	Impact on patients, service users, carers and families	6.5.25 , 7.5.9			
1.4.5 Pain management								
<p>1.4.5.1 Methods of postoperative pain management are discussed with, and written information given to, the patient.</p> <p>This should be visible on the anaesthetic record. Written evidence that it is covered in induction should be given.</p>	1	Caring	Safe & effective care	Safe, effective and person-centred care delivery; Impact on patients, service users, carers and families	2.9.4 , 6.5.21 , 6.5.22 , 6.9.5 , 10.9.3 , 11.7.1			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.4.5.2 If not already available, pain management for day surgery patients includes prescription for pain relief medication after discharge when necessary if the patient requires or requests it.</p> <p>A written proforma or policy should be provided. Discharge information should include written advice on taking pain relief medication; timing and dosing, as well as advice on cessation of self-medication.</p>	1	Caring Effective	Safe & effective care	Safe, effective and person-centred care delivery; Impact on patients, service users, carers and families	6.5.21 , 11.3.6			
<p>1.4.5.3 Specialist pain management advice and intervention is available at all times including escalation plans.</p> <p>A system by which anaesthetists can be called at any time for advice regarding inpatient pain management should be relayed verbally by any member of staff, including nursing staff, for adults and children.</p>	1	Safe Effective Responsive	Safe & effective care	Impact on patients, service users, carers and families; Workforce management and support	10.2.15 , 11.1.1 , 11.1.4 , 11.1.6			
<p>1.4.5.4 There is a dedicated, specialist pain nurse service for inpatients, which also covers the needs of children and obstetric patients.</p> <p>Verbal confirmation should be given of pain service and staffing. Audits of pain management and adult and paediatric guidelines available, such as those for multi-modal analgesia. Demonstrate use of age appropriate pain tools. Records showing regular pain scores being taken.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Effective Well-led	Safe & effective care Management & leadership	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery; Quality improvement-focussed leadership	10.2.15 , 11.1.6			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
1.5 Emergency Surgery								
1.5.1 Emergency care pathway								
<p>1.5.1.1 There should be policies for 24/7 cover of emergency surgery, prioritisation of emergency cases according to clinical urgency, and seniority of clinical staff according to patient risk.</p> <p>The local arrangements should be verbally relayed by staff members.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support	5.5.19 , 5.5.35			
<p>1.5.1.2 Fully resourced, dedicated daytime emergency and trauma lists are provided appropriate to local demand.</p> <p>Lists should be provided. Half day NCEPOD lists are acceptable</p> <p>Audit of emergency workload after 2200 would be useful to demonstrate this.</p>	1	Safe Responsive Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support	3.5.12 , 5.5.20 , 5.5.21			
<p>1.5.1.3 There is clear method of communication within the theatre team about the category of urgency of an emergency including emergency deliveries in obstetrics.</p> <p>Verbal confirmation should be given and must include a process for multidisciplinary communication.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Workforce management and support	5.5.19 , 9.5.18			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.5.1.4 There is appropriate staffing to allow immediate stabilisation and transfer of emergency patients.</p> <p>A written policy should be provided. Verbal confirmation should be given that staff are aware where appropriate help will come from in order to transfer patients who need to be moved urgently either within the hospital, e.g. to scanning facilities or theatres; or transferred to another site if required.</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support; Quality improvement-focussed leadership	3.1.3 , 3.1.4 , 5.2.14 , 7.3.8 , 7.3.9 , 7.3.12 , 7.3.13			
1.6 Paediatrics								
1.6.1 General								
<p>1.6.1.1 The specific needs of children are considered at all stages of perioperative care including in emergencies.</p> <p>Evidence should include documentation of special considerations in patient notes and preassessment records, patient information and patient satisfaction audits. Arrangements for carer's accommodation should be described.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Caring Well-led	Safe & effective care Management & leadership	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery; Policies, planning and governance	2.3.1 , 2.3.4 , 2.3.9 , 4.3.2 , 4.3.3 , 4.3.4 , 4.3.5 , 6.3.1 , 6.3.2 , 6.3.3 , 6.3.4 , 6.3.5 , 6.3.7 , 7.3.1 , 7.3.2 , 7.3.3 , 7.3.4 , 7.3.5 , 7.3.6 , 7.3.7 , 10.2.17 , 10.2.18 , 10.2.19 , 10.2.21			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.6.1.2 When children are admitted for surgery, there is access to a named consultant paediatrician within a clinically appropriate timeframe.</p> <p>Indicate clear arrangements/written guidance for access to a paediatrician proportionate to the service delivered.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p> <p>Where the standard refers to a consultant anaesthetist, it is acceptable for SAS doctors whom this process has agreed can practice without consultant supervision, to fulfil this role (see Note 4).</p>	1	Safe Effective Responsive	Safe & effective care	Impact on patients, service users, carers and families	6.3.6 , 10.1.8			
<p>1.6.1.3 When a child undergoes anaesthesia, all staff (operating department practitioners/assistants/ anaesthetic nurses/recovery) involved in the care of that child have appropriate paediatric competencies and experience.</p> <p>Evidence of staff experience, regular training, rotas or policy. A lead paediatric nurse should be directly involved with the organisation of the service and training of staff.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe	Safe & effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery; Workforce management and support	10.1.1 , 10.1.5 , 10.1.6			
<p>1.6.1.4 Particular provision is made for the care of children including anaesthetists, nurses and ODPs trained in paediatric resuscitation.</p> <p>Verbal confirmation should be sought from staff in the recovery area, including the qualifications of individuals in that area. All anaesthetists who provide elective or emergency care for infants, children or young adults should have advanced training in life support that covers their expected range of clinical practice and responsibilities.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Responsive	Safe & effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery; Workforce management and support	4.3.2 , 4.3.10 , 10.1.1 10.1.6 , 10.1.7 , 10.3.14 , 10.4.2			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.6.1.5 Children are separated from adult patients throughout their care pathway, including theatres, recovery, inpatient wards, day ward and critical care unit. These areas should be safe and accessible to parents and carers.</p> <p>Demonstrate separate pathway and environment – seen at 'walkabout' session during ACSA review visit.</p> <p>Prioritisation on mixed lists.</p> <p>The ideal is complete separation of adults and children in recovery using solid building construction while permitting immediate assistance and observation. In many situations this may not be possible and pragmatic solutions which achieve demonstrably acceptable results may be used.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Caring Effective Responsive	Safe & effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery; Policies, planning and governance	6.2.10 , 6.3.4 , 10.2.17 , 10.2.19			
<p>1.6.1.6 Services and facilities take into account the physical and emotional needs of adolescents where these are different from those of children and adults, including particular consideration of adolescents transitioning from paediatric to adult services.</p> <p>Demonstrate appropriate information on anaesthesia and surgery, provision of privacy and policy on consent.</p>	1	Responsive	Safe & effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery	10.2.20 , 10.3.36 , 10.3.37 , 10.3.38 , 10.3.39 , 10.3.40 , 10.3.41			
1.6.2 Policies								
<p>1.6.2.1 An anaesthetist participates in the multidisciplinary committee that formulates and reviews policies for children's surgical services.</p> <p>Demonstrate committee overseeing services for children (minutes of meeting) and hospital engagement in regional network (agenda, minutes).</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Effective Responsive Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance; Workforce management and support	10.5.2 , 10.5.3			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.6.2.2 Care pathways and evidence of engagement with available regional paediatric (anaesthetic/surgical/critical care) networks, based on the complexity of procedure, age and comorbidity of children, as well as clinical urgency and geography, are developed and agreed.</p> <p>Local and regional network standards, care pathways and relevant policies including a policy clearly defining local surgical provision for children. Evidence of attendance at regional network meetings and use of regional guidelines or involvement in network audits.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Responsive Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	10.3.8 , 10.3.13 , 10.5.14 , 10.5.15 , 10.5.16			
1.6.3 Critically ill children								
<p>1.6.3.1 The specific needs of critically ill children are considered.</p> <p>Paediatric early warning scores should be visible on all age specific observation charts. Verbal confirmation should be given as to whom would provide anaesthetic support to the multidisciplinary team caring for a critically ill child.</p>	1	Safe Responsive	Safe & effective care	Safe, effective and person-centred care delivery; Partnerships and resources	10.3.9 , 10.3.10 , 10.3.11			
<p>1.6.3.2 There is a policy for the interdisciplinary management of critically ill children.</p> <p>The policy should be verbally relayed and should include retrieval policy, where the critically ill child will be treated while awaiting retrieval or admission to PICU, and contact with paediatricians.</p> <p>See Note 2 for an explanation of what is meant by the term 'policies'</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Effective Caring Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	10.3.8 , 10.3.10 , 10.3.19 , 10.3.20			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.6.3.3 Hospitals have arrangements within their network for the transfer of sick infants and children to the regional specialist centre including time critical transfers. Network and local policies, evidence of multidisciplinary working, named lead consultant.</p>	1	Safe Responsive	Safe & effective care	Safe, effective and person-centred care delivery; Workforce management and support; Quality improvement-focussed leadership	10.3.16 , 10.3.23			
1.7 Obstetrics								
1.7.1 Policies								
<p>1.7.1.1 There are multidisciplinary guidelines for care of the obstetric patient. Multidisciplinary guidelines should be provided.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	9.2.47 , 9.2.4.8			
<p>1.7.1.2 An obstetric anaesthetist takes part in regular multidisciplinary 'labour ward forum' or equivalent meetings. Minutes of meetings and record of attendance should be provided.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Impact on staff; Workforce management and support	9.1.13 , 9.5.29			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.7.1.3 Anaesthesia is represented as part of the planning of maternity services.</p> <p>The names of the representatives should be given. Minutes of meetings and record of attendance should be provided.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Policies, planning and governance	9.5.28			
1.7.2 Staffing								
<p>1.7.2.1 A duty anaesthetist is immediately available for the obstetric unit 24 hours a day. Where the duty anaesthetist has other responsibilities, they should be able to delegate care of their non-obstetric patient in order to be able to attend immediately to obstetric patients.</p> <p>The rota should be seen to allow obstetrics to take priority where the duty anaesthetist has other responsibilities. A policy should be made available at staff induction regarding prioritising and junior staff should provide verbal confirmation that they have been inducted in this way. CNST, NHSLA or equivalent evidence and audits should also be provided.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Workforce management and support;	9.1.2 , 9.1.4 , 9.1.6			
<p>1.7.2.2 Obstetric units have, as a minimum, consultant cover the full daytime working week (equating to Monday to Friday, morning and afternoon sessions being staffed).</p> <p>A copy of the rota should be provided.</p> <p>Where the standard refers to a consultant anaesthetist, it is acceptable for SAS doctors whom this process has agreed can practice without consultant supervision, to fulfil this role (see Note 4)</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	9.1.14 , 9.1.15 ,			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.7.2.3 There is adequate time allowed for consultant assessment of antenatal referrals.</p> <p>Verbal confirmation should be given that a system, which staff are satisfied allows enough time, is in place.</p>	1	Safe Caring Well-led	Safe & effective care Management & leadership	Policies, planning and governance	9.1.16			
<p>1.7.2.4 There is a named consultant anaesthetist or intensivist (dependent on location) responsible for all level two maternal critical care patients.</p> <p>Verbal confirmation that there is a system in place to make sure level 2 patients on a labour ward are cared for by a consultant anaesthetist/intensivist.</p> <p>If level two maternal critical care patients are managed on the labour ward, then the named consultant will be an anaesthetist. If they are managed in a general critical care area, then the named consultant may be an intensivist.</p> <p>Where the standard refers to a consultant anaesthetist, it is acceptable for SAS doctors whom this process has agreed can practice without consultant supervision, to fulfil this role (see Note 4).</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery; Workforce management and support	9.3.6			
<p>1.7.2.5 Where there are elective caesarean section lists, there are dedicated obstetric, anaesthesia, theatre and midwifery staff.</p> <p>A copy of rotas and lists showing dedicated theatre lists with a named anaesthetist with no other clinical commitment should be provided. An audit demonstrating minimal delays to elective procedures and rapidness of emergencies to support local arrangements.</p> <p>The provision of emergency care and regional analgesia should not compromise the elective obstetric workload.</p>	1	Responsive Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support	9.1.2, 9.1.14, 9.1.16, 9.1.18, 9.5.27			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>1.7.2.6 The duty anaesthetist for obstetrics should participate in delivery suite ward rounds including multidisciplinary handovers.</p> <p>A copy of the rota to demonstrate duty consultant availability at a time when delivery suite ward rounds are taking place.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Quality improvement-focussed leadership	9.1.9			
<p>1.7.2.7 Midwives trained to an agreed local standard in the management of regional analgesia are available before an obstetric epidural block is established. An appropriate number of midwives trained to an agreed standard are available for the case mix of patients with regional analgesia.</p> <p>Staff working in obstetric anaesthesia should report that they are satisfied with local arrangements and that epidurals are not being denied to patients due to the non-availability of trained staff. The local standard should be agreed with the anaesthetic department. Audit data may be useful to support staff assurances.</p>	1	Safe Effective Well-led	Safe & effective care; Management & leadership	Impact on staff; Workforce management and support	9.5.10			
1.7.3 Facilities								
<p>1.7.3.1 There is either a fully equipped obstetric theatre in the delivery suite or an adjacent theatre that is always available for this purpose.</p> <p>Verbal confirmation regarding what happens if all theatres are occupied should be given. This should include knowledge of a policy allowing inclusion on an existing theatre list or use of the first available theatre.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery	9.2.35			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
2 Equipment, Facilities and Staffing								
2.1 Equipment								
2.1.1 Anaesthetic equipment								
<p>2.1.1.1 All anaesthetic equipment is checked before use according to the Association of Anaesthetists published guidelines and the checks are documented. All anaesthetic equipment is checked before use according to the Association of Anaesthetists published guidelines and the checks are documented.</p> <p>A copy of documented checks should be provided.</p> <p>Example of evidence would be an audit of anaesthetic records showing a completion of checklist and any copies or examples of data. A completed machine self-check only covers part of the Association of Anaesthetists checklist and this check should be recorded. It is the responsibility of the anaesthetist to make sure that these checks have been performed, and the anaesthetist must be satisfied that they have been carried out correctly.</p>	1	Safe	Safe & effective care	Safe, effective and person-centred care delivery	3.2.24			
<p>2.1.1.2 Equipment must be available to administer oxygen to all patients undergoing procedures under sedation by an anaesthetist. There must be the ability to monitor continuous CO2 output</p> <p>Equipment must be seen.</p>	1	Safe	Safe & effective care	Safe, effective and person-centred care delivery	7.2.3, 7.2.11			
<p>2.1.1.3 No anaesthetic machine is able to supply a hypoxic gas mixture.</p> <p>Equipment, especially in remote locations including ED, should be checked to ensure this.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	3.2.18			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>2.1.1.4 Where piped oxygen is not available, there is an adequate supply from cylinders which are checked regularly. Oxygen and air cylinders are stored separately.</p> <p>Cylinders should be seen and paper records of checks should be provided along with an operational policy for backup oxygen provision. Oxygen and air cylinders are seen to be stored separately in accordance with never event 15: Unintentional connection of a patient requiring oxygen to an air flowmeter.</p>	1	Safe	Safe & effective care	Safe, effective and person-centred care delivery	7.2.3 , 7.2.11 , 7.2.12			
<p>2.1.1.5 Equipment for monitoring, including capnography, ventilation of patients' lungs and resuscitation including defibrillation is available at all sites where patients are anaesthetised or sedated and on the delivery suite. In areas that treat children, this must include equipment specifically designed for children.</p> <p>Defibrillators, bag and masks and capnography should be seen, including in remote locations. Staff should be asked if they encounter any difficulties with equipment in any sites.</p> <p>This specifically includes all situations where a patient will be intubated, including the ward, in accordance with never event 16: 'Undetected oesophageal intubation'.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	3.2.16 , 3.2.29 , 3.2.30 , 3.2.31 , 3.2.32 , 5.2.35 , 6.2.18 , 7.2.3 , 7.2.9 , 7.2.10 , 7.2.27 , 7.3.19 , 7.3.22 , 7.3.33 , 9.2.1 , 10.2.1			
<p>2.1.1.6 Facilities for external cardiac pacing are available.</p> <p>Defibrillators should be checked to ensure they include pacing mode.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	3.2.18 , 7.3.34			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>2.1.1.7 Equipment to provide a full range of local and regional blocks is available.</p> <p>Staff should be asked whether the range of equipment for local and regional blocks is sufficient based on the procedures they undertake for adults and children.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Effective Responsive Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	3.2.23 , 5.2.35 , 6.2.19 , 10.2.1			
<p>2.1.1.8 Ultrasound imaging equipment is available to assist with vascular access and regional anaesthesia.</p> <p>Verbal confirmation should be given for adults and children.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Effective Responsive Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	3.2.17 , 3.2.23 , 5.2.35 , 9.2.15 , 10.2.1			
<p>2.1.1.9 Devices for monitoring and maintaining or raising the temperature of the patient are available throughout the perioperative pathway including control of theatre temperature.</p> <p>Devices, including those suitable for use on children, should be seen and need to be in working order so that they can be used intraoperatively.</p>	1	Safe	Safe & effective care	Safe, effective and person-centred care delivery	3.2.20 , 3.2.21 , 3.2.30 , 5.2.2 , 5.2.28 , 5.2.29 , 10.2.1 , 10.2.6 , 10.3.4 , 16.2.4 , 16.2.5 , 16.2.6			
<p>2.1.1.10 Equipment for fluid and blood warming, and where appropriate, rapid infusion is available.</p> <p>Equipment should be seen for adults and children.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery	3.2.21 , 3.2.22 , 7.2.26 , 7.3.19 , 10.2.1			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>2.1.1.11 There is standardised and specialised equipment for the management of difficult airways immediately available in every area where anaesthesia is given.</p> <p>The difficult airway trolley should be seen and the equipment on it should be checked. All members of staff should be able to confirm its location for adults and children.</p> <p>Ideally, there should be a difficult airway trolley available on every floor. There must be a robust process for obtaining assistance in remote sites. If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Policies, planning and governance	3.2.18 , 3.2.19 , 5.2.30 , 7.2.3 , 9.2.11			
<p>2.1.1.12 Appropriate equipment is available and used for all intra and inter hospital patient transfers.</p> <p>Portable ventilators and monitoring should be seen for adults and children. Transfer audit forms should be demonstrable.</p> <p>Use of continuous monitoring (e.g. the transition from theatre to recovery) is a recent addition to the Association of Anaesthetists Recommendations for standards of monitoring during anaesthesia and recovery guidelines.</p> <p>If this is not currently available, there should be a plan for the next cycle of equipment renewal to ensure that this is in place.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Effective Responsive Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery	4.2.13 , 5.2.14 , 5.2.25 , 7.2.1 , 7.3.13 , 10.3.24			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>2.1.1.13 There is specialised equipment for the management of postoperative pain.</p> <p>An adequate number of PCAs and epidural pumps and the arrangements for their use should be available for the services being provided for adults and children. Staff spoken to should agree that numbers are sufficient. An audit would be an additional way to demonstrate the number is sufficient.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Effective Caring Responsive	Safe & effective care	Safe, effective and person-centred care delivery	9.2.12, 11.2.1			
<p>2.1.1.14 There is adequate protection from environmental hazards provided for staff.</p> <p>The staff member with responsibility for safety of X-ray, Control of Substances Hazardous to Health and infection control should be named. Staff should be asked if they have any concerns and be able to explain how radiation exposure is monitored. A scavenging system that meet the Health and Safety Executive's occupational exposure standards for anaesthetic agents should be seen.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Workforce management and support	3.2.4, 5.2.26, 7.3.15, 7.5.4, 9.2.4			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
2.1.2 Maintenance and replacement								
<p>2.1.2.1 There is a planned maintenance and replacement programme for all anaesthetic equipment as required.</p> <p>The age of the oldest equipment should be given and written evidence of the replacement programme should be provided.</p> <p>The plan should include:</p> <ul style="list-style-type: none"> ■ a timetable to implement the agreed facilities; ■ equipment purchase and replacement that includes both planned objectives for the immediate year and outline plans for 2 to 5 years. <p>It should also be taken into consideration with reference to the department's strategic plan as described in standard 4.1.1.1.</p> <p>Use of continuous monitoring (e.g. the transition from theatre to recovery) is a recent addition to the AAGBI's Recommendations for standards of monitoring during anaesthesia and recovery guidelines.</p> <p>If this is not currently available, there should be a plan for the next cycle of equipment renewal to ensure that this is in place.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance	3.2.28 , 11.2.3			
<p>2.1.2.2 All anaesthetists and anaesthetic assistants receive systematic training in the use of new medical equipment and the training is documented.</p> <p>Documentation of training should be provided.</p> <p>Self-certification is sufficient if consultants are keeping a record of their own training for appraisal purposes; again, this should be appropriately documented.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support	3.2.6 , 5.2.20			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
2.2 Drugs, Fluids and Blood								
2.2.1 Drugs								
<p>2.2.1.1 All departments should have a policy for the safe and secure handling of medicines. Copy of written policy. RT will confirm on walkabout and with staff groups that policy is routinely followed.</p> <p>The policy should be formulated with particular reference to Appendix C of the Royal Pharmaceutical Society's Safe and Secure Handling of Medicines guidance.</p> <p>Please note this is a 'priority 2' standard, see Note 1 for further explanation.</p>	2	Safe Responsive Well-led	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	3.2.34 , 3.2.35 , 3.2.36 , 3.2.37 , 3.2.38 , 3.2.39			
<p>2.2.1.2 Local anaesthetic agents (ampoules and bags) must be stored separately from other drugs and intravenous fluids. Separate areas should be seen.</p> <p>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 would be behind different doors which in practice means different cupboards. A locked box may be permitted as an interim measure.</p>	1	Safe	Safe & effective care	Safe, effective and person-centred care delivery	3.2.37 , 9.2.30 , 11.2.7			
<p>2.2.1.3 In every site where anaesthesia is given emergency drugs including intralipid, sugammadex and dantrolene are readily available and in date supply is maintained. Drugs should be seen</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery	7.2.18 , 7.2.19 , 7.2.21 , 9.2.31			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>2.2.1.4 In every site where sedation is given emergency drugs including naloxone and flumazenil are available and in date supply is maintained. Drugs should be seen in sites where sedation procedures are undertaken by an anaesthetist.</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery	7.2.18 , 7.2.21			
2.2.2 Access to blood and blood conservation techniques								
<p>2.2.2.1 Blood storage facilities are immediately available to emergency theatres (including obstetrics) and contain O rhesus negative blood. Facilities should be seen</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	5.2.5 , 9.2.22			
<p>2.2.2.2 A cell salvage machine and trained staff are available for appropriate patients. Equipment should be seen with evidence of ongoing training appropriate to case mix. Audit data should be provided to demonstrate the extent of cases where massive blood loss is anticipated. Hospitals that do not treat 'appropriate patients' should choose the 'not applicable' option. The site would need to justify to the reviewers who visit why the standard is not applicable to their service. If patients who require this machine are seen rarely, and only in planned surgery, an SLA with an appropriate provider to hire the machine and staff required on demand is a fair alternative to purchase.</p>	1	Effective Responsive Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	5.2.34 , 9.2.9 , 16.2.3			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
2.3 Anaesthetic records								
2.3.1 Documentation								
<p>2.3.1.1 All records for anaesthesia and sedation contain the relevant portion of the recommended anaesthetic data set and are kept as a permanent document in the patient's record.</p> <p>Anaesthetic records and case notes should be seen. Audit, at least annually, of a random selection of user records for adherence to national standards, validation of clinical content and accuracy of clinical coding.</p>	1	Well-led	Management & leadership	Safe, effective and person-centred care delivery	3.5.6			
<p>2.3.1.2 An appropriate electronic anaesthetic record system linked to an electronic health record using recognised health informatics standards, controlled terminology and capable of providing a hard copy is in use.</p> <p>Demonstration of the system and confirmation of back up arrangements.</p> <p>The system should support patient safety, semantic interoperability and sharing. Recognised informatics standards include HL7 and OpenEHR. The recognised health terminology standard for the UK is SNOMED-CT.</p>	3	Well-led	Management & leadership	Safe, effective and person-centred care delivery	2.5.26			
2.4 Facilities								
2.4.1 Clinical areas								
<p>2.4.1.1 Clinical areas should be appropriately restricted for the protection of patients and staff.</p> <p>Evidence of this should be visible</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery	3.2.10 9.2.33			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>2.4.1.2 An emergency call system is in place and understood by all relevant staff. Where there are multiple locations the system must clearly indicate in which location the emergency is occurring.</p> <p>Confirmation of the system and how it is used should be given by any member of staff when asked. The review team may request a demonstration of the system at the review visit. In remote areas, other robust call systems may be appropriate. Generally, an appropriate system will have both audible and visual elements. Audit data demonstrating response times may also be requested.</p> <p>This standard pertains to being able to summon anaesthetic assistance in an emergency and the review team will consider the appropriateness of any local solution for specific local circumstances with this aim in mind, particularly in remote areas.</p>	1	Safe	Safe & effective care	Safe, effective and person-centred care delivery	3.2.2 , 4.2.6			
<p>2.4.1.3 The consultant on call's name and contact details are prominently displayed in appropriate areas.</p> <p>Prominent display should be seen</p>	1	Safe Well-led	Safe & effective care Management & leadership	Workforce management and support; Quality improvement-focussed leadership	3.1.4 , 5.5.38 , 9.1.20			
2.4.2 Facilities for on-call staff								
<p>2.4.2.1 Appropriate facilities for rest are available for anaesthetic staff working at night.</p> <p>A quiet and dark area with ability for horizontal rest must be seen and resident staff should report that they are aware of and satisfied with the available facilities. The guardian for safe working should be available to speak with the review team</p> <p>The RCoA and Association of Anaesthetists have produced an educational resource pack, which includes standards for rest facilities that departments should use to inform this standard.</p>	1	Safe	Safe & effective care	Policies, planning and governance	3.2.8 , 9.2.44 , 9.2.45			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>2.4.2.2 Facilities for refreshments are available for on-call/on-duty staff. Verbal confirmation and viewing area where staff can make and drink tea/coffee and access hot food.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Policies, planning and governance	9.2.46			
<p>2.4.2.3 The on-call rota is published a minimum of six weeks in advance. Dated rotas. Staff on the on-call rota should give verbal confirmation that this takes place.</p>	2	Safe Effective Well-led	Safe & effective care; Management & leadership	Impact on staff; Workforce management and support	5.1.17, 5.1.19			
2.4.3 Offices								
<p>2.4.3.1 Appropriate office facilities are provided for all aspects of the anaesthesia service. A space should be available to the duty anaesthetic team, in proximity to emergency theatres and the delivery suite as appropriate. The room should have computers with intra/internet access for to specialist reference material and local multidisciplinary evidence-based guidelines and policies. This should be regarded as acceptable to a significant majority of the anaesthetic staff. Please note this is a 'priority 2' standard, see Note 1 for further explanation.</p>	2	Well-led	Management & leadership	Policies, planning and governance; Workforce management and support; Quality improvement-focussed leadership	3.2.7, 9.2.41, 11.2.9			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
2.5 Staffing								
2.5.1 Staffing numbers								
<p>2.5.1.1 Where relevant there must be sufficient doctors available to simultaneously cover commitments to obstetrics, critical care and emergency theatres.</p> <p>Verbal confirmation that there is a mechanism to recognise issues should be given. Example of scenario at review visit if requested.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support	5.1.5 , 9.1.6			
<p>2.5.1.2 There is a trained resuscitation team for adults, including pregnant women, children and neonates as appropriate.</p> <p>Verbal confirmation should be given. Evidence of appropriate mandatory training for age range of patients.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Safe Responsive Well-led	Safe & effective care Management & leadership	Workforce management and support; Quality improvement- focussed leadership	9.1.29 , 10.1.7			
<p>2.5.1.3 If anaesthesia or sedation is given in an isolated/single specialty unit there is appropriate medical and nursing staffing.</p> <p>Either a written policy or verbal confirmation, as well as rota evidence, should be provided and show that there is assistance for the anaesthetist and specific arrangements for remote sites.</p> <p>This standard applies to isolated sites within a hospital and equally to single specialty units such as 'cold' orthopaedic units operating within an adjoining unit or small hospital nearby under the auspices of the department.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support	7.1.5 , 7.3.16			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
2.5.2 Staff grade, associate specialist and specialty doctors								
<p>2.5.2.1 Staff grade, associate specialist and specialty (SAS) doctors and trust grade anaesthetists have specific training and demonstrated competence in relevant areas before working with distant supervision.</p> <p>Specific groups should be interviewed about their practices and training.</p> <p>See Note 4. The College's guidance on the supervision of SAS and other non-consultant anaesthetists should be followed.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support; Quality improvement-focussed leadership	3.4.7 , 6.1.2 , 9.4.9 , 10.1.3			
<p>2.5.2.2 Staff grade, associate specialist and specialty (SAS) doctors and trust grade anaesthetists have unimpeded access to a nominated consultant for advice and supervision at all times.</p> <p>Written policies should be provided and specific groups should be able to relay how they would know who to contact. For example, names are displayed in the department or shown on the rota. An audit based on the Cappuccini Test (RCoA Bulletin March 2018) should be used to provide evidence for this standard, as well as for standards 1.1.1.1 and 2.5.3.2.</p> <p>See note 4. The College's guidance on the supervision of SAS and other non-consultant anaesthetists should be followed</p>	1	Safe Well-led	Safe & effective care Management & leadership	Quality improvement-focussed leadership	3.4.7 , 5.4.11 , 9.1.5 , 10.1.3 , 10.1.4			
2.5.3 Trainees								
<p>2.5.3.1 Trainees have specific training and demonstrated competence in relevant areas before working with distant supervision.</p> <p>Specific groups should be interviewed about their practices and training.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	6.1.2 , 7.4.5 , 9.1.1 , 10.1.3 , 10.1.4			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>2.5.3.2 Trainees have unimpeded access to a nominated consultant for advice and supervision at all times. Specific groups should be interviewed about their practices and training.</p> <p>Written policies should be provided and specific groups should be able to relay how they would know who to contact. For example, names are displayed in the department or show on the rota. An audit based on the Cappuccini Test (RCoA Bulletin March 2018) can be used to provide evidence for this standard, as well as for standards 1.1.1.1 and 2.5.2.2.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Quality improvement-focussed leadership	3.4.5 , 6.1.2 , 9.1.5 , 9.1.19 , 10.1.3 , 10.1.4			
2.5.4 Physician's Assistants (Anaesthesia)								
<p>2.5.4.1 Physician's Assistants (Anaesthesia) work under the supervision of a consultant at all times when administering anaesthesia or sedation. A copy of the rota should be provided showing allocation of PA(A)s to lists should be seen. Verbal evidence should be provided.</p> <p>If no PA(As) are employed by the department, this standard should be marked N/A.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support	3.1.6 , 3.1.7 , 3.1.8 , 5.1.7			
2.5.5 Non-clinical staff								
<p>2.5.5.1 There are sufficient administrative staff to support all aspects of the anaesthesia service. Majority of permanent staff should report that they are satisfied.</p> <p>Answers to the following types of questions could reflect the level of staff satisfaction:</p> <ul style="list-style-type: none"> ■ is the rota produced in timely way? ■ are queries and alterations made appropriately? ■ is the general administrative support function adequate? 		Well-led	Management & leadership	Impact on staff; Workforce management and support	6.1.10 , 6.5.1 , 11.1.13			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
2.5.6 Training								
<p>2.5.6.1 The department has a structured educational training programme for anaesthetists covering updates on new techniques and practice developments.</p> <p>Documentation of training should be provided.</p> <p>This programme will depend on the scope of the service and the individuals expected practice, but might include difficult airway techniques, paediatrics, obstetric anaesthesia, human factors training.</p>	2	Safe Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support	3.4.4			
<p>2.5.6.2 There is regular multidisciplinary team-based training for emergency situations.</p> <p>Documentation should be provided. Evidence should be provided that team training occurs in different areas of practice with recognition of human factors.</p> <p>It is established that benefits of simulation training decrease over time and are almost entirely gone after one year. For this reason, multidisciplinary team training should be available on a monthly basis. Individuals should attend at least annually.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	3.4.2 , 3.4.3 , 4.4.7 , 5.4.2 , 5.4.5 , 7.4.4 , 9.4.12			
3 Patient experience								
3.1 Patient information								
3.1.1 Patient decision making								
<p>3.1.1.1 The time allocated for preoperative assessment is adequate to allow the patient to discuss and understand the information they are given to ensure consent for anaesthesia.</p> <p>Verbal confirmation should be given that adequate time to allow understanding is allocated and clinic lists should provide additional evidence of this. An audit of patient satisfaction will provide further evidence.</p>	1	Caring Responsive	Quality of patient experience	Impact on patients, service users, carers and families	2.9.2 , 2.9.8 , 5.9.3 , 7.9.4 , 10.2.7 , 10.9.2 , 10.9.8 , 10.9.11 , 10.9.12			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>3.1.1.2 Patients and their advocates understand the choices available and the associated risks and side effects of their anaesthetic procedure, including pain relief.</p> <p>Patient information and feedback should be provided for adults and children; leaflets should reflect local provision and set out risks and benefits of particular procedure; anaesthetic record shows that patients received this. The process to deal with ad-hoc patient queries about their treatment should be confirmed. That any letters concerning patients are copied to the patient should be confirmed.</p> <p>This standard refers specifically to the anaesthesia consent procedure (rather than the general surgery procedure). There should be a formalised preoperative risk assessment, preferably using a scoring system, and should be documented and communicated to patients as part of the consent procedure if possible. Resources should include reference to preparation for surgery e.g. Fitter, Better, Sooner.</p> <p>There should be opportunity provided to the patient to contact the department if necessary. An 'advocate' is an appropriate adult or relative.</p> <p>The evidence of this standard would be met in the form of a very short audit from the hospital where patients were asked the following specific questions: did your anaesthetist explain, in a manner that you felt you fully understood:</p> <p>a the anaesthetic choices available to you? b the relevant side effects of your anaesthetic procedure? c the side effects of your pain relief drugs? d the risks associated with your anaesthetic procedure</p>	1	Caring Responsive	Quality of patient experience	Impact on patients, service users, carers and families	2.9.1, 2.9.4, 2.9.5, 2.9.6, 2.9.12, 2.9.13, 10.2.7, 10.9.1, 10.9.2, 11.7.4			
3.1.2 Communication								
<p>3.1.2.1 Information given to patients and/or advocates about surgery includes what to expect in the anaesthetic room, operating theatre and recovery room and obstetrics department, as appropriate.</p> <p>Copies of written information should be provided. Leaflets that cover a variety of ages and levels of understanding appropriate to the patient, including confirmation of whether a 24/7 epidural service is available.</p>	1	Caring Responsive	Quality of patient experience	Impact on patients, service users, carers and families	2.9.4, 2.9.7, 4.9.1, 6.9.1, 6.9.2, 10.2.7, 10.9.1			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>3.1.2.2 Day surgery patients are given clear and concise written information after discharge including access to a 24/7 staffed telephone line for advice.</p> <p>Leaflets given to patients on discharge from the hospital include a telephone number for advice. The information on the leaflets should include warning signs of serious complications specific to the type of anaesthesia received, e.g. neuraxial block, and appropriate actions to take. There should also be information on what to do, and what not to do, following discharge including post discharge analgesia protocols. The postoperative instructions facilitate ongoing self-care by the patient, and should include a help-line in case of concerns for adults and children.</p> <p>The phone number should ideally be an acute surgical area and should not be an answer phone. A number for A+E/111/GP out of hours would not be considered acceptable.</p>	1	Caring Responsive	Quality of patient experience Safe & effective care	Impact on patients, service users, carers and families	2.1.3 , 2.9.5 , 4.9.3 , 6.5.22 , 6.5.23 , 6.5.24 , 6.5.29 , 6.9.5 , 10.3.31 , 10.3.34			
<p>3.1.2.3 Where disease, frailty, or prognosis make it appropriate, patients and/or advocates are fully informed about the hospital's written resuscitation policy; this would include any decision not to resuscitate. Information provided to each patient and/or advocate is regularly reviewed according to their circumstances.</p> <p>This process, as well as the information given, should be described. Useful evidence includes audit data of compliance with DNACPR via the resuscitation group, and clinical pathways for emergency laparotomy and fractured neck of femur patients.</p> <p>A Do Not Resuscitate (DNR) or resuscitation policy should be provided as evidence and for patients to be aware of such policies when appropriate. It should be a case by case discussion with patients.</p>	1	Effective Caring Responsive	Quality of patient experience Safe & effective care	Impact on patients, service users, carers and families; Safe, effective and person-centred care delivery	5.9.7 , 5.9.18 , 16.9.6			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>3.1.2.4 Senior clinicians are involved in breaking bad news including discussions about futility and end of life decisions prior to surgery.</p> <p>Verbal confirmation from all staff groups. Pathways for surgery with elevated mortality risk scores (e.g. emergency laparotomy) or surgery undertaken for palliative reasons (e.g. fractured neck of femur) should be described.</p>	1	Effective Caring Responsive Well-led	Quality of patient experience Safe & effective care Management & leadership	Impact on patients, service users, carers and families	5.9.11			
3.2 Care of the individual								
3.2.1 Dignity								
<p>3.2.1.1 Adequate rooms are available for multiple patients to have private consultations at the same time, according to needs.</p> <p>Appropriateness of size is assessed on the size of the department and the number of consultants working at the same time who may need use of a private and confidential area. Appropriateness of type of room is assessed to ensure that the room is sufficient for the needs of the conversation.</p> <p>There should be a space available within every area where patients are preassessed, that is private and reasonably soundproof (i.e. a room with a door). Patients and anaesthetists should be aware that such a space is available should they require it.</p>	1	Caring Responsive	Quality of patient experience	Impact on patients, service users, carers and families; Policies, planning and governance	6.2.6, 6.2.7			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
3.2.2 Patients with additional needs								
<p>3.2.2.1 There is support for patients with additional needs.</p> <p>Staff should report that they are satisfied with the support for adults and children with additional needs and/or limited capacity. An audit of patient satisfaction will provide further evidence for this standard. The department should identify ways in which the care and experience of patients with additional needs can be improved and demonstrate how these improvements have been integrated into relevant clinical pathways and protocols.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Caring Responsive	Quality of patient experience	Impact on patients, service users, carers and families	2.3.31 , 6.9.1 , 6.9.2 , 6.9.3 , 10.2.8 , 10.9.5			
<p>3.2.2.2 A system is in place to enable the presence of carers and/or advocates at induction of anaesthesia in children or patients with special requirements.</p> <p>A copy of a written policy on the presence of carers in the anaesthetic room and recovery should be provided. This includes play specialists where appropriate.</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Caring Responsive	Quality of patient experience	Impact on patients, service users, carers and families	2.3.3 , 10.2.19 , 10.5.11 , 10.5.12			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>3.2.2.3 Patients and/or advocates have access to adequate information services according to their additional needs or protected characteristics.</p> <p>Leaflets should be provided that cover a range of patient groups. Verbal confirmation should be given that access to interpretation services is available for patients who do not understand English and patient feedback should be available to highlight satisfaction.</p> <p>Patients with disabilities should be considered including those with learning, vision and hearing disabilities.</p> <p>A telephone line that interprets information for the patient is an alternative to foreign language leaflets where these are not available or where the level of linguistic diversity in the patient population means that the costs, in terms of space and finances, of keeping leaflets in all of these languages would be prohibitive.</p>	1	Caring Responsive	Quality of patient experience	Impact on patients, service users, carers and families	2.3.2, 2.3.33, 2.9.3, 3.9.2, 4.9.2, 6.9.3, 9.9.4, 9.9.5, 9.9.6, 9.9.7, 9.9.8, 9.9.9			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
4 Clinical governance								
4.1 Departmental management								
4.1.1 Planning								
<p>4.1.1.1 The department has a live and annually reviewed strategic plan describing planned service changes, estates developments, workforce development and other relevant operational improvements or changes, to ensure the department is responsive to requests for additional resources required for perioperative care of elective and emergency patients and the non-theatre anaesthetic workload.</p> <p>This would normally be supported by evidence such as risk registers and be referenced within the trust/board annual plans. A written copy of the Annual Operating Plan should be provided. Verbal confirmation from staff that the plan has been developed collectively and is an active working document.</p> <p>The Annual Plan for the anaesthetic department should be a living document that is developed collaboratively within the department and has clear links to the overall hospital plan. The Annual Operating Plan should describe:</p> <ul style="list-style-type: none"> ■ the ethos, culture and values of the service ■ the service ■ the workforce, including a workforce development plan which includes succession planning to meet the needs of the department ■ leadership of the service, including roles and responsibilities ■ the roles and responsibilities for all staff members ■ key relationships with other departments and organisations ■ measurable objectives, KPIs, and metrics for the department based on national standards and local needs and procedure for collecting, monitoring, reviewing and analysing quantitative and qualitative data and feedback ■ the services objectives, priorities and improvement plans ■ plans for development, including strategies for the development of the department to meet the needs of the local population across the perioperative pathway ■ the procedure for engaging with stakeholders in planning and communicating the department's operating plans results and outcomes to stakeholders. <p>Progress against the plan should be reviewed regularly and the plan updated in light of changing circumstances.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support; Quality improvement-focussed leadership	2.6.1 , 5.5.3			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>4.1.1.2 If appropriate resources are not available, the level of clinical activity is limited to ensure a safe provision of care.</p> <p>Clearly defined written lines of escalation with management. Verbal confirmation of managerial support should be given and staff should relay anecdotal evidence of times that this has been handled well.</p> <p>The final decision should be clinically based and the lines of responsibility within the department and the trust and boards management structure should be clear.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Policies, planning and governance	3.5.1			
<p>4.1.1.3 The department has a plan in the event of a major incident.</p> <p>A written policy. Staff should be aware of their role in the event of a major incident.</p> <p>This standard is still applicable even if your hospital is not part of a major incident protocol. It applies to business continuity so could also refer to a hospital wide emergency rather than an external one (e.g. an IT shortage, data breach, fire) and how services would be managed under these circumstances.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support	5.4.5 , 5.5.36 , 16.5.10			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
4.1.2 Leadership								
<p>4.1.2.1 There are anaesthetic clinical leads with responsibility in the following areas: preoperative assessment, emergency anaesthesia, remote sites, paediatrics, obstetrics, day surgery, acute pain management, perioperative medicine, resuscitation, ICM, anaesthetic equipment, governance, simulation/human factors training, ECT (if available), research, airway management, staff welfare and safety and others as appropriate. This list is not exhaustive.</p> <p>The names of individuals should be provided</p> <p>A single consultant may cover more than one responsibility if required; for example, in smaller departments.</p> <p>SAS doctors undertaking lead roles should be autonomously practicing doctors who have competence, experience and communication skills in the specialist area equivalent to consultant colleagues. They should usually have experience in teaching and education relevant to the role and they should participate in Quality Improvement and CPD activities. Individuals should be fully supported by their Clinical Director and be provided with adequate time and resources to allow them to effectively undertake the lead role (see Note 4).</p> <p>If your department does not routinely treat patients under 18 years of age, please refer to Note 3 before assessing your compliance against this standard.</p>	1	Well-led	Management & leadership	Impact on staff; Workforce management and support; Quality improvement-focussed leadership	3.2.25 , 5.1.3 , 6.1.1 , 7.1.1 , 7.3.29 , 7.5.13 , 9.1.10 , 10.5.6 , 11.1.1 , 16.1.1			
4.1.3 Culture								
<p>4.1.3.1 The department establishes and implements a culture for promoting the health and wellbeing of staff members.</p> <p>Verbal confirmation from staff groups.</p> <p>The RCoA and Association of Anaesthetists have produced an educational resource pack, which includes guidance that departments should use to inform this standard.</p>	2	Safe Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support	5.1.14 , 5.1.15			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
4.2 Learning from experience								
4.2.1 Incident Reporting								
<p>4.2.1.1 There is a system in place to allow reporting of critical incidents and other untoward incidents and near misses within a positive, supportive, no blame culture, which includes demonstrated learning.</p> <p>Minutes of morbidity and mortality reviews and risk register should be seen including agenda, attendance and evidence of actions taken. Copies of an incident reporting form and information provided on induction should be seen. Understanding of and engagement with the current national reporting systems (NRLS) and its planned replacement (DPSIMS) should be confirmed. Verbal confirmation should be given from all staff groups that they are aware of the reporting mechanisms in place and that the department communicates learning on a regular basis.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person- centred care delivery; Policies, planning and governance; Quality improvement- focussed leadership	3.5.24 , 3.5.25 , 3.5.26 , 4.7.3 , 5.5.63 , 5.5.64 , 5.5.67 , 5.7.1 , 7.5.3			
<p>4.2.1.2 There is a system in place to facilitate learning and quality improvement with response to feedback and complaints from patients and carers.</p> <p>Mechanisms for patient and carer feedback and complaints should be described including escalation procedures. The review team may request an example of how a complaint has been dealt with and learned from. Confirmation from staff that actions taken in response to patient feedback are disseminated regularly.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person- centred care delivery; Policies, planning and governance; Quality improvement- focussed leadership	5.5.65 , 9.9.13 , 9.9.14 , 9.9.15			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>4.2.1.3 There are specific systems in place for review of the following relating to babies and children: perioperative deaths within 30 days of surgery, serious untoward incidents and transfers of children for surgery elsewhere. These are reported to the relevant national agency.</p> <p>Minutes of meetings and multidisciplinary reviews, completed reports and local audits.</p>	1	Responsive Safe	Safe & effective care	Key organisational outcomes; Safe, effective and person-centred care delivery; Policies, planning and governance; Partnerships and resources	10.7.5			
4.2.2 Audit and Quality Improvement								
<p>4.2.2.1 The department has a managed process of audit and quality improvement which includes regular presentation and information sharing of demonstrated learning and improvement planning.</p> <p>Minutes of governance meetings should be seen, including agenda, attendance and evidence of actions taken. Verbal confirmation should be given from all staff groups that this takes place and that the relevant information is disseminated.</p>	1	Safe Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Policies, planning and governance; Quality improvement-focussed leadership	3.7.1 , 5.5.62 , 5.7.2 , 6.5.30 , 6.7.1 , 6.7.2 , 7.7.1 , 7.7.2 , 9.7.1 , 10.7.1			
<p>4.2.2.2 The department has evidence of engagement with, and implementation of, national audit projects and quality improvement programmes, including obstetrics.</p> <p>Written and verbal evidence should be provided.</p> <p>Examples of suitable audits/programmes to demonstrate compliance with this standard include SNAP, NAP, NELA, maternal mortality audits and PQUIP. This is not an exhaustive list and the review team will acknowledge regional variations in participation with national audits in their assessment.</p>	1	Effective Responsive Well-led	Safe & effective care Management & leadership	Key organisational outcomes; Safe, effective and person-centred care delivery	5.7.1 , 9.7.2 , 9.7.6 , 9.7.9 , 10.7.2 , 10.7.3 , 16.7.3			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
4.2.3 Outcome measurement								
<p>4.2.3.1 Continuous measurements of the clinical outcomes of elective and emergency anaesthesia is undertaken and plans put in place to act on the findings.</p> <p>Written evidence should be provided.</p> <p>These audits could include ICNARC, recovery data such as postoperative nausea and vomiting, fractured neck of femur, pain or patient satisfaction surveys. This list is not exhaustive. Data collection can be incorporated into post procedural reviews, as outlined in 1.4.4.2, to contribute to compliance with this standard.</p>	1	Safe Effective Responsive Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery	3.7.1 , 5.5.62 , 5.7.2 , 6.5.6 , 6.5.31 , 6.7.3 , 6.7.3 , 6.7.4 , 7.3.9 , 7.5.3 , 7.7.3 , 7.7.4 , 9.7.1 , 10.7.1			
<p>4.2.3.2 The emergency surgery workload is continually monitored and reviewed and is used to plan future demand.</p> <p>Rolling audit data should be available. The clinical director should be able to provide examples of how this data has been used to inform business planning.</p> <p>In addition to looking at the policy, reviewers will look for evidence that rotas are reviewed regularly and whether the department runs local audits to measure availability of theatres and staff for emergency surgery, differences in clinical outcome measures - comparing day and late night, weekend and weekday etc. They will also be looking for subsequent interventions to improve following results of the audits to evidence continuous quality improvement.</p>	1	Safe Effective Caring Responsive Well-led	Safe & effective care Management & leadership	Key organisational outcomes; Safe, effective and person-centred care delivery	5.5.3			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
4.3 Workforce								
4.3.1 Recruitment								
4.3.1.1 There is documented and verbal evidence that the appropriate recruitment methods are routinely implemented for consultant and SAS anaesthetic staff. Documentation should be provided indicating the trust/board/hospital follows the RCoA's Advisory Appointments Committee (AAC) process.	2	Safe Well-led	Safe & effective care Management & leadership	Workforce Management and Support	11.1.1			
4.3.2 Induction								
4.3.2.1 There is documentary evidence that all anaesthetists and anaesthetic assistants, including locum, agency and trust grade staff, have undergone an appropriate induction process to the anaesthetic department. Documentation for anaesthetic department induction should be provided. Some members of the anaesthesia team will go through a different process of induction compared to the anaesthetists, but the anaesthetic department should have some input into that process, e.g. by providing information about departmental policies that relate to anaesthesia; anaesthetic machine inductions etc. What this input consists of and how it is managed will need to be described to the review team, including how changes to documentation and policies are communicated. Feedback from staff on the effectiveness of induction should be collected and used to improve future induction processes.	1	Safe Well-led	Safe & effective care Management & leadership	Policies, planning and governance; Workforce management and support	3.4.8 , 5.4.6 , 5.4.9 , 7.4.1 , 9.4.7			
4.3.3 Continued Professional Development								
4.3.3.1 All members of staff should receive adequate time, resources and support for all activities related to appraisal and revalidation. Examples of appraisal process. Verbal confirmation from department lead appraiser and consultants.	1	Safe Well-led Effective	Safe & effective care Management & leadership	Impact on staff; Workforce management and support; Quality improvement-focussed leadership	3.4.3 , 5.4.4 , 9.4.10 , 10.4.4 , 10.4.6 , 10.4.7			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>4.3.3.2 All anaesthetic staff should complete training in adult and paediatric life support, safeguarding and consent, appropriate to their clinical practice and case load (emergency as well as elective). Knowledge and skills in these domains should be maintained through CPD and planned as part of annual appraisal and personal development plans (PDP).</p> <p>Resources must be available to ensure compliance. Evidence of departmental compliance with appraisal, for all non-trainee members of staff. Name of anaesthetic lead for child protection within the department and evidence of their level 3 training. Verbal confirmation that all other anaesthetic staff are appropriately trained to at least level 2. Evidence of policies for dealing with vulnerable adults.</p> <p>The safeguarding training aspect of this standard is applicable to both those who only treat patients who are 16-18 years old and those who treat younger children.</p>	1	Safe Well-led	Safe & effective care Management & leadership	Impact on staff; Workforce management and support; Quality improvement-focussed leadership	3.4.4 , 5.3.34 , 5.3.35 , 10.4.1 , 10.4.2 , 10.4.4 , 10.4.5 , 10.4.6 , 10.4.7			
<p>4.3.3.3 Staff with specific training commitments, including resuscitation and life support courses and simulation/human factors training have appropriate support.</p> <p>Staff with specific training commitments in these areas should give verbal confirmation that they are supported, including within their job plans.</p>	1	Well-led	Management & leadership	Workforce management and support; Quality improvement-focussed leadership	8.4.3			
<p>4.3.3.4 Staff with commitments to national work undertaken for the wider benefit of the public and health services across the UK have appropriate support.</p> <p>Staff with commitments in these areas, for example, those defined as 'External Duties' in the NHS Consultant contract, should give verbal confirmation that they are supported.</p> <p>Letter to all NHS employers from GMC and Chief Medical Officers, 23/06/17</p>	2	Well-led	Management & leadership	Workforce management and support				

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Ref(s)	Met	Not met	NA
<p>4.3.3.5 In connection with all NHS work performed in your hospital (in both contracted and non-contracted hours) there is a policy to ensure that consultant anaesthetists and surgeons are paid an equal hourly rate for performing it.</p> <p>The clinical director should provide written evidence.</p> <p>The review team will consult with staff and the CD as to whether this applies for all NHS work in both contracted and non-contracted hours.</p>	2	Safe Effective Responsive Well-led	Safe & effective care Management & leadership	Quality-improvement focussed leadership				

Name of Department: