

# THE STRUCTURE OF A STANDARD

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 anaesthetist who has overall responsibility for the care of the patient

This should be visible on the anaesthetic record, on the rota, on display in the department and visible in the obstetric area

## 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.



	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<b>The Care Pathway</b>								
<p><b>5.1.1.1 Neuroscience Centre has specific pathways based on expert consensus in place for the management of brain injury including; stroke, STBI, SAH and other common neurological/neurosurgical diseases requiring critical care support.</b></p> <p>Copies of the relevant guidelines and audits to show compliance should be seen</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	<a href="#">14.5.17</a> , <a href="#">14.5.17</a> , <a href="#">14.7.2</a>			
<p><b>5.1.1.2 Protocols and appropriate facilities are in place for transfer of critically ill neuroscience patients between hospitals, and within neuroscience units.</b></p> <p>Protocols and presence of equipment which conforms to the guidance in AAG document <a href="#">Recommendations for the safe transfer of patients with brain injury 2006</a>. Protocols should include guidelines on how to deal with referrals when the neuro unit is full</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	<a href="#">14.2.4</a> , <a href="#">14.2.17</a> , <a href="#">14.5.11</a> , <a href="#">14.5.12</a> , <a href="#">14.5.17</a>			
<p><b>5.1.1.3 Local guidelines are agreed between clinicians in the neuroscience unit and referring hospitals within their critical care operational delivery network for the transfer and repatriation of patients, and audited as a routine.</b></p> <p>Transfer protocols, named consultant within the department responsible for transfers, and transfer audits including regional with feedback. To include protocols for those ventilated patients being transferred only for specialist tests (eg GA MRI and neurophysiology) and then immediately returned</p>	1	Effective Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery	<a href="#">14.5.4</a> , <a href="#">14.5.6</a> , <a href="#">14.5.9</a> , <a href="#">14.5.17</a>			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p><b>5.1.1.4</b> There is a named consultant within the neuroscience unit with responsibility for patient transfers </p> <p>Departmental document listing individual consultant's responsibilities</p>	1	Well-led	Management & leadership	Workforce management and support; Quality improvement-focussed leadership	<a href="#">14.5.12</a>			
<p><b>5.1.1.5</b> In neuroscience units associated with an A&amp;E department but without onsite paediatric neurosurgical services, specific consideration is given to the provision of anaesthetic services for paediatric imaging and neurosurgery, to allow lifesaving emergency procedures to be performed in an adult unit prior to transfer.</p> <p>Protocols and guidelines, plus availability of paediatric equipment within the neurosurgical theatre suite</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery; Policies, planning and governance	<a href="#">14.3.3, 14.3.4</a>			
<p><b>5.1.1.6</b> There is a policy to ensure that all cases requiring immediately lifesaving neurosurgery are admitted to the local neurosurgical centre irrespective of the initial availability of neurocritical care beds.</p> <p>A policy should be provided. Staff should confirm that it happens in practice.</p>	1	Safe, Effective	Safe & effective care	Safe, effective and person-centred care delivery				

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<b>Equipment, Facilities and Staffing</b>								
<p><b>5.1.2.1 A neuroanaesthetic department within a centre providing a full range of facilities and multidisciplinary support for neuroscience care provides clinical services for:</b></p> <ul style="list-style-type: none"> <li>■ anaesthesia for neurosurgery – intracranial, complex spinal and associated surgery</li> <li>■ anaesthesia for neuroradiology – diagnostic and interventional procedures including MRI</li> <li>■ anaesthesia for emergency intra arterial thrombectomy</li> <li>■ in standalone neuroscience units: neurocritical care (NICU) – pre and postoperative management of complex elective cases and the management of critically ill patients, such as those with severe head injury, intracranial haemorrhage, severe neurological disease and those who develop systemic complications secondary to their neurological condition.</li> </ul> <p>Operating lists, list of facilities and case mix supported by the department, staff rotas</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery	<a href="#">14. Introduction,</a> <a href="#">14.1.3, 14.1.4,</a> <a href="#">14.1.6, 14.1.11</a>			
<p><b>5.1.2.2 A specific group of consultant anaesthetists (neuroanaesthetists) who may be part of, or closely affiliated with, a general department of anaesthesia and intensive care unit, is available for cover for neuroanaesthesia.</b></p> <p>Evidence of a specific group of named consultants who cover all the neuro-services within the trust. List displayed in the department (with any subspecialty interests, eg spinal, skull base), theatre rotas</p>	1	Effective	Safe & effective care	Safe, effective and person-centred care delivery	<a href="#">14.1.2</a>			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p><b>5.1.2.3 Sufficient numbers of clinical programmed activities are in consultants' job plans to provide cover for all elective neurosurgical operating lists and interventional neuroradiology sessions, including appropriate pre and postoperative assessment, and also to provide adequate emergency cover.</b></p> <p>Theatre rotas and normal theatre allocation plan to show that such cover exists</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery	<a href="#">14.1.2, 14.1.4, 14.5.2</a>			
<p><b>5.1.2.4 Consultants in anaesthesia working in neuroanaesthesia and/or neurocritical care have sufficient regular programmed activities within this field to ensure that their specific skills and experience are maintained.</b></p> <p>Evidenced by rotas and job plans</p>	1	Well-led	Management & leadership	Workforce management and support; Quality improvement-focussed leadership	<a href="#">14.4.1, 14.4.3, 14.Glossary</a>			
<p><b>5.1.2.5 All neuroanaesthetists have evidence of case mix and CPD to maintain relevant skills, including the management of the difficult airway, as required for appraisal and revalidation in neuroanaesthesia.</b></p> <p>Personal theatre logs and CPD record of each consultant. The majority of consultants undertaking neuroanaesthesia have membership of an appropriate national specialist body. Evidence of multidisciplinary simulation training for neuroemergencies is desirable</p>	1	Safe Well-led	Safe & effective care Management & leadership	Safe, effective and person-centred care delivery; Quality improvement-focussed leadership	<a href="#">14.1.2, 14.4.1</a>			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p><b>5.1.2.6 Consultants in anaesthesia with lead responsibility for neuroanaesthesia and/or neurocritical care have programmed activities allocated to this function.</b> Lead consultants' agreed job plan</p>	1	Well-led	Management & leadership	Workforce management and support; Quality improvement-focussed leadership	<a href="#">14.1.1</a>			
<p><b>5.1.2.7 24/7 neuroradiology support is provided for interpretation of neuroimaging. Online review of CT scans from referring hospitals and within the neuroscience centre are available locally.</b> Neuroradiology on call rota or evidence of SLA to provide the support. PACS system linked in to referring hospitals</p>	1	Effective	Safe & effective care	Safe, effective and person-centred care delivery	<a href="#">14.2.11</a> , <a href="#">14.2.13</a> , <a href="#">14.5.1</a>			
<p><b>5.1.2.8 Appropriate telemedicine access, e.g. PACS access, is provided in the homes of consultants who provide cover to neurocritical care out of hours PACS access is provided in the homes of consultants who provide cover to neurocritical care out of hours.</b> Consultants confirm that they can view images at home</p>	1	Caring	Management & leadership	Workforce management and support	<a href="#">14.2.13</a>			
<p><b>5.1.2.9 Neurotheatres, PACU, ICU and radiological facilities are co-located on the same floor to allow for easy transfer of ventilated patients with neurosurgical problems between these three areas.</b> Floor plan of hospital</p>	3	Effective	Safe & effective care	Safe, effective and person-centred care delivery	<a href="#">14.2.16</a>			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p><b>5.1.2.10 Anaesthetic staffing levels in the operating theatre are sufficient to allow neuroanaesthetists to work in teams during long and complex operations</b> </p> <p>Theatre rotas and consultants diary exercises</p>	1	Safe Caring	Safe & effective care; Management & leadership	Safe, effective and person-centred care delivery; Workforce management and support	<a href="#">14.1.5</a>			
<p><b>5.1.2.11 In neuroscience units with a substantial emergency caseload, there is provision for a resident anaesthetist dedicated only to this group of patients. There needs to be an agreed escalation policy to supply a second (neuro) anaesthetist if more than one emergency theatre needs to run concurrently</b> </p> <p>On call rotas</p>	1 (standalone neuroscience units) 2 (neuroscience units embedded within larger trusts)	Effective	Safe & effective care	Safe, effective and person-centred care delivery	<a href="#">14.1.6, 14.1.7, 14.2.18, 14.5.2</a>			
<p><b>5.1.2.12 Specific equipment to manage the difficult airway, including the provision of sufficient numbers of fiberoptic laryngoscopes, is available.</b></p> <p>Equipment should be seen</p>	1	Safe	Safe & effective care	Safe, effective and person-centred care delivery	<a href="#">14.2.1</a>			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p><b>5.1.2.13a In hospitals with a separate neurocritical care unit there is a designated consultant lead for NICU within the critical care area</b>                      Consultant's CPD records, daily work rotas, case mix and training records. The same as would be required for appraisal and revalidation</p>	1	Well-led	Management & leadership	Workforce management and support; Quality improvement-focussed leadership	Section 4.3.3 Neurocritical care. <a href="#">Guidelines for the Provision of Intensive Care Services 2015.</a> The Faculty of Intensive Care Medicine and the Intensive Care Society			
<p><b>5.1.2.13b In a single specialty setup where neurotheatres and neurocritical care are collocated the same consultant may provide continuity of care out of hours between NICU and theatres, provided they maintain experience in both clinical areas during the normal working week</b>                      Consultant's CPD records, daily work rotas, case mix and training records. The same as would be required for appraisal and revalidation</p>	1	Well-led	Management & leadership	Workforce management and support; Quality improvement-focussed leadership	Section 4.3.3 Neurocritical care. <a href="#">Guidelines for the Provision of Intensive Care Services 2015.</a> The Faculty of Intensive Care Medicine and the Intensive Care Society.			
<p><b>5.1.2.14 Consultant anaesthetists responsible for the care of neuroscience patients requiring critical care support have the knowledge, skills and experience needed to treat this group of patients, irrespective of whether the services are provided in a recovery ward, dedicated neurocritical care unit or within the context of a general intensive care unit</b>                      Consultant's CPD records, case mix and training records. The same as would be required for appraisal and revalidation</p>	1	Well-led	Management & leadership	Workforce management and support; Quality improvement-focussed leadership	<a href="#">14.1.12</a>			



	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p><b>5.1.2.15 In neuroscience centres with a separate critical care unit there must be a doctor with appropriate skills and competencies immediately available for the neurocritical care unit 24/7</b> Trainee and consultant on call rotas</p>	1	Safe Effective	Safe & effective care	Safe, effective and person-centred care delivery	<a href="#">14.1.2</a>			
<p><b>5.1.2.16 Neurophysiological support is available seven days a week to support the management of patients requiring continuous EEG monitoring to manage their treatment</b> Neurophysiological SLA/rotas demonstrating the service exists</p>	2	Safe	Safe & effective care	Safe, effective and person-centred care delivery	<a href="#">14.2.6</a>			
<p><b>5.1.2.17 Fellowship posts suitable for those who wish to follow a career in neuroanaesthesia or neurocritical care are available that provide enhanced levels of teaching and training and with access to study leave.</b> Details of training offered, trainee feedback and evidence of research or audit undertaken by fellows</p>	2	Well-led	Management & leadership	Workforce management and support; Quality improvement-focussed leadership	<a href="#">14.4.8</a>			
<p><b>5.1.2.18 There needs to be a named consultant who has responsibility for emergency neuroanaesthesia 24/7</b> Rota should be seen</p>	1	Effective	Safe & effective care	Safe, effective and person-centred care delivery	<a href="#">14.1.3, 14.1.6</a>			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p><b>5.1.2.19</b> There is an inpatient pain service available 7 days a week that are trained to deal with the complex pain requirements of some patients following neurosurgical and complex spine surgery</p> <p>Verbal confirmation should be given of pain service and staffing</p>	2	Safe	Safe & effective care	Safe, effective and person-centred care delivery	<a href="#">14.5.15</a> , <a href="#">14.5.16</a>			
<b>Patient Experience</b>								
<p><b>5.1.3.1</b> Written information specific to neurosurgical procedures is provided to patients, including relevant risks</p> <p>Patient information leaflets available in clinic and on neurosurgical wards</p>	1	Caring	Quality of patient experience	Impact on patients, service users, carers and families	<a href="#">14.9.1</a> , <a href="#">14.9.2</a>			
<p><b>5.1.3.2</b> Information for relatives of patients requiring neurocritical care are available, including contact details of relevant charities and helplines</p> <p>Relatives and patients information leaflets available on critical care</p>	1	Caring	Quality of patient experience	Impact on patients, service users, carers and families	<a href="#">14.9.2</a>			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<b>Clinical governance</b>								
<p><b>5.1.4.1 All members of the neurocritical care multiprofessional team provide input to the development of local protocols, which cover all the common pathologies managed by that unit</b></p> <p>List of documents and authorship showing wide input and consultation within the multidisciplinary team. Clear information as to where they can be found (e.g. intranet). The protocols and guidelines available for inspection, and which are up to date and with specified review dates.</p>	2	Well-led	Management & leadership	Quality improvement-focussed leadership	<a href="#">14.1.1, 14.5.6, 14.5.10</a>			
<p><b>5.1.4.2 Departments of neuroanaesthesia and neurocritical care engage in research relevant to the practice of neuroscience</b></p> <p>Evidence of engagement in national projects such as RAIN and RescueICP and, where appropriate, a portfolio of local projects. There should be a named research lead</p>	2	Well-led	Management & leadership	Quality improvement-focussed leadership	<a href="#">14.7.1</a>			
<p><b>5.1.4.3 Audit programmes are developed locally including continuous audit of relevant neuro related issues. Collaborative audit with the other neuroscience disciplines should also be encouraged, and some M&amp;M meetings should be joint with neurosurgeons</b></p> <p>Audit records and minutes of audit and M &amp; M meetings. Named audit lead</p>	1	Effective Well-led	Management & leadership	Quality improvement-focussed leadership	<a href="#">14.7.2, 14.7.3</a>			

	Priority	CQC KLoE	HIW Domains	HIS Domains	GPAS Refs	Met	Not Met	N/A
<p><b>5.1.4.4 Local practice is audited against national and expert consensus guidelines</b>                      Evidence of participation in NAP projects, NCEPOD, ICNARC (if neurocritical care), TARN data should be seen</p>	1	Effective Well-led	Management & leadership	Quality improvement-focussed leadership	<a href="#">14.7.2, 14.7.3, 14.7.5</a>			

Name of Department: