



## Anaesthesia Clinical Services Accreditation (ACSA) **Accredited Departments**

### South Warwickshire **NHS** NHS Foundation Trust

Dr Ishwinder Suri, Clinical Director

*'The Journey to get the ACSA accreditation started 18 months ago during which our department came together to demonstrate and assimilate the quality assured work that had been on going over the years. The ACSA review process gave us the drive to demonstrate this in the domains related to care pathways, equipment, facilities and staffing, patient experience and clinical governance . It also let us go paperless by having all our policies and procedures on a web based folder providing an easy access to colleagues and trainees. The process has definitely boosted the morale and team spirit of the department and the profile of the Trust as we are the first in Central England to have achieved this success.'*

*We believe that the RCoA has led the way across the country by driving up the clinical quality and safety standards to which we plan to adhere to.'*



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## Areas of good practice

### The care pathway:

The preoperative assessment clinic (POAC) POAC is consultant led and offers an efficient and thorough assessment of all patients undergoing surgery. All patients are required to complete a 'mini-screen' triage assessment, which will determine whether the patient needs to be preassessed by a nurse or an anaesthetist (1.2.1.1).

POAC aims to optimise patients for surgery by carrying out preoperative interventions including MRSA screening, obesity and sleep apnoea assessments and haemacue testing leading to preoperative haemoglobin optimisation (1.3.5.1).

Patients with co-morbidities or 'at risk' are seen by consultant anaesthetists, who explain clearly risks of anaesthetic and operation and discuss options available including deferring surgery to enable optimisation (1.1.1.9).

Planning of postoperative care at Warwick Hospital is carefully managed. Cancellations and delays due to bed availability are rare and operations will not go ahead unless the patient has been allocated a bed on an appropriate ward preoperatively (1.2.1.3).

A robust system for communicating risks and abnormal tests results to anaesthetists is in place, via the administrative support staff in the department, but also through direct contact between POAC and the anaesthetists responsible for the patient's care (1.2.3.1).

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### Equipment, facilities and staffing:

#### Transfers

There are robust agreements with tertiary centres and ambulance services within the region and both complex trauma and critically ill paediatric cases are diverted from Warwick Hospital. However, when transfers are required there is appropriate equipment (transfer trolley and transfer bed) and arrangements in place for patients to be transferred safely, and only by staff who have demonstrated the necessary competencies (2.6.1.1).

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### Patient experience:

The ACSA RT was informed that patient feedback from the POAC service at Warwick Hospital is very good and patients often request to be treated at this site (3.1.2.2).

There are rooms and facilities for private conversations at all stages of the patient stay in hospital (3.2.2.1a, 3.2.2.1b). As well as receiving pre-admission packs, parents and children are invited to visit the hospital and ward in advance of the procedure accompanied by



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play specialists. SWFT has also developed a 10 minute video aimed at children due to attend hospital for surgery explaining what to expect and where they will be staying. (3.3.3.1, 3.3.3.4)

### **Paediatric Fridays**

The day surgery unit runs 'paediatric Fridays' (1.2.4.2). On these days the whole DSU caters only for the elective surgery of children and is converted into a child friendly environment with toys and decorations brought to the theatre suite from the children's ward. These sessions run on alternate Friday mornings.

### **Birth listening service**

Obstetric patients are well cared for and a multi-disciplinary 'birth listening service' is offered to mothers who may need to discuss their experience of birth, including experience of anaesthetic interventions; this has helped to ensure that the second birth is less traumatic for mothers and has reduced the number of elective caesarean sections (3.3.3.2).

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### **Clinical governance:**

#### **Online equipment training log**

The anaesthetic department has developed an online form to monitor the training that staff receive on equipment, including new equipment. This includes photos of all the equipment so that staff can easily identify their training needs for each. This system is also available in app format so that the form can be completed on a smartphone (4.6.1.2).

#### **Multidisciplinary M&M meetings**

The ACSA RT observed a learning culture across all areas of activity, with strong processes for learning from experience and dissemination of learning points. As well as quarterly M&M meetings (4.3.1.1) the department holds monthly critical incident and root cause analysis meetings. In addition, and of note, the department holds multidisciplinary team meetings to discuss the care of critically ill patients in theatres and ICU. These sessions are attended by intensivists, anaesthetists and other medical specialties as appropriate and are facilitated by clinical psychologists.

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